



Health Share of Oregon
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 Health Share of Oregon members. Health Share of Oregon 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	
	Health Share of Oregon	Overall	Health Share of Oregon	Overall
**First mailing - sent	2700	17100	2700	17100
*First mailing - usable survey returned	421	3058	345	2302
Second mailing - sent	2222	13527	2254	14026
*Second mailing - usable survey returned	168	1118	149	1027
*Phone - usable surveys	237	1495	415	2309
Total - usable surveys	826	5671	909	5638
†Ineligible: According to population criteria‡	70	431	59	323
†Ineligible: Deceased	9	38	0	2
†Ineligible: Mentally or physically unable to complete survey	30	166	0	0
†Ineligible: Language barrier	43	78	58	81
Incorrect address AND incorrect phone number	123	915	123	878
Refusal/Returned survey blank	132	871	133	905
Nonresponse - Unavailable by mail or phone	1467	8930	1418	9273
Adjusted Response Rate	32.4%	34.6%	35.2%	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	688 45.3%	328 39.7%	-5.61%
Female	830 54.7%	498 60.3%	5.61%
18-24	294 19.4%	81 9.8%	-9.56%
25-34	415 27.3%	150 18.2%	-9.18%
35-44	309 20.4%	131 15.9%	-4.50%
45-54	240 15.8%	175 21.2%	5.38%
55-64	179 11.8%	201 24.3%	12.54%
65-74	48 3.2%	49 5.9%	2.77%
75 or Older	33 2.2%	39 4.7%	2.55%

Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	710 49.1%	490 53.9%	4.80%
Female	736 50.9%	419 46.1%	-4.80%
<3	260 18.0%	156 17.2%	-0.82%
4-7	349 24.1%	226 24.9%	0.73%
8-12	425 29.4%	272 29.9%	0.53%
13 or older	412 28.5%	255 28.1%	-0.44%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
Q1 YES	810 100%	5577 100%	68 100%	128 100%	119 100%	158 100%	191 100%	81 100%	390 100%	24 100%	56 100%			33 100%	104 100%	638 100%	499 100%	237 100%	294 100%	457 100%
NOT ANSWERED	16	94	3	3	2	2	3	3	9	1	1			1	3	12	12	3	9	7
VALID CASES	810	5577	68	128	119	158	191	81	390	24	56			33	104	638	499	237	294	457
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHER NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	POOR	FE- MALE	MALE		
Q3																						
YES	329 42%	2267 41%	20 28%*	49 38%	56 47%	63 40%	79 42%	38 47%	162 42%	14 56%~	14 25%*	~	~	~	48%~	16 37%	39 42%	264 35%*	174 56%*	130 33%*	97 46%*	209 46%*
NO	461 58%	3221 59%	51 72%*	80 62%	64 53%	93 60%	107 58%	42 53%	228 58%	11 44%~	41 75%*	~	~	~	52%~	17 63%	65 58%	372 65%*	328 44%*	103 44%*	198 67%*	245 54%*
NOT ANSWERED	36	183		2	1	4	8	4	9		2			1	3	14	9	7	8	10		
VALID CASES	790	5488	71	129	120	156	186	80	390	25	55			33	104	636	502	233	295	454		
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%		

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	
	HTS 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- WHT	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q4 NEVER	13 4%	61 3%	~	2 4%	2 4%	4 7%	5 7%	~	7 5%	1 8%	~	~	~	1 7%	1 3%	12 5%	4 3%	7 6%	4 5%	9 5%
SOMETIMES	43 14%	267 13%	1 5%	10 21%	10 20%	6 11%	9 13%	3 8%	13 9%*	3 21%	2 15%	~	~	5 33%	5 14%	33 14%	21 13%	19 16%	9 10%	30 15%
USUALLY	79 26%	526 26%	6 32%	12 26%	14 27%	14 25%	17 25%	12 33%	35 24%	4 29%	6 46%	~	~	4 27%	12 34%	62 26%	39 25%	35 29%	24 28%	51 26%
ALWAYS	167 55%	1196 58%	12 63%	23 49%	25 49%	33 58%	38 55%	21 58%	88 62%*	7 50%	4 31%	~	~	5 33%	17 49%	135 56%	95 60%	58 49%	50 57%	104 54%
#ALWAYS + USUALLY (NET)	246 81%	1723 84%	18 95%	35 74%	39 76%	47 82%	55 80%	33 92%	123 86%	11 79%	10 77%	~	~	9 60%	29 83%	197 81%	134 84%	93 78%	74 85%	155 80%
TOP BOX SCORE	167 55%	1196 58%	12 63%	23 49%	25 49%	33 58%	38 55%	21 58%	88 62%*	7 50%	4 31%	~	~	5 33%	17 49%	135 56%	95 60%	58 49%	50 57%	104 54%
NOT ANSWERED	27	187	1	2	5	6	10	2	19	1				1	4	22	15	11	10	15
VALID CASES	302	2050	19	47	51	57	69	36	143	14	13			15	35	242	159	119	87	194
NUMBER OF RESPONDENTS	329 100%	2237 100%	20 100%	49 100%	56 100%	63 100%	79 100%	38 100%	162 100%	14 100%	14 100%			16 100%	39 100%	264 100%	174 100%	130 100%	97 100%	209 100%

[ASKED IF Q3 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q5 YES	569 72%	3682 67%*	39 57%*	87 67%	81 68%	120 76%	143 75%	65 80%*	287 73%	19 76%~	39 70%	~	~	~	24 71%~	69 67%	460 72%	336 67%*	190 81%*	193 65%*	345 76%*
NO	224 28%	1794 33%*	30 43%*	42 33%	39 32%	37 24%	47 25%	16 20%*	104 27%	6 24%~	17 30%	~	~	~	10 29%~	34 33%	179 28%	168 33%*	44 19%*	103 35%*	111 24%*
NOT ANSWERED	33	196	2	2	1	3	4	3	8		1				4	11	7	6	7	8	
VALID CASES	793	5475	69	129	120	157	190	81	391	25	56			34	103	639	504	234	296	456	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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	
	HTS 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-	AS- IAN	NATV ILND	AMER PAC ALSK	HAW/ IND/ NATV	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q6 NEVER	13 3%	120 4%	1 3%	2 2%	3 4%	2 2%	4 3%	1 2%	6 2%	~	~	~	~	~	2 9%	2 3%	11 3%	5 2%	6 3%	7 4%	6 2%	
SOMETIMES	109 21%	637 19%	12 32%	16 20%	16 22%	23 22%	23 18%	9 15%	43 17%*	3 16%~	13 36%~	~	~	~	5 22%	16 26%	83 20%	69 23%	32 18%	45 26%	56 18%*	
USUALLY	130 25%	905 27%	14 38%	25 30%	22 30%	22 21%	27 22%	12 20%	61 25%	6 32%~	9 25%~	~	~	~	7 30%	17 28%	102 25%	72 24%	48 28%	40 23%	82 26%	
ALWAYS	263 51%	1691 50%	10 27%	39 48%	33 45%	57 55%	71 57%	38 63%*	137 55%	10 53%~	14 39%~	~	~	~	9 39%	26 43%	219 53%	158 52%	87 50%	83 47%	166 54%	
#ALWAYS + USUALLY (NET)	393 76%	2596 77%	24 65%	64 78%	55 74%	79 76%	98 78%	50 83%	198 80%*	16 84%~	23 64%~	~	~	~	16 70%	43 70%	321 77%	230 76%	135 78%	123 70%*	248 80%*	
TOP BOX SCORE	263 51%	1691 50%	10 27%	39 48%	33 45%	57 55%	71 57%	38 63%*	137 55%	10 53%~	14 39%~	~	~	~	9 39%	26 43%	219 53%	158 52%	87 50%	83 47%	166 54%	
NOT ANSWERED	54	330	2	5	7	16	18	5	40	3				1	8	45	32	17	18	35		
VALID CASES	515	3353	37	82	74	104	125	60	247	19	36			23	61	415	304	173	175	310		
NUMBER OF RESPONDENTS	569 100%	3683 100%	39 100%	87 100%	81 100%	120 100%	143 100%	65 100%	287 100%	19 100%	39 100%			24 100%	69 100%	460 100%	336 100%	190 100%	193 100%	345 100%		

[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?

			AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND PAC	AMER ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q7 NONE	188 24%	1469 27%*	26 37%*	34 26%	29 25%	36 23%	37 20%	16 20%	86 22%	6 25%~	15 27%	~	~	~	6 19%~	32 31%	145 23%	146 29%*	33 14%*	99 33%*	81 18%*	
1 TIME	131 17%	947 17%	16 23%	21 16%	22 19%	24 15%	28 15%	14 17%	72 18%	2 8%~	12 22%	~	~	~	7 22%~	15 14%	110 17%	91 18%	32 14%	49 16%	76 17%	
2	147 19%	900 17%	9 13%	20 15%	24 21%	37 23%	36 19%	12 15%	77 20%	2 8%~	10 18%	~	~	~	1 3%~	23 22%	113 18%	96 19%	41 17%	56 19%	83 18%	
3	97 12%	659 12%	7 10%	14 11%	20 17%	21 13%	19 10%	13 16%	45 11%	2 8%~	9 16%	~	~	~	6 19%~	14 13%	78 12%	63 13%	28 12%	33 11%	62 14%	
4	78 10%	465 9%	5 7%	12 9%	8 7%	15 9%	24 13%	10 12%	43 11%	6 25%~	5 9%	~	~	~	1 3%~	8 8%	66 10%	41 8%*	31 13%	25 8%	49 11%	
5 TO 9	94 12%	673 12%	4 6%*	18 14%	9 8%	16 10%	33 17%*	8 10%	46 12%	5 21%~	3 5%*	~	~	~	7 22%~	6 6%*	84 13%*	46 9%*	41 17%*	21 7%*	69 15%*	
10 OR MORE TIMES	54 7%	305 6%	3 4%	11 8%	5 4%	9 6%	12 6%	8 10%	25 6%	1 4%~	1 2%*	~	~	~	4 13%~	6 6%	42 7%	17 3%*	31 13%*	15 5%	33 7%	
NOT ANSWERED	37	254	1	1	4	2	5	3	5	1	2			2	3	12	11	3	5	11		
VALID CASES	789	5417	70	130	117	158	189	81	394	24	55			32	104	638	500	237	298	453		
NUMBER OF RESPONDENTS	826	5671	71	131	121	160	194	84	399	25	57			34	107	650	511	240	303	464		
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR	AS- IAN	NATV ILND	AMER PAC ALSK	OTHER	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	POOR	MALE	FE- MALE	
Q8 #YES	439 75%	2759 72%*	29 66%~	66 69%	58 67%	94 81%	124 83%*	49 79%	229 77%	14 78%~	33 85%~	~	~	~	16 64%~	44 63%*	373 78%*	250 73%	162 81%*	151 79%	268 74%
NO	145 25%	1087 28%*	15 34%~	29 31%	28 33%	22 19%	25 17%*	13 21%	69 23%	4 22%~	6 15%~	~	~	~	9 36%~	26 37%*	107 22%*	94 27%	37 19%*	41 21%	95 26%
NOT ANSWERED	17	93		1	2	6	3	3	10		1			1	2	13	10	5	7	9	
VALID CASES	584	3846	44	95	86	116	149	62	298	18	39			25	70	480	344	199	192	363	
NUMBER OF RESPONDENTS	601 100%	3939 100%	44 100%	96 100%	88 100%	122 100%	152 100%	65 100%	308 100%	18 100%	40 100%			26 100%	72 100%	493 100%	354 100%	204 100%	199 100%	372 100%	

[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?

	HTS TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND PAC ALSK NATV OHR	AMER IND/ ALSK NATV OHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q9 YES	345 59%	2168 56%	20 45%~	61 64%	46 54%	76 64%	92 61%	34 54%	183 61%	14 82%~	17 44%~	~	~	~	15 60%~	30 42%*	298 62%*	191 55%*	135 68%*	110 57%	221 61%
NO	240 41%	1687 44%	24 55%~	34 36%	39 46%	42 36%	58 39%	29 46%	118 39%	3 18%~	22 56%~	~	~	~	10 40%~	41 58%*	184 38%*	157 45%*	63 32%*	84 43%	143 39%
NOT ANSWERED	16	84		1	3	4	2	2	7	1	1			1	1	11	6	6	5	8	
VALID CASES	585	3855	44	95	85	118	150	63	301	17	39			25	71	482	348	198	194	364	
NUMBER OF RESPONDENTS	601 100%	3939 100%	44 100%	96 100%	88 100%	122 100%	152 100%	65 100%	308 100%	18 100%	40 100%			26 100%	72 100%	493 100%	354 100%	204 100%	199 100%	372 100%	

[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?

	HTS TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND PAC ALSK NATV OHR MUL-	AMER IND/ ALSK NATV OHR MUL-					HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR		FE- MALE	
Q10 #YES	310 92%	1919 93%	19 95%~	55 92%	46 100%~	71 93%	74 85%*	31 94%~	166 94%	11 79%~	14 82%~				15 ~100%~	26 90%~	269 92%~	166 89%*	127 96%*	99 92%	199 92%	
NO	28 8%	152 7%	1 5%~	5 8%		5 ~	13 7%	2 15%*	6 6%	11 21%~	3 18%~	3					3 10%~	23 8%~	21 11%*	5 4%*	9 8%	17 8%
NOT ANSWERED	60	379	1	3	7	6	12	6	18	2	3				3	5	29	21	12	12	24	
VALID CASES	338	2072	20	60	46	76	87	33	177	14	17				15	29	292	187	132	108	216	
NUMBER OF RESPONDENTS	398 100%	2451 100%	21 100%	63 100%	53 100%	82 100%	99 100%	39 100%	195 100%	16 100%	20 100%				18 100%	34 100%	321 100%	208 100%	144 100%	120 100%	240 100%	

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

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q11 #YES	HTS TOT ADLT	1506	12	49	32	56	60	23	133	10	8		8	18	213	136	94	80	153	
	OHP TOT ADLT	72%	73%	60%~	83%*	70%~	74%	69%	68%~	75%	71%~	47%~	~	~	~	57%~	62%~	73%~	73%	71%
NO	HTS TOT ADLT	555	8	10	14	20	27	11	45	4	9		6	11	79	50	39	28	63	
	OHP TOT ADLT	28%	27%	40%~	17%*	30%~	26%	31%	32%~	25%	29%~	53%~	~	~	~	43%~	38%~	27%~	27%	29%
NOT ANSWERED	HTS TOT ADLT	53	2			5			5				1	1	6	5	2	2	5	
VALID CASES	HTS TOT ADLT	2061	20	59	46	76	87	34	178	14	17		14	29	292	186	133	108	216	
NUMBER OF RESPONDENTS	OHP TOT ADLT	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		15	30	298	191	135	110	221	
												100%	100%	100%	100%	100%	100%	100%	100%	

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

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

			AGE						RACE						ETHNIC- ITY	HEALTH STATUS		GENDER			
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q12 #YES	250 74%	1561 76%	17 89%~	48 79%	28 62%~	55 72%	67 77%	25 74%~	135 76%	10 71%~	12 71%~	~	~	~	60%~	25 83%~	213 73%~	141 75%	95 73%	81 76%	159 73%
NO	88 26%	492 24%	2 11%~	13 21%	17 38%~	21 28%	20 23%	9 26%~	43 24%	4 29%~	5 29%~	~	~	~	40%~	5 17%~	78 27%~	47 25%	36 27%	26 24%	58 27%
NOT ANSWERED	7	61	1		1		5		5							7	3	4	3	4	
VALID CASES	338	2053	19	61	45	76	87	34	178	14	17			15	30	291	188	131	107	217	
NUMBER OF RESPONDENTS	345 100%	2114 100%	20 100%	61 100%	46 100%	76 100%	92 100%	34 100%	183 100%	14 100%	17 100%			15 100%	30 100%	298 100%	191 100%	135 100%	110 100%	221 100%	

[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?

			AGE					RACE						ETHNICITY	HEALTH STATUS		GENDER				
	HTS 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-	AS- IAN	NATV ILND PAC	AMER ALSK	OTHER ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q13 WORST HEALTH CARE POSSIBLE	5 0.9%	27 0.7%	~	1%	1%	0.9%	0.7%	~	4 1%	~	~	~	~	~	4%~	~	5 1%	~	5 3%	3 2%	2 0.6%
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	6 1%	49 1%	~	2%	3%	~	1%	~	3 1%	1 6%	~	~	~	~	~	1 1%	5 1%	4 1%	2 1%	~	6 2%*
03	12 2%	78 2%	2 5%	5 5%	2 2%	1 0.9%	2 1%	~	6 2%	~	~	~	~	~	2 8%	2 3%	10 2%	8 2%	3 2%	4 2%	8 2%
04	9 2%	87 2%	~	3%	2%	1 0.9%	3 2%	~	7 2%	1 6%	~	~	~	~	~	~	9 2%	5 1%	3 2%	1 0.5%	8 2%*
05	44 8%	281 7%	4 10%	3 3%*	6 7%	9 8%	14 9%	5 8%	20 7%	2 11%	4 10%	~	~	~	2 8%	5 7%	37 8%	29 8%	12 6%	19 10%	22 6%
06	26 4%	233 6%*	4 10%	6 6%	4 5%	4 3%	3 2%*	3 5%	11 4%	~	4 10%	~	~	~	2 8%	5 7%	19 4%	12 3%	13 7%	12 6%	13 4%
07	73 13%	502 13%	7 17%	16 17%	13 15%	16 14%	15 10%	3 5%*	32 11%	2 11%	5 13%	~	~	~	4 15%	5 7%	63 13%	39 11%	32 16%	22 11%	47 13%
08	120 21%	866 23%	5 12%	17 18%	19 22%	30 26%	30 20%	9 15%	61 21%	3 17%	9 23%	~	~	~	6 23%	12 17%	95 20%	73 21%	33 17%	36 19%	75 21%
09	110 19%	651 17%	9 21%	11 12%*	21 24%	20 17%	32 21%	15 24%	55 19%	1 6%	10 25%	~	~	~	4 15%	19 27%	87 18%	69 20%	36 18%	45 23%	63 18%
BEST HEALTH CARE POSSIBLE	175 30%	1054 27%	11 26%	29 31%	17 19%*	33 29%	49 33%	27 44%*	96 33%	8 44%	8 20%	~	~	~	5 19%	21 30%	147 31%	105 31%	58 29%	52 27%	116 32%
#8-10 (NET)	405 70%	2571 67%	25 60%	57 61%	57 65%	83 72%	111 74%	51 82%*	212 72%	12 67%	27 68%	~	~	~	15 58%	52 74%	329 69%	247 72%	127 64%*	133 69%	254 71%

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			
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
9-10 (NET)	285 49%	1705 44%*	20 48%~	40 43%	38 43%	53 46%	81 54%	42 68%*	151 51%	9 50%~	18 45%~	~	~	~	35%~	9 57%	40 49%	234 49%	174 51%	94 48%	97 50%	179 50%
NOT ANSWERED	21	105	2	3		7	2	3	13							2	16	10	7	5	12	
VALID CASES	580	3834	42	93	88	115	150	62	295	18	40			26	70	477	344	197	194	360		
NUMBER OF RESPONDENTS	601 100%	3939 100%	44 100%	96 100%	88 100%	122 100%	152 100%	65 100%	308 100%	18 100%	40 100%			26 100%	72 100%	493 100%	354 100%	204 100%	199 100%	372 100%		
MEAN	8.05	7.91	7.86	7.73	7.68	8.16	8.21	8.73	8.08	7.94	8.03			7.31	8.21	8.03	8.13	7.89	7.99	8.09		
p stat_(*=Sig @ p<=.05)		.041*	~.137	.082	.506	.272	.001*	.704	~	~	~	~	~	~.461	.458	.276	.194	.592	.587			

[ASKED IF Q7 >= 1 TIME]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV ILND	AMER PAC ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q14 NEVER	14 2%	112 3%	1 2%	3 3%	4 5%	2 2%	3 2%	9 3%	~	~	~	~	~	1 4%	2 3%	12 3%	4 1%*	9 5%*	7 4%	7 2%
SOMETIMES	87 15%	652 17%	6 14%~	18 19%	19 23%	15 13%	15 10%*	8 13%	29 10%*	3 17%~	9 23%~	~	~	9 36%~	9 14%	73 15%	48 14%	31 16%	24 12%	57 16%
USUALLY	188 33%	1292 34%	14 32%~	30 32%	30 36%	34 30%	51 34%	17 28%	101 34%	5 28%~	17 43%~	~	~	7 28%~	17 26%	156 33%	104 30%	69 35%	58 30%	119 33%
ALWAYS	288 50%	1764 46%*	23 52%~	43 46%	31 37%*	64 56%	79 53%	36 59%	156 53%	10 56%~	14 35%~	~	~	8 32%~	37 57%	238 50%	185 54%*	87 44%	105 54%	173 49%
#ALWAYS + USUALLY (NET)	476 82%	3056 80%	37 84%~	73 78%	61 73%*	98 85%	130 88%*	53 87%	257 87%*	15 83%~	31 78%~	~	~	15 60%~	54 83%	394 82%	289 85%	156 80%	163 84%	292 82%
TOP BOX SCORE	288 50%	1764 46%*	23 52%~	43 46%	31 37%*	64 56%	79 53%	36 59%	156 53%	10 56%~	14 35%~	~	~	8 32%~	37 57%	238 50%	185 54%*	87 44%	105 54%	173 49%
NOT ANSWERED	24	119		2	4	7	4	4	13					1	7	14	13	8	5	16
VALID CASES	577	3820	44	94	84	115	148	61	295	18	40			25	65	479	341	196	194	356
NUMBER OF RESPONDENTS	601 100%	3939 100%	44 100%	96 100%	88 100%	122 100%	152 100%	65 100%	308 100%	18 100%	40 100%			26 100%	72 100%	493 100%	354 100%	204 100%	199 100%	372 100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE
Q15 YES	647 82%	4350 80%	53 76%	92 72%*	95 79%	136 87%	163 86%	73 90%*	331 84%	21 84%~	45 79%	~	~	25 ~ 76%~	80 78%	531 83%	391 78%*	211 89%*	218 74%*	398 87%*
NO	143 18%	1094 20%	17 24%	36 28%*	26 21%	21 13%	27 14%	8 10%*	62 16%	4 16%~	12 21%	~	~	8 ~ 24%~	22 22%	110 17%	111 22%*	25 11%*	78 26%*	59 13%*
NOT ANSWERED	36	228	1	3		3	4	3	6					1	5	9	9	4	7	7
VALID CASES	790	5443	70	128	121	157	190	81	393	25	57			33	102	641	502	236	296	457
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q16 NONE	121 20%	890 22%	20 38%*	18 20%	21 23%	26 20%	18 12%*	11 16%	56 18%	4 20%~	5 11%~	~	~	~	5 20%~	22 29%	93 18%	88 24%*	26 13%*	48 23%	67 18%
1 TIME	154 25%	1017 25%	12 23%	26 29%	24 26%	27 21%	41 27%	18 27%	88 28%	3 15%~	12 27%~	~	~	~	3 12%~	17 22%	130 25%	107 29%*	36 18%*	55 26%	93 24%
2	135 22%	826 20%	6 11%*	20 22%	21 23%	32 24%	37 24%	12 18%	73 23%	3 15%~	11 25%~	~	~	~	2 8%~	18 23%	109 21%	80 21%	48 24%	46 22%	84 22%
3	89 14%	578 14%	8 15%	11 12%	15 16%	17 13%	25 16%	11 16%	39 12%	5 25%~	9 20%~	~	~	~	5 20%~	11 14%	75 15%	50 13%	32 16%	30 14%	56 15%
4	42 7%	309 7%	2 4%	5 6%	6 7%	11 8%	11 7%	5 7%	26 8%	1 5%~	2 5%~	~	~	~	5 20%~	2 3%*	39 8%*	20 5%	20 10%*	14 7%	27 7%
5 TO 9	60 10%	401 10%	4 8%	8 9%	5 5%	12 9%	19 12%	8 12%	25 8%	4 20%~	4 9%~	~	~	~	4 16%~	5 6%	52 10%	25 7%*	29 14%*	13 6%*	44 12%*
10 OR MORE TIMES	17 3%	98 2%	1 2%	2 2%	~	6 5%	3 2%	2 3%	7 2%	~	1 2%~	~	~	~	1 4%~	2 3%	12 2%	4 1%*	10 5%*	3 1%	11 3%
NOT ANSWERED	29	232		2	3	5	9	6	17	1	1				3	21	17	10	9	16	
VALID CASES	618	4118	53	90	92	131	154	67	314	20	44			25	77	510	374	201	209	382	
NUMBER OF RESPONDENTS	647	4350	53	92	95	136	163	73	331	21	45			25	80	531	391	211	218	398	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q15 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q17 NEVER	4 0.8%	58 2%*	1 ~	1 1%	1 ~	1 1%	1 2%	1 0.4%	~	~	~	~	~	1 2%	3 0.7%	2 0.7%	2 1%	3 2%	1 0.3%	
SOMETIMES	32 7%	230 7%	2 6%~	5 7%	8 11%	5 5%	9 7%	2 4%	12 5%	3 19%~	3 8%~	~	~	2 11%~	5 9%	25 6%	12 4%*	18 10%*	8 5%	23 7%
USUALLY	105 21%	675 21%	10 30%~	16 23%	16 23%	26 25%	23 17%	10 18%	56 22%	2 13%~	11 28%~	~	~	3 16%~	13 24%	89 22%	60 21%	40 23%	36 23%	65 21%
ALWAYS	349 71%	2229 70%	21 64%~	49 69%	46 66%	71 69%	104 76%	42 76%	186 73%	11 69%~	25 64%~	~	~	14 74%~	35 65%	296 72%	209 74%	113 65%*	113 71%	222 71%
#ALWAYS + USUALLY (NET)	454 93%	2905 91%	31 94%~	65 92%	62 89%	97 94%	127 93%	52 95%	242 95%*	13 81%~	36 92%~	~	~	17 89%~	48 89%	385 93%	269 95%*	153 88%*	149 93%	287 92%
TOP BOX SCORE	349 71%	2229 70%	21 64%~	49 69%	46 66%	71 69%	104 76%	42 76%	186 73%	11 69%~	25 64%~	~	~	14 74%~	35 65%	296 72%	209 74%	113 65%*	113 71%	222 71%
NOT ANSWERED	7	27	1	1	2	1	1	3					1	1	4	3	2	1	4	
VALID CASES	490	3193	33	71	70	103	136	55	255	16	39		19	54	413	283	173	160	311	
NUMBER OF RESPONDENTS	497 100%	3220 100%	33 100%	72 100%	71 100%	105 100%	136 100%	56 100%	258 100%	16 100%	39 100%		20 100%	55 100%	417 100%	286 100%	175 100%	161 100%	315 100%	

[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	
	HTS 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- WHT	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q18 NEVER	9 2%	63 2%	1 3%	3 4%	2 3%	1 0.7%	1 2%	4 2%	~	~	~	~	~	~	3 6%	6 1%	3 1%	6 3%	4 3%	5 2%
SOMETIMES	29 6%	266 8%*	1 3%	5 7%	4 6%	5 5%	9 7%	2 4%	13 5%	2 13%	2 5%	~	~	1 5%	5 9%	23 6%	14 5%	14 8%	11 7%	17 5%
USUALLY	101 21%	675 21%	9 27%	17 24%	17 24%	24 23%	22 16%	8 14%	56 22%	1 6%	10 26%	~	~	5 25%	9 17%	88 21%	55 19%	39 22%	31 19%	66 21%
ALWAYS	352 72%	2196 69%	22 67%	47 65%	47 67%	73 71%	103 76%	45 80%	182 71%	13 81%	27 69%	~	~	14 70%	37 69%	297 72%	212 75%	115 66%*	114 71%	224 72%
#ALWAYS + USUALLY (NET)	453 92%	2872 90%*	31 94%	64 89%	64 91%	97 94%	125 93%	53 95%	238 93%	14 88%	37 95%	~	~	19 95%	46 85%	385 93%	267 94%	154 89%*	145 91%	290 93%
TOP BOX SCORE	352 72%	2196 69%	22 67%	47 65%	47 67%	73 71%	103 76%	45 80%	182 71%	13 81%	27 69%	~	~	14 70%	37 69%	297 72%	212 75%	115 66%*	114 71%	224 72%
NOT ANSWERED	6	19			1	2	1		3						1	3	2	1	1	3
VALID CASES	491	3201	33	72	70	103	135	56	255	16	39			20	54	414	284	174	160	312
NUMBER OF RESPONDENTS	497	3220	33	72	71	105	136	56	258	16	39			20	55	417	286	175	161	315
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV ILND	AMER PAC ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q19 NEVER	10 2%	78 2%	1 3%	2 3%	1 1%	3 3%	1 0.7%	1 2%	5 2%	1 ~	3 3%	~	~	~	~	2 4%	8 2%	4 1%	6 3%	6 4%	4 1%
SOMETIMES	37 8%	205 6%	1 3%	9 13%	5 7%	7 7%	9 2%*	1 2%*	21 8%	1 6%	1 3%	~	~	~	~	3 6%	30 7%	17 6%	15 9%	10 6%	23 7%
USUALLY	68 14%	539 17%*	4 12%	7 10%	13 19%	16 15%	9 11%	16 16%	34 13%	3 19%	11 28%	~	~	3 ~	3 6%*	60 14%	33 12%	28 16%	17 11%	46 15%	
ALWAYS	376 77%	2374 74%	27 82%	53 75%	50 72%	78 75%	110 81%	45 80%	196 77%	12 75%	26 67%	~	~	16 ~	45 85%	316 76%	230 81%*	124 72%	126 79%	239 77%	
#ALWAYS + USUALLY (NET)	444 90%	2913 91%	31 94%	60 85%	63 91%	94 90%	125 93%	54 96%*	230 90%	15 94%	37 95%	~	~	19 ~	48 91%	376 91%	263 93%	152 88%	143 90%	285 91%	
TOP BOX SCORE	376 77%	2374 74%	27 82%	53 75%	50 72%	78 75%	110 81%	45 80%	196 77%	12 75%	26 67%	~	~	16 ~	45 85%	316 76%	230 81%*	124 72%	126 79%	239 77%	
NOT ANSWERED	6	24	1	2	1	1			2					1	2	3	2	2	2	3	
VALID CASES	491	3196	33	71	69	104	135	56	256	16	39			19	53	414	284	173	159	312	
NUMBER OF RESPONDENTS	497	3220	33	72	71	105	136	56	258	16	39			20	55	417	286	175	161	315	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	HTS 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- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q20 NEVER	13 3%	89 3%	~	5 7%	2 3%	3 3%	2 1%	1 2%	6 2%	~	~	~	~	~	4 7%	9 2%	4 1%	9 5%*	7 4%	6 2%
SOMETIMES	50 10%	317 10%	3 9%~	11 15%	8 11%	10 10%	11 8%	4 7%	25 10%	2 13%~	4 10%~	~	~	4 20%~	4 7%	43 10%	25 9%	20 11%	12 8%	36 12%
USUALLY	114 23%	782 24%	12 36%~	16 22%	19 27%	23 22%	19 14%*	17 30%	50 20%*	4 25%~	16 41%~	~	~	1 5%~	18 33%	88 21%*	66 23%	39 22%	26 16%*	80 26%
ALWAYS	315 64%	2009 63%	18 55%~	40 56%	41 59%	67 65%	103 76%*	34 61%	175 68%*	10 63%~	19 49%~	~	~	15 75%~	28 52%	274 66%*	189 67%	107 61%	114 72%*	191 61%
#ALWAYS + USUALLY (NET)	429 87%	2790 87%	30 91%~	56 78%*	60 86%	90 87%	122 90%	51 91%	225 88%	14 88%~	35 90%~	~	~	16 80%~	46 85%	362 87%	255 90%	146 83%	140 88%	271 87%
TOP BOX SCORE	315 64%	2009 63%	18 55%~	40 56%	41 59%	67 65%	103 76%*	34 61%	175 68%*	10 63%~	19 49%~	~	~	15 75%~	28 52%	274 66%*	189 67%	107 61%	114 72%*	191 61%
NOT ANSWERED	5	24			1	2	1		2						1	3	2		2	2
VALID CASES	492	3196	33	72	70	103	135	56	256	16	39			20	54	414	284	175	159	313
NUMBER OF RESPONDENTS	497	3220	33	72	71	105	136	56	258	16	39			20	55	417	286	175	161	315
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

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

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

	AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q21 YES	323 66%	2002 63%	14 42%~	45 63%	43 61%	68 66%	97 72%	40 71%	169 66%	13 81%~	23 59%~	~	~	~	13 65%~	30 55%	278 67%	173 61%*	126 73%*	92 58%*	218 69%*
NO	169 34%	1173 37%	19 58%~	27 37%	28 39%	35 34%	38 28%	16 29%	86 34%	3 19%~	16 41%~	~	~	~	7 35%~	25 45%	136 33%	112 39%*	47 27%*	67 42%*	96 31%*
NOT ANSWERED	5	45				2	1		3								3	1	2	2	1
VALID CASES	492	3175	33	72	71	103	135	56	255	16	39			20	55	414	285	173	159	314	
NUMBER OF RESPONDENTS	497	3220	33	72	71	105	136	56	258	16	39			20	55	417	286	175	161	315	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR	AS-IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE
Q22 NEVER	186%	1156%	214%~	512%~	410%~	46%	33%	96%	14%	14%	~	~	~	~	414%~	145%~	85%~	108%	67%	126%
SOMETIMES	4414%	27214%	17%~	1024%~	1126%~	913%	910%	25%	2012%	323%~	313%~	~	~	18%	517%~	3714%~	2414%	1814%	1113%	3215%
USUALLY	9631%	56830%	536%~	1126%~	1126%~	2537%	2932%	1025%~	5433%	323%~	313%~	~	~	646%~	931%~	8331%~	4829%	4435%	2731%	6430%
ALWAYS	15449%	92549%	643%~	1638%~	1638%~	3044%	5155%	2870%~	8049%	754%~	1670%~	~	~	646%~	1138%~	13550%~	8652%	5342%*	4349%	10549%
#ALWAYS + USUALLY (NET)	25080%	149379%	1179%~	2764%~	2764%~	5581%	8087%*	3895%~	13482%	1077%~	1983%~	~	~	1292%~	2069%~	21881%~	13481%	9778%	7080%	16979%
TOP BOX SCORE	15449%	92549%	643%~	1638%~	1638%~	3044%	5155%	2870%~	8049%	754%~	1670%~	~	~	646%~	1138%~	13550%~	8652%	5342%*	4349%	10549%
NOT ANSWERED	11	69	3	1			5		6					1	9	7	1		5	5
VALID CASES	312	1881	14	42	42	68	92	40	163	13	23			13	29	269	166	125	87	213
NUMBER OF RESPONDENTS	323	1950	14	45	43	68	97	40	169	13	23			13	30	278	173	126	92	218
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

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

			AGE					RACE					ETHNICITY	HEALTH STATUS		GENDER									
	HTS 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-	AS- IAN	NATV ILND PAC	AMER ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE							
Q23 WORST PERSONAL DOCTOR POSSIBLE	5 0.8%	21 0.5%	~	1%	2%	0.8%	~	2%	3%	1%	~	~	~	~	~	4%	~	5%	1%	0.3%	2%	3%	1%	0.5%	
01	2 0.3%	38 0.9%*	~	1%	~	~	~	~	~	~	~	~	~	~	~	1%	~	1%	~	0.5%	~	1%	~	0.3%	
02	4 0.7%	42 1%	~	3%	~	~	~	1%	~	2%	~	~	~	~	~	0.6%	~	2%	3%	0.4%	2%	0.8%	0.5%	0.5%	0.8%
03	7 1%	61 2%	~	2%	2%	2%	0.6%	~	2%	~	~	~	~	~	~	2%	~	7%	1%	1%*	4%	3%	1%	1%	
04	18 3%	88 2%	2%	4%	1%	6%	3%	3%	~	12%	4%	~	2%	~	5%	~	~	~	1%	17%	12%	3%	5%	7%	11%
05	27 4%	212 5%	2%	4%	8%	9%	5%	2%	~	5%	10%	~	~	~	~	~	4%	1%	16%	1%*	25%	5%	18%	7%	9%
06	26 4%	181 4%	3%	6%	5%	6%	4%	3%	~	10%	3%	2%	3%	~	7%	~	~	~	4%	1%	5%	19%	12%	13%	8%
07	51 8%	352 9%	9%	17%	9%	10%	9%	7%	~	20%	6%	1%	2%	~	5%	~	~	~	4%	1%	4%	45%	31%	18%	18%
08	93 15%	703 17%	12%	23%	11%	12%	13%	14%	~	37%	12%*	4%	9%	~	19%	~	~	~	24%	6%	14%	70%	60%	26%	35%
09	111 18%	736 18%	8%	15%	17%	14%	25%	29%	~	63%	20%	3%	16%	~	14%	~	~	~	8%	2%	9%	98%	68%	38%	34%
BEST PERSONAL DOCTOR POSSIBLE	267 44%	1648 40%*	17%	32%	31%	35%	37%	54%	~	78%	45%	9%	11%	~	51%*	56%*	~	~	10%	37%	218%	50%	43%	161%	85%
#8-10 (NET)	471 77%	3087 76%	37%	70%	59%	66%*	64%	103%	~	125%	81%	60%	91%*	~	241%	78%	16%	36%	~	72%	18%	81%	386%	289%	149%

Continued

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

	AGE								RACE				ETHNICITY		HEALTH STATUS		GENDER				
	HTS TOT ADLT	OHP TOT ADLT	18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
9-10 (NET)	378 62%	2384 58%*	25 47%*	48 54%	51 54%	79 63%	107 69%*	53 80%*	204 66%*	12 57%~	27 63%~	~	~	~	12 48%~	46 62%	316 62%	229 62%	123 61%	125 60%	240 64%
NOT ANSWERED	36	266	3	1	11	9	7	21	2					6	25	21	10	10	21		
VALID CASES	611	4084	53	89	94	125	154	66	310	21	43			25	74	506	370	201	208	377	
NUMBER OF RESPONDENTS	647 100%	4350 100%	53 100%	92 100%	95 100%	136 100%	163 100%	73 100%	331 100%	21 100%	45 100%			25 100%	80 100%	531 100%	391 100%	211 100%	218 100%	398 100%	
MEAN	8.45	8.33	8.25	7.88	8.02	8.58	8.74	9.14	8.46	8.48	8.51			7.96	8.58	8.44	8.51	8.31	8.42	8.48	
p stat_(*=Sig @ p<=.05)		.075	.435	.015*	.024*	.411	.027*	.000*	.905	~	~	~	~	~	.556	.688	.429	.260	.769	.689	

[ASKED IF Q15 = YES]

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

			AGE					RACE					ETHNICITY	HEALTH STATUS		GENDER						
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND ##	AMER PAC ALSK	IND/ OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q24 YES	319 41%	2150 40%	14 20%*	46 35%	40 34%	68 43%	93 49%*	43 51%*	176 45%*	11 44%~	16 28%*	~	~	~	41%~	14 31%*	32 43%*	275 34%*	169 55%*	130 33%*	99 45%*	209 45%*
Q24 NO	466 59%	3272 60%	57 80%*	84 65%	79 66%	90 57%	97 51%*	41 49%*	216 55%*	14 56%~	41 72%*	~	~	~	59%~	20 69%*	72 57%*	368 66%*	108 45%*	198 67%*	251 55%*	251 55%*
NOT ANSWERED	41	249		1	2	2	4		7							3	7	7	2	6	4	4
VALID CASES	785	5422	71	130	119	158	190	84	392	25	57			34	104	643	504	238	297	460	460	460
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			100%	34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	464 100%

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

	AGE								RACE							ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ IND/ PAC ILND	AMER ALSK NATV	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q25 NEVER	11 4%	123 6%*	1 7%~	1 2%~	3 8%~	2 3%	3 3%	1 2%~	5 3%	2 18%~	~	~	~	~	3 21%~	1 3%~	10 4%~	3 2%	6 5%	2 2%	9 4%
SOMETIMES	71 23%	379 19%*	4 29%~	11 25%~	9 23%~	13 20%	17 19%	10 24%~	31 18%*	1 9%~	7 47%~	~	~	~	3 21%~	7 24%~	58 21%~	31 19%	32 25%	23 24%	42 20%
USUALLY	87 28%	576 29%	3 21%~	11 25%~	8 21%~	24 36%	22 24%	15 36%~	46 27%	3 27%~	5 33%~	~	~	~	5 36%~	8 28%~	77 29%~	46 28%	38 30%	24 25%	61 30%
ALWAYS	142 46%	938 46%	6 43%~	21 48%~	19 49%~	27 41%	49 54%	16 38%~	91 53%*	5 45%~	3 20%~	~	~	~	3 21%~	13 45%~	125 46%~	85 52%*	50 40%	46 48%	93 45%
#ALWAYS + USUALLY (NET)	229 74%	1514 75%	9 64%~	32 73%~	27 69%~	51 77%	71 78%	31 74%~	137 79%*	8 73%~	8 53%~	~	~	~	8 57%~	21 72%~	202 75%~	131 79%*	88 70%	70 74%	154 75%
TOP BOX SCORE	142 46%	938 46%	6 43%~	21 48%~	19 49%~	27 41%	49 54%	16 38%~	91 53%*	5 45%~	3 20%~	~	~	~	3 21%~	13 45%~	125 46%~	85 52%*	50 40%	46 48%	93 45%
NOT ANSWERED	8	70		2	1	2	2	1	3		1				3	5	4	4	4	4	4
VALID CASES	311	2016	14	44	39	66	91	42	173	11	15			14	29	270	165	126	95	205	
NUMBER OF RESPONDENTS	319 100%	2086 100%	14 100%	46 100%	40 100%	68 100%	93 100%	43 100%	176 100%	11 100%	16 100%			14 100%	32 100%	275 100%	169 100%	130 100%	99 100%	209 100%	

[ASKED IF Q24 = YES]

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

			AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
Q26 NONE	15 5%	110 5%	1 7%	2 5%	3 8%	5 8%	3 3%	1 2%	10 6%	1 9%	~	~	~	~	~	3 21%	15 6%	7 4%	6 5%	3 3%	12 6%	
1 SPECIALIST	162 52%	1016 50%	9 64%	21 48%	27 69%	29 44%	49 54%	21 50%	89 52%	6 55%	7 47%	~	~	~	6 43%	21 72%	135 50%	98 59%*	55 44%*	58 60%*	99 49%	
2	72 23%	508 25%	4 29%	13 30%	6 15%	16 24%	19 21%	9 21%	40 23%	2 18%	5 33%	~	~	~	2 14%	5 17%	64 24%	39 23%	29 23%	23 24%	46 23%	
3	40 13%	258 13%	~	7 16%	2 5%	12 18%	9 10%	7 17%	21 12%	2 18%	1 7%	~	~	~	2 14%	3 10%	35 13%	16 10%	20 16%	8 8%	30 15%	
4	10 3%	69 3%	~	1 2%	~	3 5%	5 5%	1 2%	5 3%	~	1 7%	~	~	~	1 7%	~	10 4%	3 2%	7 6%	1 1%	9 4%*	
5 OR MORE SPECIALISTS	12 4%	55 3%	~	~	1 3%	1 2%	6 7%	3 7%	7 4%	~	1 7%	~	~	~	~	~	11 4%	3 2%	8 6%	3 3%	8 4%	
NOT ANSWERED	8	71	~	2	1	2	2	1	4	~	1	~	~	~	~	~	3	5	3	5	3	5
VALID CASES	311	2015	14	44	39	66	91	42	172	11	15	~	~	~	14	29	270	166	125	96	204	
NUMBER OF RESPONDENTS	319	2086	14	46	40	68	93	43	176	11	16	~	~	~	14	32	275	169	130	99	209	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	~	~	~	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q24 = YES]

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

			AGE					RACE					ETHNICITY	HEALTH STATUS		GENDER					
	HTS 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-	AS- IAN	NATV HAW/ PAC ILND	AMER ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q27 WORST SPECIALIST POSSIBLE	3 1%	19 1%	~	1 2%	1 3%	~	~	1 3%	1 0.6%	1 7%	~	~	~	1 9%	~	3 1%	1 0.6%	2 2%	1 1%	2 1%	
01	1 0.3%	7 0.4%	1 8%	~	~	~	~	~	~	~	~	~	~	~	1 4%	1 0.6%	~	1 1%	~		
02	7 2%	19 1%	~	5 12%	~	1 2%	~	~	3 2%	~	~	~	~	~	3 11%	3 1%	3 2%	3 3%	~	6 3%	
03	3 1%	32 2%	~	1 2%	~	1 2%	1 1%	~	3 2%	~	~	~	~	~	~	3 1%	2 1%	1 0.8%	1 1%	2 1%	
04	5 2%	32 2%	1 8%	1 2%	~	1 2%	2 2%	~	4 2%	~	~	~	~	~	~	5 2%	4 3%	1 0.8%	2 2%	3 2%	
05	13 4%	67 4%	1 8%	1 2%	1 3%	2 3%	4 5%	3 8%	5 3%	1 7%	~	~	~	2 18%	3 11%	10 4%	6 4%	5 4%	3 3%	10 5%	
06	14 5%	73 4%	~	2 5%	3 9%	3 5%	3 3%	1 3%	8 5%	1 7%	~	~	~	~	~	13 5%	8 5%	5 4%	7 8%	6 3%	
07	17 6%	158 8%*	1 8%	2 5%	1 3%	5 8%	4 5%	2 5%	5 3%*	2 20%	1 7%	~	~	~	1 9%	1 4%	14 6%	8 5%	7 6%	6 7%	9 5%
08	51 17%	318 17%	2 15%	5 12%	3 9%	10 17%	19 22%	8 20%	29 18%	1 10%	2 13%	~	~	~	2 18%	2 7%	46 18%	25 16%	24 20%	19 21%	29 15%
09	63 22%	355 19%	3 23%	8 19%	10 29%	14 23%	20 23%	5 13%	32 20%	3 30%	7 47%	~	~	~	1 9%	6 22%	54 21%	33 21%	26 22%	19 21%	41 22%
BEST SPECIALIST POSSIBLE	116 40%	797 42%	4 31%	16 38%	16 46%	23 38%	35 40%	20 50%	71 44%	4 40%	2 13%	~	~	~	4 36%	11 41%	103 41%	66 42%	44 37%	33 36%	82 43%
#8-10 (NET)	230 78%	1470 78%	9 69%	29 69%	29 83%	47 78%	74 84%	33 83%	132 82%	8 80%	11 73%	~	~	~	7 64%	19 70%	203 80%	124 79%	94 80%	71 77%	152 80%

Continued

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND PAC ##	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE			
9-10 (NET)	179 61%	1152 61%	7 54%~	24 57%~	26 74%~	37 62%	55 63%	25 63%~	103 64%	7 70%~	9 60%~	~	~	~	5 45%~	17 63%~	157 62%~	99 63%	70 59%	52 57%	123 65%
NOT ANSWERED	3	16			1	1		1								2	1	2	1	1	2
VALID CASES	293	1878	13	42	35	60	88	40	161	10	15			11	27	254	157	118	92	190	
NUMBER OF RESPONDENTS	296 100%	1894 100%	13 100%	42 100%	36 100%	61 100%	88 100%	41 100%	162 100%	10 100%	15 100%			11 100%	29 100%	255 100%	159 100%	119 100%	93 100%	192 100%	
MEAN	8.35	8.45	7.69	7.62	8.69	8.47	8.62	8.60	8.50	8.90	7.80			7.45	7.74	8.44	8.41	8.33	8.30	8.42	
p stat_(*=Sig @ p<=.05)		.344	~	~	~.607	.102	~	.179	~	~	~	~	~	~	~	~	~.629	.890	.793	.449	

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

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

	AGE								RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q28 YES	174 22%	1069 20%*	12 17%	38 29%	26 22%	40 26%	40 21%	13 16%	84 21%	5 21%~	18 32%	~	~	~	11 33%~	19 18%	148 23%	108 21%	58 25%	61 21%	108 24%
NO	603 78%	4323 80%*	59 83%	93 71%	92 78%	115 74%	150 79%	70 84%	309 79%	19 79%~	39 68%	~	~	~	22 67%~	85 82%	490 77%	396 79%	176 75%	235 79%	348 76%
NOT ANSWERED	49	279			3	5	4	1	6	1				1	3	12	7	6	7	8	
VALID CASES	777	5392	71	131	118	155	190	83	393	24	57			33	104	638	504	234	296	456	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	HTS 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-	AS- IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE
Q29 NEVER	17 10%	102 11%		3 8%	5 20%	5 13%	2 5%	1 8%	8 10%	4 22%				1 10%	16 11%	7 7%	9 16%	6 10%	10 10%	
SOMETIMES	58 35%	354 37%	5 45%	17 47%	6 24%	12 31%	13 33%	3 25%	28 35%	1 20%	3 17%			4 40%	8 47%	47 33%	40 40%	16 28%	16 28%	40 38%
USUALLY	61 37%	333 35%	3 27%	13 36%	8 32%	14 36%	16 41%	6 50%	32 40%	3 60%	7 39%			1 10%	8 47%	51 36%	38 38%	20 35%	23 40%	37 36%
ALWAYS	30 18%	171 18%	3 27%	3 8%	6 24%	8 21%	8 21%	2 17%	12 15%	1 20%	4 22%			4 40%	1 6%	29 20%	16 16%	12 21%	13 22%	17 16%
#ALWAYS + USUALLY (NET)	91 55%	504 52%	6 55%	16 44%	14 56%	22 56%	24 62%	8 67%	44 55%	4 80%	11 61%			5 50%	9 53%	80 56%	54 53%	32 56%	36 62%	54 52%
TOP BOX SCORE	30 18%	171 18%	3 27%	3 8%	6 24%	8 21%	8 21%	2 17%	12 15%	1 20%	4 22%			4 40%	1 6%	29 20%	16 16%	12 21%	13 22%	17 16%
NOT ANSWERED	8	35	1	2	1	1	1	1	4					1	2	5	7	1	3	4
VALID CASES	166	961	11	36	25	39	39	12	80	5	18			10	17	143	101	57	58	104
NUMBER OF RESPONDENTS	174	996	12	38	26	40	40	13	84	5	18			11	19	148	108	58	61	108
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q28 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q30 YES	228 30%	1502 28%	16 23%	42 32%	27 23%	53 34%	54 29%	27 33%	106 27%	9 38%	15 27%	~	~	~	13 39%	34 33%	183 29%	140 28%	70 30%	78 27%	141 31%
NO	544 70%	3866 72%	53 77%	88 68%	92 77%	102 66%	133 71%	55 67%	284 73%	15 63%	40 73%	~	~	~	20 61%	69 67%	451 71%	361 72%	162 70%	214 73%	314 69%
NOT ANSWERED	54	303	2	1	2	5	7	2	9	1	2			1	4	16	10	8	11	9	
VALID CASES	772	5368	69	130	119	155	187	82	390	24	55			33	103	634	501	232	292	455	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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		
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q31 NEVER	7 3%	56 4%	~	~	7%~	2 4%	2 4%	1 4%	3 3%	~	~	~	~	~	8%~	1 3%~	6 3%~	5 4%	2 3%	5 7%	2 1%
SOMETIMES	46 21%	267 20%	8 50%~	9 22%~	7 26%~	8 15%	9 18%	3 11%~	20 19%	~	4 27%~	~	~	~	~	6 19%~	37 20%~	31 22%	11 16%	14 18%	30 22%
USUALLY	64 29%	405 30%	4 25%~	12 29%~	8 30%~	13 25%	10 20%	13 48%~	24 23%	4 44%~	6 40%~	~	~	~	46%~	10 31%~	49 27%~	37 27%	21 31%	23 30%	37 27%
ALWAYS	105 47%	624 46%	4 25%~	20 49%~	10 37%~	30 57%	30 59%	10 37%~	57 55%*	5 56%~	5 33%~	~	~	~	46%~	15 47%~	89 49%~	65 47%	34 50%	34 45%	70 50%
#ALWAYS + USUALLY (NET)	169 76%	1029 76%	8 50%~	32 78%~	18 67%~	43 81%	40 78%	23 85%~	81 78%	9 100%~	11 73%~	~	~	~	92%~	25 78%~	138 76%~	102 74%	55 81%	57 75%	107 77%
TOP BOX SCORE	105 47%	624 46%	4 25%~	20 49%~	10 37%~	30 57%	30 59%	10 37%~	57 55%*	5 56%~	5 33%~	~	~	~	46%~	15 47%~	89 49%~	65 47%	34 50%	34 45%	70 50%
NOT ANSWERED	6	48	1				3		2							2	2	2	2	2	2
VALID CASES	222	1351	16	41	27	53	51	27	104	9	15			13	32	181	138	68	76	139	
NUMBER OF RESPONDENTS	228	1399	16	42	27	53	54	27	106	9	15			13	34	183	140	70	78	141	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q32 NEVER	3 1%	18 1%	~	~	~	2%	2%	~	1%	~	~	~	~	~	~	2	1	1	~	2
SOMETIMES	15 7%	102 8%	2 13%	3 7%	2 8%	1 2%*	6 12%	1 4%	7 7%	1 11%	2 13%	~	~	1 8%	14 ~	12 9%	3 4%	8 11%	7 5%	
USUALLY	45 21%	291 21%	3 20%	12 29%	7 27%	9 17%	6 12%*	6 25%	18 18%	2 22%	5 33%	~	~	2 15%	8 27%	35 20%	32 24%	10 15%	12 16%	31 23%
ALWAYS	154 71%	946 70%	10 67%	26 63%	17 65%	42 79%	38 75%	17 71%	75 74%	6 67%	8 53%	~	~	10 77%	22 73%	127 71%	90 67%	53 79%	53 73%	97 71%
#ALWAYS + USUALLY (NET)	199 92%	1237 91%	13 87%	38 93%	24 92%	51 96%	44 86%	23 96%	93 92%	8 89%	13 87%	~	~	12 92%	30 100%	162 91%	122 90%	63 94%	65 89%	128 93%
TOP BOX SCORE	154 71%	946 70%	10 67%	26 63%	17 65%	42 79%	38 75%	17 71%	75 74%	6 67%	8 53%	~	~	10 77%	22 73%	127 71%	90 67%	53 79%	53 73%	97 71%
NOT ANSWERED	11	41	1	1	1		3	3	5					4	5	5	3	5	4	
VALID CASES	217	1358	15	41	26	53	51	24	101	9	15			13	30	178	135	67	73	137
NUMBER OF RESPONDENTS	228	1399	16	42	27	53	54	27	106	9	15			13	34	183	140	70	78	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLACK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q33																					
YES	HTS TOT ADLT	1713	19	43	41	57	54	15	96	4	15			19	38	189	153	76	78	154	
	OHP TOT ADLT	31%	27%	33%	35%	37%	29%	19%*	25%*	17%~	27%	~	~	~ 58%~	37%	30%	31%	33%	27%*	34%*	
NO	HTS TOT ADLT	3590	51	87	77	96	132	66	291	20	40			14	64	441	346	154	213	296	
	OHP TOT ADLT	69%	73%	67%	65%	63%	71%	81%*	75%*	83%~	73%	~	~	~ 42%~	63%	70%	69%	67%	73%*	66%*	
NOT ANSWERED	HTS TOT ADLT	368	1	1	3	7	8	3	12	1	2			1	5	20	12	10	12	14	
VALID CASES	HTS TOT ADLT	5303	70	130	118	153	186	81	387	24	55			33	102	630	499	230	291	450	
NUMBER OF RESPONDENTS	OHP TOT ADLT	826	71	131	121	160	194	84	399	25	57			34	107	650	511	240	303	464	
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	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	
	HTS 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- WHT	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
PQ34 NEVER	9 1%	82 2%	~	~	3% 3%	2% 2%	1% 1%	~	~	~	~	~	~	2% 6%	1% 1%	8% 1%	4% 0.8%	5% 2%	4% 1%	5% 1%
SOMETIMES	48 6%	286 5%	7% 7%	5% 5%	8% 7%	14% 9%	9% 5%	4% 5%	13% 3%*	1% 4%~	6% 11%	~	~	7% 22%~	5% 5%	39% 6%	29% 6%	18% 8%	15% 5%	31% 7%
USUALLY	88 12%	671 13%	9% 9%	22% 17%	13% 12%	23% 15%	17% 9%	6% 7%	42% 11%	2% 8%~	6% 11%	~	~	5% 16%~	14% 14%	72% 12%	57% 12%	28% 12%	25% 9%*	62% 14%*
ALWAYS	602 81%	4198 80%	84% 84%	100% 78%	89% 79%	111% 74%*	153% 85%	71% 88%*	324% 85%*	21% 87%~	43% 78%	~	~	18% 56%~	77% 79%	501% 81%	398% 82%	176% 78%	241% 85%*	343% 78%*
#ALWAYS + USUALLY (NET)	690 92%	4868 93%	93% 93%	122% 95%	102% 90%	134% 89%	170% 94%	77% 95%	366% 96%*	23% 96%~	49% 89%	~	~	23% 72%~	91% 94%	573% 92%	455% 93%	204% 90%	266% 93%	405% 92%
TOP BOX SCORE	602 81%	4198 80%	84% 84%	100% 78%	89% 79%	111% 74%*	153% 85%	71% 88%*	324% 85%*	21% 87%~	43% 78%	~	~	18% 56%~	77% 79%	501% 81%	398% 82%	176% 78%	241% 85%*	343% 78%*
NOT ANSWERED	15	86		2	5	2	5		5					1	5	10	11	3	6	9
VALID CASES	747	5236	70	128	113	151	181	81	382	24	55			32	97	620	488	227	285	441
NUMBER OF RESPONDENTS	762 100%	5322 100%	70 100%	130 100%	118 100%	153 100%	186 100%	81 100%	387 100%	24 100%	55 100%			33 100%	102 100%	630 100%	499 100%	230 100%	291 100%	450 100%

[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?

			AGE					RACE						ETHNICITY	HEALTH STATUS		GENDER					
	HTS 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-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE			
Q35 WORST HEALTH PLAN POSSIBLE	6 0.8%	41 0.8%	~	~	2%	1%	1%	~	1%	~	~	~	~	~	3%	~	6	1	5	4	2	
01	12 2%	47 0.9%	1%	3%	2%	3%	1%	0.6%	~	2%	~	2%	~	~	~	~	1%	10%	9%	3%	8%	3%
02	7 1%	52 1%	~	3%	1%	0.9%	0.7%	~	~	0.8%	~	~	~	~	3%	~	5	3	2	1	4	
03	9 1%	102 2%*	~	4%	3%	1%	0.6%	~	~	2%	~	~	~	~	3%	~	1%	8%	7%	2%	~	9%
04	13 2%	122 2%	2%	6%	1%	0.9%	~	2%	~	9%	1%	5%	~	~	~	~	13%	5%	8%	7%	6%	
05	59 8%	466 9%	5%	12%	6%	10%	18%	5%	6%	29%	3%	6%	~	~	~	12%	7%	48%	38%	16%	23%	33%
06	50 7%	327 6%	5%	8%	13%	13%	9%	2%	3%	32%	1%	5%	10%	~	~	6%	3%	46%	35%	14%	18%	31%
07	76 10%	646 13%*	11%	15%	12%	17%	10%	7%	9%	27%	3%	7%	14%	~	~	22%	4%	66%	57%	15%	27%	46%
08	146 20%	1048 21%	11%	25%	26%	29%	38%	12%	16%	67%	6%	12%	24%	~	~	16%	16%	122%	102%	41%	56%	85%
09	119 16%	797 16%	13%	14%	14%	32%	28%	16%	21%	67%	3%	9%	18%	~	~	9%	23%	94%	69%	42%	46%	72%
BEST HEALTH PLAN POSSIBLE	239 32%	1383 27%*	20%	36%	33%	40%	67%	35%	45%*	118%	7%	13%	26%	~	~	25%	45%*	185%	153%	75%	93%	140%
#8-10 (NET)	504 68%	3229 64%*	44%	75%	73%	101%	133%	63%	82%*	252%	16%	34%	68%	~	~	50%	84%*	401%	324%	158%	195%	297%

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	
	HTS TOT ADLT	OHP TOT ADLT	18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE		
9-10 (NET)	358 49%	2180 43%*	33 49%	50 40%*	47 42%	72 49%	95 53%	51 66%*	185 50%	10 48%~	22 44%	~	~	~	34%~	68%* 279	46%* 222	117 52%	139 49%	212 49%
NOT ANSWERED	90	640	3	5	8	12	16	7	29	4	7			2	7	47	32	17	20	33
VALID CASES	736	5031	68	126	113	148	178	77	370	21	50			32	100	603	479	223	283	431
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%
MEAN	7.96	7.78	8.03	7.49	7.73	7.94	8.20	8.78	7.87	8.38	8.04			7.28	8.70	7.87	7.98	7.94	7.92	8.03
p stat_(*=Sig @ p<=.05)		.006*	.771	.015*	.236	.880	.084	.000*	.247	~.763	~	~	~	~.000*	.010*	.798	.840	.695	.304	

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

			AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q35A YES	100 13%	663 12%	2 3%*	12 9%	9 8%*	30 19%*	26 14%	16 20%	58 15%	3 13%~	4 7%	~	~	~	21%~	5 5%*	91 14%*	35 7%*	59 26%*	31 10%	66 15%	
NO	673 87%	4665 88%	68 97%*	118 91%	108 92%*	127 81%*	164 86%	65 80%	331 85%	21 87%~	53 93%	~	~	~	79%~	99 95%*	545 86%*	470 93%*	172 74%*	266 90%	388 85%	
NOT ANSWERED	53	342	1	1	4	3	4	3	10	1						3	14	6	9	6	10	
VALID CASES	773	5329	70	130	117	157	190	81	389	24	57			34	104	636	505	231	297	454		
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%		

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

	HTS TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND PAC	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35B NEVER	21 22%	127 21%	4 ~ 33%	2 ~ 25%	8 ~ 28%	4 ~ 17%	3 ~ 19%	11 20%	1 33%	~	~	~	~	1 ~ 14%	1 25%	20 23%	8 24%	12 21%	8 28%	13 20%
SOMETIMES	14 15%	93 16%	1 ~ 8%	1 ~ 13%	2 ~ 7%	7 ~ 29%	2 ~ 13%	11 20%	1 ~ 25%	1	~	~	~	1 ~ 14%	14 ~ 16%	3 9%	11 19%	3 10%	11 17%	
USUALLY	22 23%	141 24%	1 50%	1 8%	2 25%	6 21%	5 21%	6 38%	11 20%	1 33%	3 75%	~	~	3 ~ 43%	21 ~ 24%	6 18%	15 26%	5 17%	16 25%	
ALWAYS	39 41%	234 39%	1 50%	6 50%	3 38%	13 45%	8 33%	5 31%	22 40%	1 33%	~	~	~	2 ~ 29%	3 75%	33 37%	16 48%	20 34%	13 45%	24 37%
#ALWAYS + USUALLY (NET)	61 64%	375 63%	2 100%	7 58%	5 63%	19 66%	13 54%	11 69%	33 60%	2 67%	3 75%	~	~	5 ~ 71%	3 75%	54 61%	22 67%	35 60%	18 62%	40 62%
TOP BOX SCORE	39 41%	234 39%	1 50%	6 50%	3 38%	13 45%	8 33%	5 31%	22 40%	1 33%	~	~	~	2 ~ 29%	3 75%	33 37%	16 48%	20 34%	13 45%	24 37%
NOT ANSWERED	4	32			1	1	2		3						1	3	2	1	2	2
VALID CASES	96	595	2	12	8	29	24	16	55	3	4			7	4	88	33	58	29	64
NUMBER OF RESPONDENTS	100	627	2	12	9	30	26	16	58	3	4			7	5	91	35	59	31	66
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35A = YES]

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

			AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	IND/ NATV	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	POOR	FE- MALE	MALE	
Q35C YES	134 17%	814 15%	5 7%*	22 17%	15 13%	31 20%	42 22%	17 21%	72 19%	3 13%~	5 9%*	~	~	~	14 41%~	18 17%	114 18%	67 13%*	63 27%*	42 14%	92 20%*	
NO	635 83%	4498 85%	66 93%*	106 83%	103 87%	124 80%	147 78%	63 79%	314 81%	21 87%~	50 91%*	~	~	~	20 59%~	86 83%	519 82%	436 87%*	167 73%*	250 86%	363 80%*	
NOT ANSWERED	57	359		3	3	5	5	4	13	1	2					3	17	8	10	11	9	
VALID CASES	769	5312	71	128	118	155	189	80	386	24	55			34	104	633	503	230	292	455		
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%		

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER		
	HTS 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- WHT	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE
Q35D NEVER	30 23%	169 23%	6 ~ 29%	5 ~ 36%	9 ~ 29%	10 ~ 26%	14 ~ 20%						6 ~ 43%	6 35%	24 22%	12 19%	17 28%	8 21%	22 24%
SOMETIMES	21 16%	128 17%	1 20%	3 14%	2 14%	7 23%	6 15%	2 12%	10 14%				2 ~ 14%	3 18%	18 16%	11 17%	9 15%	7 18%	14 16%
USUALLY	36 28%	197 26%	7 ~ 33%	4 ~ 29%	5 ~ 16%	11 ~ 28%	8 ~ 47%	21 30%	3 ~ 60%				5 ~ 36%	3 18%	33 30%	17 27%	19 31%	12 31%	24 27%
ALWAYS	42 33%	251 34%	4 80%	5 24%	3 21%	10 32%	12 31%	7 41%	24 35%	3 100%	2 40%		1 ~ 7%	5 29%	35 32%	24 37%	16 26%	12 31%	30 33%
#ALWAYS + USUALLY (NET)	78 60%	448 60%	4 80%	12 57%	7 50%	15 48%	23 59%	15 88%	45 65%	3 100%	5 100%		6 ~ 43%	8 47%	68 62%	41 64%	35 57%	24 62%	54 60%
TOP BOX SCORE	42 33%	251 34%	4 80%	5 24%	3 21%	10 32%	12 31%	7 41%	24 35%	3 100%	2 40%		1 ~ 7%	5 29%	35 32%	24 37%	16 26%	12 31%	30 33%
NOT ANSWERED	5	29	1	1		3		3						1	4	3	2	3	2
VALID CASES	129	745	5	21	14	31	39	17	69	3	5		14	17	110	64	61	39	90
NUMBER OF RESPONDENTS	134	774	5	22	15	31	42	17	72	3	5		14	18	114	67	63	42	92
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35C = YES]

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

	AGE								RACE							ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35E YES	451 59%	2942 55%*	27 38%*	73 56%	69 59%	93 60%	123 65%*	53 65%	245 63%*	13 54%~	29 52%	~	~	~	21 62%~	44 42%*	393 62%*	257 51%*	174 74%*	142 48%*	299 66%*
NO	319 41%	2408 45%*	44 62%*	57 44%	48 41%	63 40%	67 35%*	29 35%	144 37%*	11 46%~	27 48%	~	~	~	13 38%~	60 58%*	244 38%*	245 49%*	61 26%*	153 52%*	157 34%*
NOT ANSWERED	56	321		1	4	4	4	2	10	1	1					3	13	9	5	8	8
VALID CASES	770	5350	71	130	117	156	190	82	389	24	56			34	104	637	502	235	295	456	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV ILND	AMER PAC ALSK	OTH#	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35F																				
NO EFFORT AT ALL	13 3%	101 4%	1 ~	1 1%	3 3%	4 3%	4 8%	4 2%	2 ~	7%~	~	~	~	1 5%~	4 10%~	9 2%	8 3%	4 2%	5 4%	8 3%
A LITTLE EFFORT WAS MADE	33 8%	195 7%	1 4%~	7 10%	8 12%	6 7%	7 6%	1 2%*	19 8%	1 8%~	1 4%~	~	~	3 ~	31 ~	8%	21 8%	9 5%	8 6%	23 8%
SOME EFFORT WAS MADE	110 25%	696 25%	9 33%~	21 29%	16 24%	23 26%	14 20%	14 27%	57 24%	2 15%~	11 39%~	~	~	6 ~	11 27%~	94 24%	55 22%	49 29%	35 26%	72 25%
A LOT OF EFFORT WAS MADE	283 64%	1801 64%	17 63%~	44 60%	42 63%	57 64%	84 71%	32 63%	158 66%	10 77%~	14 50%~	~	~	11 ~	26 63%~	250 65%	166 66%	107 63%	88 65%	190 65%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	393 90%	2497 89%	26 96%~	65 89%	58 87%	80 90%	108 91%	46 90%	215 90%	12 92%~	25 89%~	~	~	17 ~	37 90%~	344 90%	221 88%	156 92%	123 90%	262 89%
TOP BOX SCORE	283 64%	1801 64%	17 63%~	44 60%	42 63%	57 64%	84 71%	32 63%	158 66%	10 77%~	14 50%~	~	~	11 ~	26 63%~	250 65%	166 66%	107 63%	88 65%	190 65%
NOT ANSWERED	12	82			2	4	4	2	7		1				3	9	7	5	6	6
VALID CASES	439	2794	27	73	67	89	119	51	238	13	28			21	41	384	250	169	136	293
NUMBER OF RESPONDENTS	451 100%	2876 100%	27 100%	73 100%	69 100%	93 100%	123 100%	53 100%	245 100%	13 100%	29 100%			21 100%	44 100%	393 100%	257 100%	174 100%	142 100%	299 100%

[ASKED IF Q35E = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV ILND	AMER PAC ALSK	OTH#	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE	
Q35G																				
NO EFFORT AT ALL	13 3%	101 4%	4 ~ 5%	2 ~ 2%	4 3%	3 6%	3 1%*	1 8%~	1 4%~	~	~	~	1 5%~	5 12%~	8 2%	5 2%	7 4%	6 4%	7 2%	
A LITTLE EFFORT WAS MADE	37 9%	226 8%	2 7%~	6 8%	6 9%	10 12%	9 8%	3 6%	22 9%	1 8%~	4 15%~	~	~	2 10%~	2 5%~	35 9%	25 10%	11 7%	15 11%	22 8%
SOME EFFORT WAS MADE	105 24%	717 26%	8 30%~	17 23%	17 26%	21 24%	26 22%	11 22%	45 19%*	4 31%~	10 37%~	~	~	6 30%~	9 22%~	88 23%	51 21%*	48 29%	31 23%	69 24%
A LOT OF EFFORT WAS MADE	278 64%	1741 63%	17 63%~	46 63%	43 65%	53 62%	79 67%	34 67%	165 70%*	7 54%~	12 44%~	~	~	11 55%~	25 61%~	248 65%	166 67%	102 61%	83 61%	191 66%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	383 88%	2458 88%	25 93%~	63 86%	60 91%	74 86%	105 89%	45 88%	210 89%	11 85%~	22 81%~	~	~	17 85%~	34 83%~	336 89%	217 88%	150 89%	114 84%	260 90%
TOP BOX SCORE	278 64%	1741 63%	17 63%~	46 63%	43 65%	53 62%	79 67%	34 67%	165 70%*	7 54%~	12 44%~	~	~	11 55%~	25 61%~	248 65%	166 67%	102 61%	83 61%	191 66%
NOT ANSWERED	18	91			3	7	5	2	10		2			1	3	14	10	6	7	10
VALID CASES	433	2785	27	73	66	86	118	51	235	13	27			20	41	379	247	168	135	289
NUMBER OF RESPONDENTS	451 100%	2876 100%	27 100%	73 100%	69 100%	93 100%	123 100%	53 100%	245 100%	13 100%	29 100%			21 100%	44 100%	393 100%	257 100%	174 100%	142 100%	299 100%

[ASKED IF Q35E = YES]

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

	HTS TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35H																				
NO EFFORT AT ALL	23 5%	190 7%	5 ~	3 7%	4 4%	8 5%	3 6%	11 5%	1 ~	4%~	~	~	~	1 5%~	7 17%~	16 4%	12 5%	10 6%	7 5%	16 5%
A LITTLE EFFORT WAS MADE	38 9%	238 9%	4 15%~	6 8%	7 10%	5 6%	10 8%	3 7%	5 23%~	19%~	~	~	~	1 5%~	2 5%~	33 9%	24 10%	13 8%	10 8%	26 9%
SOME EFFORT WAS MADE	122 28%	749 27%	6 22%~	19 26%	20 30%	29 33%	15 25%	67 28%	3 23%~	11 41%~	~	~	~	9 43%~	9 22%~	109 29%	62 25%	54 32%	42 32%	78 27%
A LOT OF EFFORT WAS MADE	251 58%	1596 58%	17 63%~	43 59%	37 55%	49 56%	71 60%	29 58%	141 60%	7 54%~	10 37%~	~	~	10 48%~	23 56%~	222 58%	148 60%	93 55%	73 55%	173 59%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	373 86%	2345 85%	23 85%~	62 85%	57 85%	78 90%	101 85%	44 88%	208 88%	10 77%~	21 78%~	~	~	19 90%~	32 78%~	331 87%	210 85%	147 86%	115 87%	251 86%
TOP BOX SCORE	251 58%	1596 58%	17 63%~	43 59%	37 55%	49 56%	71 60%	29 58%	141 60%	7 54%~	10 37%~	~	~	10 48%~	23 56%~	222 58%	148 60%	93 55%	73 55%	173 59%
NOT ANSWERED	17	103			2	6	4	3	9		2				3	13	11	4	10	6
VALID CASES	434	2773	27	73	67	87	119	50	236	13	27			21	41	380	246	170	132	293
NUMBER OF RESPONDENTS	451 100%	2876 100%	27 100%	73 100%	69 100%	93 100%	123 100%	53 100%	245 100%	13 100%	29 100%			21 100%	44 100%	393 100%	257 100%	174 100%	142 100%	299 100%

[ASKED IF Q35E = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK	OTHR NATV ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
Q35I YES	287 38%	1870 35%	21 30%	56 43%	38 33%	58 38%	80 43%	29 37%	152 39%	8 33%~	23 42%	~	~	~	11 32%~	39 39%	241 38%	184 37%	96 42%	95 33%*	189 42%*
NO	462 62%	3406 65%	50 70%	73 57%	76 67%	94 62%	106 57%	49 63%	238 61%	16 67%~	32 58%	~	~	~	23 68%~	61 61%	385 62%	309 63%	134 58%	193 67%*	257 58%*
NOT ANSWERED	77	394		2	7	8	8	6	9	1	2				7	24	18	10	15	18	
VALID CASES	749	5277	71	129	114	152	186	78	390	24	55			34	100	626	493	230	288	446	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTH#	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
Q35J #YES	245 87%	1588 89%	16 80%~	51 91%	31 89%~	46 81%	73 92%	23 82%~	135 91%*	4 50%~	15 65%~	~	~	~	9 82%~	32 89%~	209 88%~	158 88%	81 85%	78 85%	164 89%
NO	35 13%	204 11%	4 20%~	5 9%	4 11%~	11 19%	6 8%	5 18%~	13 9%*	4 50%~	8 35%~	~	~	~	2 18%~	4 11%~	28 12%~	21 12%	14 15%	14 15%	21 11%
NOT ANSWERED	7	60	1		3	1	1	1	4							3	4	5	1	3	4
VALID CASES	280	1792	20	56	35	57	79	28	148	8	23			11	36	237	179	95	92	185	
NUMBER OF RESPONDENTS	287 100%	1852 100%	21 100%	56 100%	38 100%	58 100%	80 100%	29 100%	152 100%	8 100%	23 100%			11 100%	39 100%	241 100%	184 100%	96 100%	95 100%	189 100%	

[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?

	AGE								RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35K #YES	231 83%	1484 84%	14 70%~	50 89%	30 86%~	47 82%	63 82%	22 79%~	123 84%	6 75%~	17 74%~	~	~	~	9 82%~	30 86%~	196 83%~	150 84%	76 80%	74 81%	154 84%
NO	47 17%	292 16%	6 30%~	6 11%	5 14%~	10 18%	14 18%	6 21%~	24 16%	2 25%~	6 26%~	~	~	2 18%~	5 14%~	40 17%~	28 16%	19 20%	17 19%	30 16%	
NOT ANSWERED	9	76	1		3	1	3	1	5						4	5	6	1	4	5	
VALID CASES	278	1776	20	56	35	57	77	28	147	8	23			11	35	236	178	95	91	184	
NUMBER OF RESPONDENTS	287 100%	1852 100%	21 100%	56 100%	38 100%	58 100%	80 100%	29 100%	152 100%	8 100%	23 100%			11 100%	39 100%	241 100%	184 100%	96 100%	95 100%	189 100%	

[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?

	AGE								RACE						ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ IND/ PAC ILND	AMER ALSK NATV	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35L NEVER	97 13%	692 13%	7 10%	21 17%	17 15%	18 12%	21 11%	8 10%	51 13%	2 8%	10 18%	~	~	5 ~ 15%	13 13%	80 13%	70 14%	24 10%	52 18%*	41 9%*
SOMETIMES	91 12%	623 12%	13 18%	22 18%	12 11%	13 9%	16 9%	9 12%	34 9%*	5 20%	9 16%	~	~	6 ~ 18%	14 14%	74 12%	57 12%	30 13%	41 14%	48 11%
USUALLY	167 22%	1195 23%	17 24%	21 17%	35 31%*	33 22%	39 21%	20 26%	81 21%	5 20%	15 27%	~	~	7 ~ 21%	25 26%	136 22%	103 21%	59 25%	54 19%	109 25%
ALWAYS	388 52%	2698 52%	34 48%	61 49%	50 44%	86 57%	110 59%*	40 52%	215 56%*	13 52%	21 38%*	~	~	16 ~ 47%	46 47%	330 53%	260 53%	119 51%	139 49%	243 55%
#ALWAYS + USUALLY (NET)	555 75%	3894 75%	51 72%	82 66%*	85 75%	119 79%	149 80%*	60 78%	296 78%	18 72%	36 65%	~	~	23 ~ 68%	71 72%	466 75%	363 74%	178 77%	193 67%*	352 80%*
TOP BOX SCORE	388 52%	2698 52%	34 48%	61 49%	50 44%	86 57%	110 59%*	40 52%	215 56%*	13 52%	21 38%*	~	~	16 ~ 47%	46 47%	330 53%	260 53%	119 51%	139 49%	243 55%
NOT ANSWERED	83	462		6	7	10	8	7	18		2				9	30	21	8	17	23
VALID CASES	743	5209	71	125	114	150	186	77	381	25	55			34	98	620	490	232	286	441
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS 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- WHT	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q35M ALWAYS	49 7%	310 6%	5 7%	2 2%*	8 7%	11 7%	12 6%	9 12%	21 5%	3 13%~	3 6%	~	~	~	4 12%~	8 8%	40 6%	22 4%*	25 11%*	18 6%	30 7%
USUALLY	35 5%	270 5%	5 7%	6 5%	5 4%	6 4%	6 3%	5 6%	12 3%*	2 8%~	3 6%	~	~	~	2 6%~	2 2%	28 5%	21 4%	13 6%	15 5%	18 4%
SOMETIMES	127 17%	952 18%	15 21%	24 19%	20 17%	23 15%	32 17%	10 13%	60 16%	3 13%~	14 26%	~	~	~	7 21%~	19 19%	105 17%	70 14%*	54 23%*	47 16%	79 18%
NEVER	535 72%	3697 71%	45 64%	95 75%	82 71%	111 74%	138 73%	53 69%	289 76%*	16 67%~	34 63%	~	~	~	20 61%~	73 72%	449 72%	379 77%*	142 61%*	207 72%	319 72%
#NEVER + SOMETIMES (NET)	662 89%	4649 89%	60 86%	119 94%*	102 89%	134 89%	170 90%	63 82%	349 91%*	19 79%~	48 89%	~	~	~	27 82%~	92 90%	554 89%	449 91%*	196 84%*	254 89%	398 89%
TOP BOX SCORE	535 72%	3697 71%	45 64%	95 75%	82 71%	111 74%	138 73%	53 69%	289 76%*	16 67%~	34 63%	~	~	~	20 61%~	73 72%	449 72%	379 77%*	142 61%*	207 72%	319 72%
NOT ANSWERED	80	442	1	4	6	9	6	7	17	1	3			1	5	28	19	6	16	18	
VALID CASES	746	5229	70	127	115	151	188	77	382	24	54			33	102	622	492	234	287	446	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK NATV	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35N ALWAYS	12 2%	79 2%	2 3%	2 2%	1 0.9%	2 1%	3 2%	2 3%	6 2%	1 4%	1 2%	~	~	~	3%	12 2%	4 0.8%*	7 3%	5 2%	7 2%
USUALLY	20 3%	129 2%	2 3%	4 3%	5 4%	3 2%	4 2%	1 1%	8 2%	2 8%	~	~	~	2 6%	1 1%	17 3%	8 2%*	11 5%	11 4%	8 2%
SOMETIMES	92 12%	739 14%	6 8%	19 15%	12 10%	18 12%	25 13%	8 11%	51 13%	2 8%	7 13%	~	~	4 12%	10 10%	80 13%	53 11%	38 16%*	29 10%	62 14%
NEVER	619 83%	4276 82%	61 86%	102 80%	97 84%	127 85%	155 83%	65 86%	313 83%	20 80%	45 85%	~	~	27 79%	91 89%*	510 82%	424 87%*	180 76%*	241 84%	368 83%
#NEVER + SOMETIMES (NET)	711 96%	5015 96%	67 94%	121 95%	109 95%	145 97%	180 96%	73 96%	364 96%	22 88%	52 98%	~	~	31 91%	101 99%*	590 95%	477 98%*	218 92%*	270 94%	430 97%
TOP BOX SCORE	619 83%	4276 82%	61 86%	102 80%	97 84%	127 85%	155 83%	65 86%	313 83%	20 80%	45 85%	~	~	27 79%	91 89%*	510 82%	424 87%*	180 76%*	241 84%	368 83%
NOT ANSWERED	83	448		4	6	10	7	8	21		4				5	31	22	4	17	19
VALID CASES	743	5223	71	127	115	150	187	76	378	25	53			34	102	619	489	236	286	445
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%

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		
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS-IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
Q350 ALWAYS	11 1%	62 1%	~	4 3%	1 0.9%	1 0.7%	2 1%	3 4%	3 0.8%	1 ~	2 2%	~	~	~	3 9%	1 1%	10 2%	4 0.8%	7 3%	5 2%	6 1%
USUALLY	9 1%	77 1%	1 1%	1 0.8%	3 3%	3 2%	1 0.5%	~	7 2%	1 ~	2 2%	~	~	~	~	~	9 1%	3 0.6%	6 3%	7 2%	2 0.4%*
SOMETIMES	63 8%	505 10%	7 10%	16 13%	13 11%	11 7%	11 6%	2 3%*	31 8%	2 8%	2 ~	4 ~	~	~	3 9%	6 6%	54 9%	38 8%	23 10%	19 7%	42 9%
NEVER	664 89%	4589 88%	62 89%	107 84%	100 85%	136 90%	173 93%*	72 94%	343 89%	22 92%	48 92%	~	~	~	28 82%	96 93%	551 88%	449 91%*	200 85%*	259 89%	395 89%
#NEVER + SOMETIMES (NET)	727 97%	5094 97%	69 99%	123 96%	113 97%	147 97%	184 98%	74 96%	374 97%	24 100%	50 ~	~	~	~	31 91%	102 99%	605 97%*	487 99%*	223 94%*	278 96%	437 98%
TOP BOX SCORE	664 89%	4589 88%	62 89%	107 84%	100 85%	136 90%	173 93%*	72 94%	343 89%	22 92%	48 92%	~	~	~	28 82%	96 93%	551 88%	449 91%*	200 85%*	259 89%	395 89%
NOT ANSWERED	79	438	1	3	4	9	7	7	15	1	5					4	26	17	4	13	19
VALID CASES	747	5233	70	128	117	151	187	77	384	24	52			34	103	624	494	236	290	445	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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

	AGE								RACE							ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN-	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q35P																					
#YES DEFINITELY	533 73%	3547 69%*	50 72%	87 69%	74 63%*	112 77%	145 78%*	56 75%	272 72%	20 80%~	40 74%	~	~	~	27 79%~	71 72%	450 73%	370 76%*	156 67%*	206 72%	322 73%
YES SOMEWHAT	143 20%	1203 23%*	16 23%	26 20%	32 27%*	19 13%*	32 17%	14 19%	73 19%	4 16%~	12 22%	~	~	~	4 12%~	22 22%	116 19%	87 18%	52 22%	58 20%	83 19%
NO	56 8%	417 8%	3 4%	14 11%	11 9%	15 10%	8 4%*	5 7%	31 8%	1 4%~	2 4%	~	~	~	3 9%~	6 6%	50 8%	29 6%*	25 11%*	21 7%	35 8%
NOT ANSWERED	94	503	2	4	4	14	9	9	23		3					8	34	25	7	18	24
VALID CASES	732	5168	69	127	117	146	185	75	376	25	54			34	99	616	486	233	285	440	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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?

	HTS TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q35Q YES	415 56%	2983 57%	45 65%	69 53%	75 63%	81 53%	104 57%	37 49%	204 54%	16 64%	30 56%	~	~	~	18 56%	60 58%	347 56%	283 57%	125 55%	157 54%	253 57%
NO	327 44%	2289 43%	24 35%	61 47%	44 37%	73 47%	78 43%	39 51%	174 46%	9 36%	24 44%	~	~	~	14 44%	43 42%	275 44%	216 43%	104 45%	132 46%	192 43%
NOT ANSWERED	84	399	2	1	2	6	12	8	21		3				2	4	28	12	11	14	19
VALID CASES	742	5272	69	130	119	154	182	76	378	25	54				32	103	622	499	229	289	445
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%				34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%

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	
	HTS 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-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHER ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE
Q35R NEVER	146 40%	917 37%	17 40%~	25 42%	23 38%	38 49%	25 28%*	13 42%	59 43%	8 53%~	10 42%~	~	~	13 ~ 62%~	26 41%	113 39%	94 39%	49 40%	57 39%	87 40%
SOMETIMES	56 15%	468 19%*	4 9%~	8 14%	11 18%	11 14%	14 16%	7 23%	11 8%*	3 20%~	6 25%~	~	~	2 ~ 10%~	10 16%	45 15%	38 16%	18 15%	22 15%	34 16%
USUALLY	67 18%	470 19%	11 26%~	11 19%	14 23%	7 9%*	20 22%	2 6%~	26 19%	2 13%~	7 29%~	~	~	2 ~ 10%~	14 22%	50 17%	43 18%	23 19%	24 16%	40 18%
ALWAYS	100 27%	619 25%	11 26%~	15 25%	13 21%	21 27%	30 34%	9 29%~	42 30%	2 13%~	1 4%~	~	~	4 ~ 19%~	14 22%	83 29%	65 27%	33 27%	43 29%	56 26%
#ALWAYS + USUALLY (NET)	167 45%	1089 44%	22 51%~	26 44%	27 44%	28 36%	11 56%*	11 35%~	68 49%	4 27%~	8 33%~	~	~	6 ~ 29%~	28 44%	133 46%	108 45%	56 46%	67 46%	96 44%
TOP BOX SCORE	100 27%	619 25%	11 26%~	15 25%	13 21%	21 27%	30 34%	9 29%~	42 30%	2 13%~	1 4%~	~	~	4 ~ 19%~	14 22%	83 29%	65 27%	33 27%	43 29%	56 26%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	362	2730	27	71	53	78	90	40	239	9	30			11	37	324	252	105	140	221
NOT ANSWERED	95	467	1	1	7	5	15	13	22	1	3			2	6	35	19	12	17	26
VALID CASES	369	2474	43	59	61	77	89	31	138	15	24			21	64	291	240	123	146	217
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%

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

	AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALS ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q36																					
EXCELLENT	83 11%	556 10%	15 21%*	23 18%*	15 13%	12 8%	13 7%*	3 4%*	37 10%	2 9%~	7 13%	~	~	~	15%~	17% 10%	65 16%~	83 16%~	~	40 14%	43 10%
VERY GOOD	171 23%	1282 24%	18 26%	39 30%*	24 20%	27 18%	47 25%	13 16%	85 22%	5 22%~	13 23%	~	~	~	15%~	29% 22%	138 33%~	171 33%~	~	71 24%	99 22%
GOOD	257 34%	1849 35%	22 31%	47 36%	47 39%	52 34%	59 32%	26 32%	134 35%	6 26%~	23 41%	~	~	~	29%~	27% 26%	224 35%	257 50%~	~	90 31%	164 36%
FAIR	176 23%	1201 23%	14 20%	15 12%*	24 20%	45 30%	42 23%	33 41%*	93 24%	6 26%~	9 16%	~	~	~	29%~	25% 24%	147 23%	176 ~ 73%~	~	67 23%	107 24%
POOR	64 9%	406 8%	1 1%*	6 5%*	10 8%	16 11%	25 13%*	6 7%	36 9%	4 17%~	4 7%	~	~	~	12%~	5% 9%	58 9%	64 ~ 27%*	~	26 9%	38 8%
#EXCELLENT + VERY GOOD + GOOD (NET)	511 68%	3686 70%	55 79%*	109 84%*	86 72%	91 60%*	119 64%	42 52%*	256 66%	13 57%~	43 77%	~	~	~	59%~	73% 68%	427 68%	511 100%~	~	201 68%	306 68%
NOT ANSWERED	75	377	1	1	1	8	8	3	14	2	1				4	18			9	13	
VALID CASES	751	5294	70	130	120	152	186	81	385	23	56			34	103	632	511	240	294	451	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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

	AGE								RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR NATV ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q37																					
EXCELLENT	130 17%	956 18%	17 24%	30 23%	16 13%	21 14%	28 15%	16 20%	60 15%	4 16%	11 19%	~	~	~	5 15%	22 21%	103 16%	123 24%*	6 3%*	64 22%*	66 14%*
VERY GOOD	191 25%	1444 27%	23 32%	38 29%	27 22%	42 27%	47 24%	14 17%	84 22%*	10 40%	15 26%	~	~	~	8 24%	33 32%	157 24%	154 30%*	33 14%*	72 24%	119 26%
GOOD	250 33%	1591 30%*	22 31%	38 29%	46 38%	50 32%	62 31%	25 31%	131 34%	7 28%	25 44%	~	~	~	11 32%	28 27%	215 33%	173 34%	73 31%	91 31%	153 34%
FAIR	140 18%	1030 19%	8 11%	14 11%*	20 17%	26 17%	45 23%	24 30%*	85 22%*	3 12%	5 9%*	~	~	~	8 24%	14 14%	124 19%	45 9%*	92 38%*	57 19%	82 18%
POOR	49 6%	303 6%	1 1%*	10 8%	11 9%	15 10%	10 5%	2 2%*	30 8%	1 4%	1 2%*	~	~	~	2 6%	6 6%	43 7%	13 3%*	35 15%*	13 4%*	36 8%*
#EXCELLENT + VERY GOOD + GOOD (NET)	571 75%	3991 75%	62 87%*	106 82%*	89 74%	113 73%	137 71%	55 68%	275 71%*	21 84%	51 89%*	~	~	~	24 71%	83 81%	475 74%	450 89%*	112 47%*	227 76%	338 74%
NOT ANSWERED	66	348		1	1	6	2	3	9							4	8	3	1	6	8
VALID CASES	760	5323	71	130	120	154	192	81	390	25	57			34	103	642	508	239	297	456	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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

	AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE
Q38 #YES	336 46%	1949 37%*	19 30%*	53 42%	39 33%*	68 44%	98 52%*	54 68%*	174 45%	10 43%~	33 59%*	~	~	~	11 37%~	46 47%	284 45%	203 41%*	126 55%*	114 39%*	219 50%*
NO	402 54%	3261 63%*	44 70%*	74 58%	78 67%*	86 56%	90 48%*	25 32%*	212 55%	13 57%~	23 41%*	~	~	~	19 63%~	51 53%	342 55%	290 59%*	104 45%*	177 61%*	222 50%*
DON'T KNOW	23	134	8	3	3	2	3	3	6	1	1			3	6	15	14	9	9	13	
NOT ANSWERED	65	327		1	1	4	3	2	7	1				1	4	9	4	1	3	10	
VALID CASES	738	5210	63	127	117	154	188	79	386	23	56			30	97	626	493	230	291	441	
NUMBER OF RESPONDENTS	826	5671	71	131	121	160	194	84	399	25	57			34	107	650	511	240	303	464	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

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

	HTS TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q39 EVERY DAY	122 16%	1034 20%*	5 7%*	17 13%	20 17%	33 22%	33 18%	13 16%	78 20%*	1 4%~	2 4%*	~	~	~	24%~	8 4%*	116 18%*	69 14%*	50 21%*	57 19%	64 14%
SOME DAYS	68 9%	461 9%	6 8%	13 10%	14 12%	11 7%	20 11%	3 4%*	33 9%	5 21%~	3 5%	~	~	~	18%~	6 8%	58 9%	40 8%	26 11%	31 11%	37 8%
NOT AT ALL	557 75%	3773 72%*	60 85%*	99 77%	84 71%	108 71%	135 72%	65 80%	275 71%*	18 75%~	50 91%*	~	~	~	19 58%~	91 88%*	457 72%*	391 78%*	157 67%*	205 70%*	349 78%*
DON'T KNOW	8	42		1	1	4	2		3	1	2				1		7	3	3	3	5
NOT ANSWERED	71	360		1	2	4	4	3	10							4	12	8	4	7	9
VALID CASES	747	5269	71	129	118	152	188	81	386	24	55				33	103	631	500	233	293	450
NUMBER OF RESPONDENTS	826	5671	71	131	121	160	194	84	399	25	57				34	107	650	511	240	303	464
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
	HTS TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	WHTE	AS- IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q40 NEVER	53 28%	477 30%	5 45%	15 50%	12 35%	11 25%	6 12%*	4 25%	30 27%		2 ~				3 ~	21%~	2 17%	50 29%	34 31%	17 22%	29 33%	23 23%
SOMETIMES	41 22%	309 20%		6 ~	10 20%	8 29%	14 18%	3 27%	24 22%	2 33%	1 25%				2 ~	14%~	2 17%	38 22%	18 17%	22 29%	15 17%	26 26%
USUALLY	34 18%	270 17%	2 18%	3 10%	4 12%	11 25%	10 19%	4 25%	21 19%	3 50%	1 25%				1 ~	7%~	4 33%	30 17%	21 19%	13 17%	14 16%	20 20%
ALWAYS	61 32%	513 33%	4 36%	6 20%	8 24%	14 32%	22 42%	5 31%	36 32%	1 17%					8 ~	57%~	4 33%	55 32%	35 32%	24 32%	30 34%	31 31%
#ALWAYS + USUALLY (NET)	95 50%	782 50%	6 55%	9 30%	12 35%	25 57%	32 62%	9 56%	57 51%	4 67%	1 25%				9 ~	64%~	8 67%	85 49%	56 52%	37 49%	44 50%	51 51%
TOP BOX SCORE	61 32%	513 33%	4 36%	6 20%	8 24%	14 32%	22 42%	5 31%	36 32%	1 17%					8 ~	57%~	4 33%	55 32%	35 32%	24 32%	30 34%	31 31%
NOT ANSWERED	1	25					1			1							1	1				1
VALID CASES	189	1569	11	30	34	44	52	16	111	6	4			14	12	173	108	76	88	100		
NUMBER OF RESPONDENTS	190	1594	11	30	34	44	53	16	111	6	5			14	12	174	109	76	88	101		
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

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

	AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND ##	AMER HAW/ IND/ PAC ALSK ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
Q41 NEVER	78 42%	796 51%*	4 36%~	19 63%~	22 67%~	13 30%~	15 29%*	5 33%~	44 40%	3 ~	60%~	~	~	5 ~	38%~	5 42%~	72 42%~	44 42%	32 43%	39 45%	38 39%
SOMETIMES	39 21%	318 20%	4 36%~	5 17%~	5 15%~	8 18%~	13 25%	3 20%~	23 21%	2 33%~	1 20%~	~	~	2 ~	15%~	3 25%~	35 21%~	22 21%	15 20%	18 21%	21 21%
USUALLY	31 17%	179 11%*	3 27%~	2 7%~	3 9%~	12 27%~	9 17%	2 13%~	17 16%	2 33%~	1 20%~	~	~	3 ~	23%~	2 17%~	27 16%~	18 17%	13 17%	15 17%	16 16%
ALWAYS	38 20%	266 17%	~	4 13%~	3 9%~	11 25%~	15 29%	5 33%~	25 23%	2 33%~	~	~	~	3 ~	23%~	2 17%~	36 21%~	22 21%	15 20%	15 17%	23 23%
#ALWAYS + USUALLY (NET)	69 37%	445 29%*	3 27%~	6 20%~	6 18%~	23 52%~	24 46%	7 47%~	42 39%	4 67%~	1 20%~	~	~	6 ~	46%~	4 33%~	63 37%~	40 38%	28 37%	30 34%	39 40%
TOP BOX SCORE	38 20%	266 17%	~	4 13%~	3 9%~	11 25%~	15 29%	5 33%~	25 23%	2 33%~	~	~	~	3 ~	23%~	2 17%~	36 21%~	22 21%	15 20%	15 17%	23 23%
NOT ANSWERED	4	34			1		1	1	2					1		4	3	1	1	3	
VALID CASES	186	1560	11	30	33	44	52	15	109	6	5			13	12	170	106	75	87	98	
NUMBER OF RESPONDENTS	190	1594	11	30	34	44	53	16	111	6	5			14	12	174	109	76	88	101	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

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

	AGE								RACE						ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER HAW/ IND/ PAC ALSK ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q42 NEVER	91 49%	888 57%*	6 55%	19 63%	22 67%	14 33%	21 40%	7 47%	54 50%	3 ~ 60%	~	~	~	6 43%	7 58%	84 49%	57 53%	33 45%	46 54%	45 45%
SOMETIMES	42 23%	301 19%	4 36%	4 13%	6 18%	14 33%	10 19%	4 27%	19 17%	2 40%	1 20%	~	~	4 29%	1 8%	38 22%	22 20%	17 23%	20 24%	21 21%
USUALLY	25 13%	175 11%	~	4 13%	1 3%	7 16%	12 23%*	1 7%	17 16%	2 40%	1 20%	~	~	1 7%	1 8%	24 14%	12 11%	13 18%	9 11%	16 16%
ALWAYS	28 15%	191 12%	1 9%	3 10%	4 12%	8 19%	9 17%	3 20%	19 17%	1 20%	~	~	~	3 21%	3 25%	25 15%	17 16%	10 14%	10 12%	18 18%
#ALWAYS + USUALLY (NET)	53 28%	367 24%	1 9%	7 23%	5 15%	15 35%	21 40%*	4 27%	36 33%	3 60%	1 20%	~	~	4 29%	4 33%	49 29%	29 27%	23 32%	19 22%	34 34%
TOP BOX SCORE	28 15%	191 12%	1 9%	3 10%	4 12%	8 19%	9 17%	3 20%	19 17%	1 20%	~	~	~	3 21%	3 25%	25 15%	17 16%	10 14%	10 12%	18 18%
NOT ANSWERED	4	39			1	1	1	1	2	1						3	1	3	3	1
VALID CASES	186	1555	11	30	33	43	52	15	109	5	5			14	12	171	108	73	85	100
NUMBER OF RESPONDENTS	190	1594	11	30	34	44	53	16	111	6	5			14	12	174	109	76	88	101
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK ALS	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE
Q43 YES	152 20%	1073 20%	4 6%*	5 4%*	7 6%*	39 25%	59 31%*	34 43%*	93 24%*	6 25%~	9 16%	~	~	~	4 12%~	13 13%*	137 22%*	68 14%*	79 34%*	66 22%	84 19%
NO	601 80%	4210 80%	66 94%*	124 96%*	112 94%*	118 75%	130 69%*	45 57%*	298 76%*	18 75%~	47 84%	~	~	~	30 88%~	89 87%*	500 78%*	435 86%*	156 66%*	228 78%	370 81%
DON'T KNOW	5	36		2	1		1	1	1	1	1					5	3	2	4	1	
NOT ANSWERED	68	352	1		1	3	4	4	7						5	8	5	3	5	9	
VALID CASES	753	5283	70	129	119	157	189	79	391	24	56			34	102	637	503	235	294	454	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS 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- WHTE	AS- IAN AMER	NATV ILND	AMER IND/ PAC ALSK NATV	MUL- OTHR	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE				
Q44 YES	74 11%	481 10%	4 6%	8 6%*	6 6%*	20 14%	24 14%	12 17%	48 14%*	4 17%~	4 8%~	~	~	~	5 17%~	3 3%*	70 12%*	33 7%*	38 19%*	20 7%*	53 13%*
NO	615 89%	4399 90%	63 94%	117 94%*	101 94%*	119 86%	149 86%	59 83%	301 86%*	19 83%~	45 92%~	~	~	~	25 83%~	94 97%*	509 88%*	441 93%*	165 81%*	249 93%*	362 87%*
DON'T KNOW	65	432	4	5	13	16	16	8	39	2	7				4	5	59	29	32	27	38
NOT ANSWERED	72	359		1	1	5	5	5	11		1					5	12	8	5	7	11
VALID CASES	689	4880	67	125	107	139	173	71	349	23	49				30	97	579	474	203	269	415
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%				34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE
Q45 YES	244 33%	1760 33%	16 23%	22 17%*	21 18%*	48 31%	91 48%*	44 55%*	138 35%	12 48%~	10 18%*			8 ~ 24%~	26 26%	215 34%	135 27%*	105 44%*	107 37%	136 30%
NO	505 67%	3528 67%	53 77%	106 83%*	98 82%*	108 69%	97 52%*	36 45%*	252 65%	13 52%~	45 82%*			26 ~ 76%~	73 74%	421 66%	361 73%*	133 56%*	186 63%	315 70%
NOT ANSWERED	77	383	2	3	2	4	6	4	9		2				8	14	15	2	10	13
VALID CASES	749	5288	69	128	119	156	188	80	390	25	55			34	99	636	496	238	293	451
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE			
Q46.1	HTS TOT ADLT	188	1193	4	4	21	50	67	42	100	6	23		6	25	160	98	87	82	106		
YES	OHP TOT ADLT	23%	21%	6%*	3%*	17%	31%*	35%*	50%*	25%	24%~	40%*	~	~	~	18%~	23%	25%*	19%*	36%*	27%*	23%
NO	HTS TOT ADLT	638	4478	67	127	100	110	127	42	299	19	34		28	82	490	413	153	221	358		
	OHP TOT ADLT	77%	79%	94%*	97%*	83%	69%*	65%*	50%*	75%	76%~	60%*	~	~	~	82%~	77%	75%*	81%*	64%*	73%*	77%
VALID CASES	HTS TOT ADLT	826	5671	71	131	121	160	194	84	399	25	57		34	107	650	511	240	303	464		
NUMBER OF RESPONDENTS	OHP TOT ADLT	826	5671	71	131	121	160	194	84	399	25	57		34	107	650	511	240	303	464		
	OHP TOT ADLT	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%		

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q46.2 YES	240 29%	1634 29%	6 8%*	12 9%*	24 20%*	58 36%*	90 46%*	49 58%*	135 34%*	10 40%~	21 37%	~	~	10 29%~	20 19%*	217 33%*	125 24%*	110 46%*	107 35%*	132 28%	
NO	586 71%	4037 71%	65 92%*	119 91%*	97 80%*	102 64%*	104 54%*	35 42%*	264 66%*	15 60%~	36 63%	~	~	24 71%~	87 81%*	433 67%*	386 76%*	130 54%*	196 65%*	332 72%	
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57			34	107	650	511	240	303	464	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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	
HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q46.3 YES	126 15%	883 16%	11 15%	10 8%*	18 15%	37 23%*	37 19%	11 13%	63 16%	7 28%~	7 12%	5 ~	15%~	13 12%	111 17%*	67 13%*	58 24%*	53 17%	72 16%		
NO	700 85%	4788 84%	60 85%	121 92%*	103 85%	123 77%*	157 81%	73 87%	336 84%	18 72%~	50 88%	~	~	29 ~	85%~	94 88%	539 83%*	444 87%*	182 76%*	250 83%	392 84%
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57			34	107	650	511	240	303	464	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR NATV ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
Q47.1 YES	34 4%	231 4%	2 3%	1 0.8%*	3 2%	7 4%	13 7%	8 10%	19 5%	1 4%~	2 4%	~	~	~	1 3%~	4 4%	30 5%	15 3%*	19 8%*	15 5%	19 4%
NO	792 96%	5440 96%	69 97%	130 99%*	118 98%	153 96%	181 93%	76 90%	380 95%	24 96%~	55 96%	~	~	~	33 97%~	103 96%	620 95%	496 97%*	221 92%*	288 95%	445 96%
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57			34	107	650	511	240	303	464	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q47.2	HTS TOT ADLT																				
YES	31 4%	220 4%	1 1%	4 ~ 3%	6 4%	10 5%	10 12%*	19 5%	2 8%~	1 2%	~	~	~	~	4 4%	26 4%	13 3%*	18 8%*	16 5%	15 3%	
NO	795 96%	5451 96%	70 99%	131 100%~	117 97%	154 96%	184 95%	74 88%*	380 95%	23 92%~	56 98%	~	~	34 ~100%~	103 96%	624 96%	498 97%*	222 92%*	287 95%	449 97%	
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57		34	107	650	511	240	303	464		
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%		34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%		

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLK OR AFR-AMER	AS-IAN	NATV ILND ##	AMER IND/PAC ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q47.3	HTS TOT ADLT																				
YES	33 4%	243 4%	1 ~0.8%*	4 3%	7 4%	13 7%	7 8%	23 6%*	2 8%~	2 4%	~	~	~	1 3%~	1 0.9%*	32 5%*	11 2%*	19 8%*	14 5%	19 4%	
NO	793 96%	5428 96%	71 100%~	130 99%*	117 97%	153 96%	181 93%	77 92%	376 94%*	23 92%~	55 96%	~	~	~	33 97%~	106 99%*	618 95%*	500 98%*	221 92%*	289 95%	445 96%
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57			34	107	650	511	240	303	464	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q47.4 YES	162 20%	955 17%*	7 10%*	9 7%*	19 16%	42 26%*	51 26%*	32 38%*	82 21%	6 24%~	19 33%*	~	~	~	18%~	20 19%	138 21%*	73 14%*	87 36%*	65 21%	96 21%
NO	664 80%	4716 83%*	64 90%*	122 93%*	102 84%	118 74%*	143 74%*	52 62%*	317 79%	19 76%~	38 67%*	~	~	~	82%~	28 81%	87 79%*	512 86%*	153 64%*	238 79%	368 79%
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57			34	107	650	511	240	303	464	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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

		AGE							RACE							ETHNICITY				HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	HIS- IC	NOT PAN-	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q48																							
YES	HTS TOT ADLT	1695	13	38	30	64	70	30	135	9	8			17	26	221	117	121	75	174			
	OHP TOT ADLT	33%	18%*	29%	25%*	41%*	37%	37%	34%	38%~	15%*	~	~	~ 50%~	25%	34%*	23%*	51%*	25%*	38%*			
NO	HTS TOT ADLT	3585	58	91	88	94	118	52	260	15	47			17	76	420	383	115	224	280			
	OHP TOT ADLT	67%	82%*	71%	75%*	59%*	63%	63%	66%	63%~	85%*	~	~	~ 50%~	75%	66%*	77%*	49%*	75%*	62%*			
NOT ANSWERED	HTS TOT ADLT	392		2	3	2	6	2	4	1	2				5	9	11	4	4	10			
VALID CASES	HTS TOT ADLT	5279	71	129	118	158	188	82	395	24	55			34	102	641	500	236	299	454			
NUMBER OF RESPONDENTS	OHP TOT ADLT	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%			

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

	HTS TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND PAC ALSK ##	AMER IND/ NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q49 YES	208 86%	1392 87%	10 77%~	32 84%~	25 86%~	59 92%*	59 91%	21 70%~	115 87%	9 100%~	6 75%~	~	~	~	13 76%~	19 83%~	187 86%~	89 79%*	108 91%*	63 90%	145 84%
NO	35 14%	208 13%	3 23%~	6 16%~	4 14%~	5 8%*	6 9%	9 30%~	17 13%	~	2 25%~	~	~	~	4 24%~	4 17%~	31 14%~	24 21%*	11 9%*	7 10%	28 16%
NOT ANSWERED	6	69			1		5		3							3	3	4	2	5	1
VALID CASES	243	1600	13	38	29	64	65	30	132	9	8			17	23	218	113	119	70	173	
NUMBER OF RESPONDENTS	249 100%	1669 100%	13 100%	38 100%	30 100%	64 100%	70 100%	30 100%	135 100%	9 100%	8 100%			17 100%	26 100%	221 100%	117 100%	121 100%	75 100%	174 100%	

[ASKED IF Q48 = YES]

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLACK OR AFR-AMER	AS-IAN	NATV ILND ##	AMER IND/ PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
Q50																					
YES	HTS TOT ADULT 476 63%	OHP TOT ADULT 3271 62%	24 34%*	62 48%*	63 53%*	114 73%*	140 83%*	264 67%*	12 50%~	29 52%	~	~	~	24 71%~	49 47%*	422 66%*	266 53%*	194 82%*	171 57%*	305 67%*	
NO	282 37%	2030 38%	47 66%*	68 52%*	55 47%*	43 27%*	51 27%*	14 17%*	129 33%*	12 50%~	27 48%	~	~	10 29%~	55 53%*	220 34%*	235 47%*	43 18%*	129 43%*	151 33%*	
NOT ANSWERED	68	369		1 3	3 3	3 3	2 2	6 6	1 1	1 1					3 3	8 8	10 10	3 3	3 3	8 8	
VALID CASES	758	5302	71 100%	130 100%	118 100%	157 100%	191 100%	82 100%	393 100%	24 100%	56 100%			34 100%	104 100%	642 100%	501 100%	237 100%	300 100%	456 100%	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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

	AGE								RACE						ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q51 YES	428 94%	2939 94%	18 78%~	55 93%	55 93%	107 96%	126 95%	62 93%	246 95%	12 100%~	22 85%~	~	~	20 ~ 87%~	36 84%~	388 95%~	233 92%	181 96%	152 94%	276 94%
NO	29 6%	176 6%	5 22%~	4 7%	4 7%	5 4%	6 5%	5 7%	12 5%	~	4 15%~	~	~	3 ~ 13%~	7 16%~	21 5%~	19 8%	8 4%	10 6%	19 6%
NOT ANSWERED	19	111	1	3	4	2	8	1	6		3			1	6	13	14	5	9	10
VALID CASES	457	3115	23	59	59	112	132	67	258	12	26			23	43	409	252	189	162	295
NUMBER OF RESPONDENTS	476 100%	3226 100%	24 100%	62 100%	63 100%	114 100%	140 100%	68 100%	264 100%	12 100%	29 100%			24 100%	49 100%	422 100%	266 100%	194 100%	171 100%	305 100%

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

	AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND HAW/ PAC	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
NQ52																				
18 TO 24	78 9%	544 10%	71 100%	~	~	~	~	22 6%*	1 4%	4 7%	~	~	~	6 18%	24 22%*	45 7%*	57 11%*	16 7%	30 10%	41 9%
25 TO 34	148 18%	1042 18%	~	131 ~100%	~	~	~	63 16%	3 12%	4 7%*	~	~	~	6 18%	25 23%	104 16%*	109 21%*	21 9%*	43 14%*	88 19%
35 TO 44	135 16%	924 16%	~	~	121 ~100%	~	~	51 13%*	7 28%	7 12%	~	~	~	11 32%	16 15%	105 16%	88 17%	35 15%	48 16%	73 16%
45 TO 54	169 20%	1138 20%	~	~	~	160 ~100%	~	90 23%	4 16%	11 19%	~	~	~	5 15%	16 15%	142 22%*	93 18%*	61 25%*	71 23%	90 19%
55 TO 64	201 24%	1472 26%	~	~	~	~	194 ~100%	127 32%*	6 24%	16 28%	~	~	~	4 12%	16 15%*	180 28%*	120 23%	67 28%	87 29%*	109 23%
65 TO 74	52 6%	326 6%	~	~	~	~	43 51%*	23 6%	2 8%	6 11%	~	~	~	2 6%	5 5%	39 6%	22 4%*	21 9%	16 5%	29 6%
75 OR OLDER	43 5%	225 4%	~	~	~	~	41 49%*	23 6%	2 8%	9 16%*	~	~	~	~	5 5%	35 5%	22 4%	19 8%*	8 3%*	34 7%*
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57			34	107	650	511	240	303	464
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%

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

NQ53 ARE YOU MALE OR FEMALE?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NQ53																					
MALE	326 39%	2300 41%	30 42%	43 33%	47 39%	72 45%	86 44%	22 26%*	152 38%	11 44%~	21 37%	~	~	~	14 41%~	41 38%	254 39%	201 39%	94 39%	303 100%~	~
FEMALE	500 61%	3371 59%	41 58%	88 67%	74 61%	88 55%	108 56%	62 74%*	247 62%	14 56%~	36 63%	~	~	~	20 59%~	66 62%	396 61%	310 61%	146 61%	464 ~100%~	
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57			34	107	650	511	240	303	464	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

[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		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR NATV ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q54																					
8TH GRADE OR LESS	57 8%	328 6%	2 3%*	6 5%	8 7%	10 6%	16 8%	14 17%*	9 2%*	5 20%~	9 16%	~	~	~	2 6%~	27 26%*	28 4%*	33 7%	21 9%	27 9%	30 7%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	76 10%	614 12%	6 8%	10 8%	14 12%	23 15%	18 9%	5 6%	30 8%*	2 8%~	3 5%	~	~	~	1 3%~	18 18%*	57 9%*	42 8%*	34 15%*	33 11%	43 9%
HIGH SCHOOL GRADUATE OR GED	216 28%	1659 31%*	35 49%*	39 30%	33 27%	41 26%	46 24%	19 23%	125 31%	6 24%~	14 25%	~	~	~	8 24%~	27 26%	184 28%	143 28%	66 28%	90 30%	126 28%
SOME COLLEGE OR 2-YEAR DEGREE	281 37%	1998 38%	24 34%	49 38%	42 35%	55 35%	78 41%	32 39%	158 40%	7 28%~	15 27%	~	~	~	19 58%~	22 22%*	256 40%*	186 37%	86 37%	103 34%	176 38%
4-YEAR COLLEGE GRADUATE	81 11%	437 8%*	4 6%	16 12%	15 12%	18 11%	21 11%	5 6%	46 12%	4 16%~	12 21%*	~	~	~	1 3%~	4 4%*	76 12%*	64 13%*	16 7%*	25 8%	56 12%
MORE THAN 4-YEAR COLLEGE DEGREE	49 6%	242 5%*	~	9 7%	9 7%	11 7%	11 6%	7 9%	30 8%	1 4%~	3 5%	~	~	~	2 6%~	4 4%	45 7%	38 8%	11 5%	21 7%	27 6%
NOT ANSWERED	66	392		2		2	4	2	1		1			1	5	4	5	6	4	6	
VALID CASES	760	5279	71	129	121	158	190	82	398	25	56			33	102	646	506	234	299	458	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

Q55 ARE YOU OF HISPANIC OR LATINO ORIGIN OR DESCENT?

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND PAC ALSK ##	AMER IND/ NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE
Q55																				
YES HISPANIC OR LATINO	107 14%	668 13%	24 35%*	25 19%	16 13%	16 10%	10 8%*	12%	~	~	~	~	~	~100%~	~	73 15%	30 13%	41 14%	66 14%	
NO NOT HISPANIC OR LATINO	650 86%	4589 87%	44 65%*	104 81%	104 87%	140 90%	178 92%*	88%	396 100%~	24 100%~	55 100%~	~	~	~100%~	33 ~100%~	650 85%	427 87%	205 86%	253 86%	394 86%
NOT ANSWERED	69	413	3	2	1	4	3	3	1	2			1			11	5	9	4	
VALID CASES	757	5258	68	129	120	156	194	81	396	24	55		33	107	650	500	235	294	460	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%		34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q56.1	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	AMER	IAN	##	##	##	TI	HIS- IC	HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE
YES	451 55%	3500 62%*	30 42%*	76 58%	63 52%	98 61%	133 69%*	46 55%	399 100%~	~	~	~	~	~	27 79%~	25 23%*	422 65%*	288 56%	147 61%*	174 57%	274 59%*
NO	375 45%	2171 38%*	41 58%*	55 42%	58 48%	62 39%	61 31%*	38 45%	25 ~100%	57 ~100%	~	~	~	7 21%~	82 77%*	228 35%*	223 44%	93 39%*	129 43%	190 41%*	
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57			34	107	650	511	240	303	464	
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%	

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	AS-IAN	NATV ILND ##	AMER IND/PAC ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	POOR	MALE	FE-MALE
Q56.2	HTS TOT ADLT																				
YES	35 4%	117 2%*	3 4%	5 4%	10 8%	5 3%	8 4%	4 5%	25 ~100%	~	~	~	9 ~26%	1 ~0.9%*	33 5%*	19 4%	13 5%	13 4%	22 5%		
NO	791 96%	5554 98%*	68 96%	126 96%	111 92%	155 97%	186 96%	80 95%	399 100%	57 ~100%	~	~	25 ~74%	106 99%*	617 95%*	492 96%	227 95%	290 96%	442 95%		
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57		34	107	650	511	240	303	464		
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%		34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%		

Q56.3 WHAT IS YOUR RACE? RESPONSE: ASIAN

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q56.3	HTS TOT ADLT																				
YES	66 8%	212 4%*	5 7%	5 4%*	9 7%	12 8%	18 9%	17 20%*		57			8	1	62	50 10%*	15 6%	26 9%	40 9%		
NO	760 92%	5459 96%*	66 93%	126 96%*	112 93%	148 92%	176 91%	67 80%*	399 100%	25 100%			26 76%*	106 99%*	588 90%*	461 90%*	225 94%	277 91%	424 91%		
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57		34	107	650	511	240	303	464		
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%		34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%		

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q56.4	HTS TOT ADLT																				
YES	4 0.5%	34 0.6%		1 ~0.8%		1 ~0.5%	2 2%							1 ~0.9%	3 0.5%	4 0.8%*			4 ~0.9%*		
NO	822 100%	5637 99%	71 100%	131 100%	120 99%	160 100%	193 99%	82 98%	399 100%	25 100%	57 100%		34 ~100%	106 99%	647 100%	507 99%	240 100%	303 100%	460 99%*		
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57		34	107	650	511	240	303	464		
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%		34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%		

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q56.5	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	AMER	IAN	##	##	##	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FE- MALE	MALE	
YES	15 2%	211 4%*	2 3%	2 2%	3 2%	4 3%	3 2%	1 1%	~	~	~	~	~	~	29%~	0.9%	2%*	1% 3%	1% 3%*		
NO	811 98%	5460 96%*	69 97%	129 98%	118 98%	156 98%	191 98%	83 99%	399 100%	25 100%	57 100%	~	~	~	71%~	99%	98%*	99% 97%	300 99%	452 97%*	
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57			34	107	650	511 240	303 464			
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%			34 100%	107 100%	650 100%	511 240 100% 100%	303 464 100% 100%			

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q56.6	HTS TOT ADLT																				
YES	51 6%	307 5%	12 17%*	10 8%	13 11%	10 6%	2 1%*	2 2%*	~	~	~	~	~	23 68%~	19 18%*	32 5%*	34 7%	17 7%	22 7%	29 6%	
NO	775 94%	5364 95%	59 83%*	121 92%	108 89%	150 94%	192 99%*	82 98%*	399 100%~	25 100%~	57 100%~	~	~	11 32%~	88 82%*	618 95%*	477 93%	223 93%	281 93%	435 94%	
VALID CASES	826	5671	71	131	121	160	194	84	399	25	57		34	107	650	511	240	303	464		
NUMBER OF RESPONDENTS	826 100%	5671 100%	71 100%	131 100%	121 100%	160 100%	194 100%	84 100%	399 100%	25 100%	57 100%		34 100%	107 100%	650 100%	511 100%	240 100%	303 100%	464 100%		

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTH#	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE			
Q57																						
YES	HTS TOT ADLT	88	630	5	13	11	12	19	27	49	5	20		1	9	78	49	37	40	48		
		15%	15%	12%~	14%	14%	10%*	11%	37%*	12%*	20%~	36%*	~	~	~	7%~	13%	15%	13%*	21%*	17%	14%
NO	HTS TOT ADLT	495	3507	38	79	70	110	148	45	350	20	36		14	60	427	333	142	191	300		
		85%	85%	88%~	86%	86%	90%*	89%	63%*	88%*	80%~	64%*	~	~	~	93%~	87%	85%	87%*	79%*	83%	86%
NOT ANSWERED	HTS TOT ADLT	6	39			1			2			2					4	1	1	4		
VALID CASES	HTS TOT ADLT	583	4137	43	92	81	122	167	72	399	25	56		15	69	505	382	179	231	348		
NUMBER OF RESPONDENTS		589	4176	43	92	82	122	169	74	399	25	57		15	71	507	386	180	232	352		
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

	HTS TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
Q58.1 YES	44 50%	257 48%	2 40%	8 62%	5 45%	7 58%	11 58%	10 37%	26 53%	3 60%	6 30%	~	~	~	100%	1 89%	8 46%	36 55%	27 43%	16 43%	23 57%	21 44%
NO	44 50%	281 52%	3 60%	5 38%	6 55%	5 42%	8 42%	17 63%	23 47%	2 40%	14 70%	~	~	~	~	11%	42 54%	22 45%	21 57%	17 43%	27 56%	
VALID CASES	88	538	5	13	11	12	19	27	49	5	20			1	9	78	49	37	40	48		
NUMBER OF RESPONDENTS	88 100%	538 100%	5 100%	13 100%	11 100%	12 100%	19 100%	27 100%	49 100%	5 100%	20 100%			1 100%	9 100%	78 100%	49 100%	37 100%	40 100%	48 100%		

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLACK 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	GOOD & FAIR & POOR	MALE	FE-MALE	
Q58.2	HTS TOT ADLT																				
YES	36 41%	220 41%	8 ~ 62%	5 ~ 45%	6 ~ 50%	7 ~ 37%	10 ~ 37%	24 49%	1 20%	5 25%	~	~	1 ~ 100%	5 56%	31 40%	22 45%	13 35%	17 43%	19 40%		
NO	52 59%	318 59%	5 100%	5 ~ 38%	6 ~ 55%	6 ~ 50%	12 ~ 63%	17 ~ 63%	25 51%	4 80%	15 75%	~	~	~	4 44%	47 60%	27 55%	24 65%	23 57%	29 60%	
VALID CASES	88	538	5	13	11	12	19	27	49	5	20			1	9	78	49	37	40	48	
NUMBER OF RESPONDENTS	88 100%	538 100%	5 100%	13 100%	11 100%	12 100%	19 100%	27 100%	49 100%	5 100%	20 100%			1 100%	9 100%	78 100%	49 100%	37 100%	40 100%	48 100%	

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

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

	HTS TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q58.3 YES	22 25%	203 38%*	1 20%~	6 46%~	3 27%~	1 8%~	5 26%~	6 22%~	14 29%~	5 ~ 25%~				1 ~100%~	1 11%~	21 27%~	13 27%~	8 22%~	6 15%~	16 33%~		
NO	66 75%	335 62%*	4 80%~	7 54%~	8 73%~	11 92%~	14 74%~	21 78%~	35 71%~	5 100%~	15 75%~			~	~	~	8 89%~	57 73%~	36 73%~	29 78%~	34 85%~	32 67%~
VALID CASES	88	538	5	13	11	12	19	27	49	5	20			1	9	78	49	37	40	48		
NUMBER OF RESPONDENTS	88 100%	538 100%	5 100%	13 100%	11 100%	12 100%	19 100%	27 100%	49 100%	5 100%	20 100%			1 100%	9 100%	78 100%	49 100%	37 100%	40 100%	48 100%		

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE
Q58.4 YES	23 26%	79 15%*	1 20%~	1 8%~	3 27%~	2 17%~	3 16%~	13 48%~	7 14%~	2 40%~	11 55%~	~	~	~	~	1 11%~	21 27%~	14 29%~	9 24%~	12 30%~	11 23%~
NO	65 74%	459 85%*	4 80%~	12 92%~	8 73%~	10 83%~	16 84%~	14 52%~	42 86%~	3 60%~	9 45%~	~	~	1 ~100%~	8 89%~	57 73%~	35 71%~	28 76%~	28 70%~	37 77%~	
VALID CASES	88	538	5	13	11	12	19	27	49	5	20			1	9	78	49	37	40	48	
NUMBER OF RESPONDENTS	88 100%	538 100%	5 100%	13 100%	11 100%	12 100%	19 100%	27 100%	49 100%	5 100%	20 100%			1 100%	9 100%	78 100%	49 100%	37 100%	40 100%	48 100%	

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

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q58.5	HTS TOT ADLT																				
YES	6 7%	32 6%	1 20%~	1 ~	1 9%~	2 8%~	11%~	4 8%~	1 ~	5%~	~	~	~	6 ~	8%~	2 4%~	4 11%~	3 8%~	3 6%~		
NO	82 93%	506 94%	4 80%~	13 100%~	10 91%~	11 92%~	17 89%~	27 100%~	45 92%~	5 100%~	19 95%~	~	~	1 ~	100%~	9 100%~	72 92%~	47 96%~	33 89%~	37 92%~	45 94%~
VALID CASES	88	538	5	13	11	12	19	27	49	5	20		1	9	78	49	37	40	48		
NUMBER OF RESPONDENTS	88 100%	538 100%	5 100%	13 100%	11 100%	12 100%	19 100%	27 100%	49 100%	5 100%	20 100%		1 100%	9 100%	78 100%	49 100%	37 100%	40 100%	48 100%		

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

NQ13 RATING OF ALL HEALTH CARE

	AGE								RACE							ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE
NQ13 0-6	102 18%	761 20%	10 24%	20 22%	18 20%	16 14%	24 16%	8 13%	51 17%	4 22%	8 20%	~	~	~	7 27%	13 19%	85 18%	58 17%	38 19%	39 20%	59 16%
7-8	193 33%	1368 36%	12 29%	33 35%	32 36%	46 40%	45 30%	12 19%*	93 32%	5 28%	14 35%	~	~	~	10 38%	17 24%	158 33%	112 33%	65 33%	58 30%	122 34%
9-10	285 49%	1705 44%*	20 48%	40 43%	38 43%	53 46%	81 54%	42 68%*	151 51%	9 50%	18 45%	~	~	~	9 35%	40 57%	234 49%	174 51%	94 48%	97 50%	179 50%
VALID CASES	580	3835	42	93	88	115	150	62	295	18	40			26	70	477	344	197	194	360	
NUMBER OF RESPONDENTS	580 100%	3835 100%	42 100%	93 100%	88 100%	115 100%	150 100%	62 100%	295 100%	18 100%	40 100%			26 100%	70 100%	477 100%	344 100%	197 100%	194 100%	360 100%	
MEAN	2.32	2.25	2.24	2.22	2.23	2.32	2.38	2.55	2.34	2.28	2.25			2.08	2.39	2.31	2.34	2.28	2.30	2.33	
p stat_(*=Sig @ p<=.05)		.008*	~.174	.243	.918	.222	.009*	.446	~	~	~	~	~	~	.425	.828	.404	.479	.714	.471	

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	WHTE	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
NQ23 0-6	89 15%	642 16%	7 13%	21 24%*	21 22%*	15 12%	18 12%	3 5%*	49 16%	4 19%~	5 12%~	~	~	~	24%~	6 14%	10 15%	75 14%	50 14%	34 17%	30 14%	56 15%
7-8	144 24%	1053 26%	21 40%*	20 22%	22 23%	31 25%	29 19%	10 15%	57 18%*	5 24%~	11 26%~	~	~	~	28%~	7 24%	18 23%	115 23%	91 25%	44 22%	53 25%	81 21%
9-10	378 62%	2378 58%*	25 47%*	48 54%	51 54%	79 63%	107 69%*	53 80%*	204 66%*	12 57%~	27 63%~	~	~	~	48%~	12 62%	46 62%	316 62%	229 62%	123 61%	125 60%	240 64%
VALID CASES	611	4074	53	89	94	125	154	66	310	21	43			25	74	506	370	201	208	377		
NUMBER OF RESPONDENTS	611 100%	4074 100%	53 100%	89 100%	94 100%	125 100%	154 100%	66 100%	310 100%	21 100%	43 100%			25 100%	74 100%	506 100%	370 100%	201 100%	208 100%	377 100%		
MEAN	2.47	2.43	2.34	2.30	2.32	2.51	2.58	2.76	2.50	2.38	2.51			2.24	2.49	2.48	2.48	2.44	2.46	2.49		
p stat_(*=Sig @ p<=.05)		.063	.167	.036*	.027*	.507	.034*	.000*	.357	~	~	~	~	~	~	.865	.808	.656	.488	.695	.519	

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	HTS TOT ADLT	OHP TOT ADLT	AGE							RACE							ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ27 0-6	46 16%	249 13%	3 23%	11 26%	5 14%	8 13%	10 11%	5 13%	24 15%	3 ~	20%	~	~	~	27%	7 26%	37 15%	25 16%	17 14%	15 16%	29 15%	
7-8	68 23%	475 25%	3 23%	7 17%	4 11%	15 25%	23 26%	10 25%	34 21%	3 30%	3 20%	~	~	~	27%	3 11%	60 24%	33 21%	31 26%	25 27%	38 20%	
9-10	179 61%	1151 61%	7 54%	24 57%	26 74%	37 62%	55 63%	25 62%	103 64%	7 70%	9 60%	~	~	~	45%	17 63%	157 62%	99 63%	70 59%	52 57%	123 65%	
VALID CASES	293	1875	13	42	35	60	88	40	161	10	15			11	27	254	157	118	92	190		
NUMBER OF RESPONDENTS	293 100%	1875 100%	13 100%	42 100%	35 100%	60 100%	88 100%	40 100%	161 100%	10 100%	15 100%			11 100%	27 100%	254 100%	157 100%	118 100%	92 100%	190 100%		
MEAN	2.45	2.48	2.31	2.31	2.60	2.48	2.51	2.50	2.49	2.70	2.40			2.18	2.37	2.47	2.47	2.45	2.40	2.49		
p stat_(*=Sig @ p<=.05)		.441	~	~	~.728	.372		~.355	~	~	~	~	~	~	~	~.670	.928		.425	.208		

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

NQ35 RATING OF HEALTH PLAN

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS 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- WHT	AS- IAN	NATV ILND	AMER IND/ PAC ALSK NATV	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ35 0-6	156 21%	1160 23%	13 19%	36 29%*	28 25%	30 20%	35 20%	7 9%*	91 25%*	2 10%~	9 18%	~	~	~	28%~	12 12%*	136 23%*	98 20%	50 22%	61 22%	88 20%
7-8	222 30%	1699 34%*	22 32%	40 32%	38 34%	46 31%	48 27%	19 25%	94 25%*	9 43%~	19 38%	~	~	~	37%~	20 20%*	188 31%	159 33%*	56 25%*	83 29%	131 30%
9-10	358 49%	2187 43%*	33 49%	50 40%*	47 42%	72 49%	95 53%	51 66%*	185 50%	10 48%~	22 44%	~	~	~	34%~	68 68%*	279 46%*	222 46%	117 52%	139 49%	212 49%
VALID CASES	736	5046	68	126	113	148	178	77	370	21	50			32	100	603	479	223	283	431	
NUMBER OF RESPONDENTS	736 100%	5046 100%	68 100%	126 100%	113 100%	148 100%	178 100%	77 100%	370 100%	21 100%	50 100%			32 100%	100 100%	603 100%	479 100%	223 100%	283 100%	431 100%	
MEAN	2.27	2.20	2.29	2.11	2.17	2.28	2.34	2.57	2.25	2.38	2.26			2.06	2.56	2.24	2.26	2.30	2.28	2.29	
p stat_(*=Sig @ p<=.05)		.003*	.827	.014*	.126	.871	.224	.000*	.482	~.889	~	~	~	~.000*	.005*	.472	.563	.974	.590		

GETTING NEEDED CARE

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
NPRBSEE4 NQ25	2.19	2.22	2.07	2.20	2.18	2.18	2.32	2.12	2.32	2.18	1.73		1.79	2.17	2.21	2.31	2.10	2.22	2.20		
p stat_(*=Sig @ p<=.05)		.555	~	~	~.898	.085	~	.003*	~	~	~	~	~	~	~	~.008*	.086	.694	.724		
NCARNES4 NQ14	2.32	2.26	2.36	2.23	2.10	2.41	2.41	2.46	2.40	2.39	2.13		1.92	2.40	2.32	2.39	2.24	2.38	2.31		
p stat_(*=Sig @ p<=.05)		.019*	~.207	.003*	.179	.085	.140	.013*	~	~	~	~	~	~.398	.741	.012*	.054	.192	.470		
COMPOSITE	2.26	2.24	2.22	2.22	2.14	2.30	2.37	2.29	2.36	2.29	1.93	x	x	x	1.85	2.29	2.27	2.35	2.17	2.30	2.26
p stat_(*=Sig @ p<=.05)		.651	~.698	.224	.686	.180	.811	.023*	~	~	~	~	~	~.821	.740	.015*	.159	.498	.933		

GETTING CARE QUICKLY

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTH R ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NCARSN4 NQ4	2.37	2.42	2.58	2.23	2.25	2.40	2.35	2.50	2.48	2.29	2.08			1.93	2.31	2.37	2.44	2.27	2.43	2.34	
p stat_(*=Sig @ p<=.05)		.118	~	~	.257	.699	.815	~	.021*	~	~	~	~	~	~	.845	.088	.079	.400	.324	
NAPGET4 NQ6	2.27	2.28	1.92	2.26	2.19	2.31	2.35	2.47	2.36	2.37	2.03			2.09	2.13	2.30	2.28	2.28	2.18	2.34	
p stat_(*=Sig @ p<=.05)		.869	~	.828	.338	.638	.221	.044*	.028*	~	~	~	~	~	~	.163	.122	.933	.853	.062	.039*
COMPOSITE	2.32	2.35	2.25	2.25	2.22	2.36	2.35	2.48	2.42	2.33	2.05	x	x	x	2.01	2.22	2.34	2.36	2.28	2.30	2.34
p stat_(*=Sig @ p<=.05)		.509	~	.492	.399	.709	.726	.234	.046*	~	~	~	~	~	~	.434	.472	.341	.507	.761	.694

HOW WELL DOCTORS COMMUNICATE

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	OTH R ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NDREXPL4 NQ17	2.64	2.61	2.58	2.61	2.54	2.63	2.70	2.71	2.68	2.50	2.56		2.63	2.54	2.65	2.69	2.54	2.64	2.64		
p stat_(*=Sig @ p<=.05)		.207	~	.637	.208	.884	.172	.337	.140	~	~	~	~	~	.251	.435	.040*	.011*	.975	.920	
NDRLSTN4 NQ18	2.64	2.58	2.61	2.54	2.59	2.65	2.69	2.75	2.65	2.69	2.64		2.65	2.54	2.65	2.69	2.55	2.62	2.65		
p stat_(*=Sig @ p<=.05)		.018*	~	.148	.435	.840	.278	.119	.780	~	~	~	~	~	.199	.555	.054	.013*	.607	.713	
NDRESPU4 NQ19	2.67	2.65	2.76	2.59	2.64	2.65	2.74	2.77	2.66	2.69	2.62		2.84	2.75	2.67	2.74	2.60	2.69	2.68		
p stat_(*=Sig @ p<=.05)		.514	~	.331	.652	.772	.134	.142	.830	~	~	~	~	~	.310	.912	.010*	.068	.605	.674	
NDRTMEN4 NQ20	2.51	2.50	2.45	2.33	2.44	2.52	2.67	2.52	2.56	2.50	2.38		2.55	2.37	2.54	2.56	2.45	2.60	2.48		
p stat_(*=Sig @ p<=.05)		.690	~	.044*	.394	.847	.002*	.946	.103	~	~	~	~	~	.121	.091	.067	.137	.063	.133	
COMPOSITE	2.62	2.59	2.60	2.52	2.55	2.61	2.70	2.69	2.64	2.59	2.55	x	x	x	2.67	2.55	2.63	2.67	2.53	2.64	2.61
p stat_(*=Sig @ p<=.05)		.645	~	.507	.678	1.00	.410	.677	.696	~	~	~	~	~	.708	.677	.307	.312	.813	.910	

CUSTOMER SERVICE

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE
NPBCLCS4 NQ31	2.23	2.22	1.75	2.27	2.04	2.38	2.37	2.22	2.33	2.56	2.07			2.38	2.25	2.25	2.21	2.31	2.20	2.27
p stat_(*=Sig @ p<=.05)		.802	~	~	~.137	.166		~.111	~	~	~	~	~	~	~	~.566	.353	.627	.353	
NCSRESP NQ32	2.63	2.61	2.53	2.56	2.58	2.75	2.61	2.67	2.66	2.56	2.40			2.69	2.73	2.62	2.57	2.73	2.62	2.64
p stat_(*=Sig @ p<=.05)		.623	~	~	~.056	.826		~.428	~	~	~	~	~	~	~	~.081	.104	.870	.636	
COMPOSITE	2.43	2.42	2.14	2.41	2.31	2.57	2.49	2.44	2.50	2.56	2.23	x	x	x 2.54	2.49	2.44	2.39	2.52	2.41	2.46
p stat_(*=Sig @ p<=.05)		.879	~	~	~.449	.745		~.545	~	~	~	~	~	~	~	~.608	.553	.867	.726	

SHARED DECISION MAKING

		AGE						RACE						ETHNIC- ITY	HEALTH STATUS	GENDER					
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN-	EX & VERY GOOD & FAIR & POOR	FE- MALE			
NNRXWHY NQ10																					
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NNRXWYNT NQ11	2.44	2.46	2.20	2.66	2.39	2.47	2.38	2.35	2.49	2.43	1.94		2.14	2.24	2.46	2.46	2.41	2.48	2.42		
p stat_(*=Sig @ p<=.05)	.662		~.022*		~.740	.449		~.276	~	~	~	~	~	~	~	~.675	.620	.594	.455		
NRXBST NQ12	2.48	2.52	2.79	2.57	2.24	2.45	2.54	2.47	2.52	2.43	2.41		2.20	2.67	2.46	2.50	2.45	2.51	2.47		
p stat_(*=Sig @ p<=.05)	.280		~.333		~.724	.443		~.409	~	~	~	~	~	~	~	~.629	.633	.618	.697		
COMPOSITE	2.46	2.49	2.49	2.62	2.32	2.46	2.46	2.41	2.51	2.43	2.18	x	x	x	2.17	2.45	2.46	2.48	2.43	2.50	2.44
p stat_(*=Sig @ p<=.05)	.562		~.145		~.991	.984		~.365	~	~	~	~	~	~	~	~.668	.642	.633	.593		

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS 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- IAN	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE		
PRBSEE4 Q25	74%	75%	64%	73%	69%	77%	78%	74%	79%	73%	53%		57%	72%	75%	79%	70%	74%	75%		
CARNES4 Q14	82%	80%	84%	78%	73%	85%	88%	87%	87%	83%	78%		60%	83%	82%	85%	80%	84%	82%		
AVERAGE	78.06	77.53	74.19	75.19	70.92	81.25	82.93	80.35	83.15	78.03	65.42	x	x	x	58.57	77.75	78.53	82.07	74.72	78.85	78.57

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS 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- IAN	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE		
CARSN4 Q4	81%	84%	95%	74%	76%	82%	80%	92%	86%	79%	77%		60%	83%	81%	84%	78%	85%	80%		
APGET4 Q6	76%	77%	65%	78%	74%	76%	78%	83%	80%	84%	64%		70%	70%	77%	76%	78%	70%	80%		
AVERAGE	78.88	80.73	79.80	76.26	75.40	79.21	79.06	87.50	83.09	81.39	70.41	x	x	x	64.78	76.67	79.38	79.97	78.09	77.67	79.95

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR NATV ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
DREXPL4 Q17	93%	91%	94%	92%	89%	94%	93%	95%	95%	81%	92%			89%	89%	93%	95%	88%	93%	92%	
DRLSTN4 Q18	92%	90%	94%	89%	91%	94%	93%	95%	93%	88%	95%			95%	85%	93%	94%	89%	91%	93%	
DRESPU4 Q19	90%	91%	94%	85%	91%	90%	93%	96%	90%	94%	95%		100%	91%	91%	93%	88%	90%	91%		
DRTMEN4 Q20	87%	87%	91%	78%	86%	87%	90%	91%	88%	88%	90%		80%	85%	87%	90%	83%	88%	87%		
AVERAGE	90.6	89.8	93.2	85.7	89.3	91.5	92.2	94.2	91.5	87.5	92.9	x	x	x	91.1	87.5	91.1	92.9	87.1	90.4	90.8

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS 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/ 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	76%	76%	50%	78%	67%	81%	78%	85%	78%	100%	73%			92%	78%	76%	74%	81%	75%	77%	
CSRESP Q32	92%	91%	87%	93%	92%	96%	86%	96%	92%	89%	87%			92%	100%	91%	90%	94%	89%	93%	
AVERAGE	83.92	83.64	68.33	85.37	79.49	88.68	82.35	90.51	84.98	94.44	80.00	x	x	x	92.31	89.06	83.63	82.14	87.46	82.02	85.20

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	HTS TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NRXWHY Q10	92%	93%	95%	92%	100%	93%	85%	94%	94%	79%	82%			100%	90%	92%	89%	96%	92%	92%	
NRXWYNT Q11	72%	73%	60%	83%	70%	74%	69%	68%	75%	71%	47%			57%	62%	73%	73%	71%	74%	71%	
RXBST Q12	74%	76%	89%	79%	62%	72%	77%	74%	76%	71%	71%			60%	83%	73%	75%	73%	76%	73%	
AVERAGE	79.3	80.6	81.5	84.5	77.3	79.8	77.0	78.4	81.4	73.8	66.7	x	x	x	72.4	78.4	79.4	79.0	79.8	80.5	78.7

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q1 YES	895	5578	148	223	265	259	186	15	42			34	373	426	773	38	734	161
	100%	100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~	~	~100%	~100%	~100%	~100%	~100%	~100%	~100%
NOT ANSWERED	14	60	2	3	5	4	4	3					6	5	12	1	10	4
VALID CASES	895	5578	148	223	265	259	186	15	42			34	373	426	773	38	734	161
NUMBER OF RESPONDENTS	909	5638	150	226	270	263	190	18	42			34	379	431	785	39	744	165
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q3 YES	242 28%	1643 30%	56 39%*	62 28%	65 25%	59 23%	61 33%	3 17%~	10 24%~				13 ~ 38%~	87 23%*	134 32%*	209 27%	16 43%~	181 26%*	61 37%*
NO	628 72%	3803 70%	86 61%*	156 72%	192 75%	194 77%	126 67%	15 83%~	31 76%~				21 ~ 62%~	286 77%*	290 68%*	565 73%	21 57%~	525 74%*	103 63%*
NOT ANSWERED	39	191	8	8	13	10	3		1					6	7	11	2	38	1
VALID CASES	870	5447	142	218	257	253	187	18	41				34	373	424	774	37	706	164
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHER	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC	
Q4 NEVER	1 0.4%	21 1%*	~	~	~	2%	~	~	~	~	~	~	~	1 ~0.8%	1 0.5%	~	~	1 2%	
SOMETIMES	21 9%	109 7%	6 11%	5 9%	4 7%	6 11%	4 7%	~	~	~	~	1 8%	7 9%	10 8%	17 9%	2 12%	17 10%	4 7%	
USUALLY	24 11%	253 16%*	6 11%	9 16%	5 8%	4 7%	7 13%	~	3 33%	~	~	~	1 8%	10 12%	14 11%	21 11%	3 19%	20 12%	4 7%
ALWAYS	180 80%	1212 76%	43 78%	44 76%	50 85%	43 80%	44 80%	2 100%	6 67%	~	~	~	10 83%	64 79%	99 80%	154 80%	11 69%	135 78%	45 83%
#ALWAYS + USUALLY (NET)	204 90%	1464 92%	49 89%	53 91%	55 93%	47 87%	51 93%	2 100%	9 100%	~	~	~	11 92%	74 91%	113 91%	175 91%	14 88%	155 90%	49 91%
TOP BOX SCORE	180 80%	1212 76%	43 78%	44 76%	50 85%	43 80%	44 80%	2 100%	6 67%	~	~	~	10 83%	64 79%	99 80%	154 80%	11 69%	135 78%	45 83%
NOT ANSWERED	16	102	1	4	6	5	6	1	1			1	6	10	16		9	7	
VALID CASES	226	1594	55	58	59	54	55	2	9			12	81	124	193	16	172	54	
NUMBER OF RESPONDENTS	242 100%	1696 100%	56 100%	62 100%	65 100%	59 100%	61 100%	3 100%	10 100%			13 100%	87 100%	134 100%	209 100%	16 100%	181 100%	61 100%	

[ASKED IF Q3 = YES]

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q5 YES	597 69%	3547 65%*	114 81%*	145 67%	162 64%*	176 70%	122 66%	10 56%~	28 70%~	~	~	~	26 76%~	256 69%	288 69%	519 68%*	32 84%~	469 67%*	128 79%*
NO	262 31%	1877 35%*	27 19%*	70 33%	91 36%*	74 30%	62 34%	8 44%~	12 30%~	~	~	~	8 24%~	114 31%	132 31%	247 32%*	6 16%~	228 33%*	34 21%*
NOT ANSWERED	50	214	9	11	17	13	6		2				9	11	19	1	47	3	
VALID CASES	859	5424	141	215	253	250	184	18	40			34	370	420	766	38	697	162	
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%	

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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTH#	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD POOR	NO CCC	CCC
Q6 NEVER	8 1%	50 2%	~	1%	2%	2%	0.9%	~	~	~	~	~	4%	0.8%	2%	1%	3%	1%	2%
SOMETIMES	73 13%	468 14%	10%	13%	12%	16%	13%	30%~	20%~	~	~	~	12%~	13%	12%	11%*	30%~	12%	17%
USUALLY	144 26%	881 27%	27%	30%	19%*	28%	27%	~	36%~	~	~	~	23%~	26%	26%	27%*	23%~	25%	28%
ALWAYS	334 60%	1910 58%	63%	55%	68%*	55%	59%	70%~	44%~	~	~	~	62%~	60%	60%	60%	43%~	62%	53%
#ALWAYS + USUALLY (NET)	478 86%	2792 84%	90%	85%	86%	83%	86%	70%~	80%~	~	~	~	85%~	87%	86%	87%*	67%~	87%	80%
TOP BOX SCORE	334 60%	1910 58%	63%	55%	68%*	55%	59%	70%~	44%~	~	~	~	62%~	60%	60%	60%	43%~	62%	53%
NOT ANSWERED	38	232	7	10	11	10	11		3					18	15	31	2	33	5
VALID CASES	559	3310	107	135	151	166	111	10	25				26	238	273	488	30	436	123
NUMBER OF RESPONDENTS	597 100%	3542 100%	114 100%	145 100%	162 100%	176 100%	122 100%	10 100%	28 100%				26 100%	256 100%	288 100%	519 100%	32 100%	469 100%	128 100%

[ASKED IF Q5 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q7 NONE	242 29%	1626 30%	25 19%*	65 31%	80 31%	72 29%	52 28%	8 47%~	12 29%~				6 ~ 18%~	108 30%	117 28%	222 29%	7 18%~	213 31%*	29 18%*
1 TIME	272 32%	1614 30%	37 27%	63 30%	85 33%	87 35%	63 34%	6 35%~	17 41%~				13 ~ 39%~	113 31%	142 34%	247 32%	11 29%~	225 33%	47 29%
2	178 21%	1048 20%	39 29%*	49 23%	50 20%	40 16%*	40 21%		8 ~ 20%~				8 ~ 24%~	79 22%	87 21%	160 21%	9 24%~	143 21%	35 21%
3	77 9%	512 10%	17 13%	12 6%*	27 11%	21 8%	15 8%	1 6%~	4 10%~				5 ~ 15%~	30 8%	40 9%	70 9%	1 3%~	60 9%	17 10%
4	38 4%	232 4%	11 8%	7 3%	8 3%	12 5%	8 4%	2 12%~					1 ~ 3%~	15 4%	18 4%	33 4%	2 5%~	27 4%	11 7%
5 TO 9	36 4%	256 5%	6 4%	9 4%	5 2%*	16 6%	7 4%							15 4%	17 4%	27 4%*	6 16%~	16 2%*	20 12%*
10 OR MORE TIMES	6 0.7%	57 1%		4 ~ 2%	1 0.4%	1 0.4%	2 1%							2 ~ 0.6%	2 0.5%	2 0.3%	2 5%~	2 0.3%	4 2%
NOT ANSWERED	60	293	15	17	14	14	3	1	1				1	17	8	24	1	58	2
VALID CASES	849	5345	135	209	256	249	187	17	41				33	362	423	761	38	686	163
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER PAC ALSK	IND/ NATV	MUL- OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q8 #YES	413 70%	2462 67%	80 74%	101 71%	118 70%	114 66%	94 72%	6 67%	21 75%				19 ~ 73%	171 69%	216 73%	374 71%	19 61%	314 69%	99 75%
NO	177 30%	1197 33%	28 26%	41 29%	50 30%	58 34%	36 28%	3 33%	7 25%				7 ~ 27%	78 31%	80 27%	150 29%	12 39%	144 31%	33 25%
NOT ANSWERED	17	87	2	2	8	5	5		1				1	5	10	15		15	2
VALID CASES	590	3659	108	142	168	172	130	9	28				26	249	296	524	31	458	132
NUMBER OF RESPONDENTS	607 100%	3746 100%	110 100%	144 100%	176 100%	177 100%	135 100%	9 100%	29 100%				27 100%	254 100%	306 100%	539 100%	31 100%	473 100%	134 100%

[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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD POOR	NO CCC	CCC
Q9 NEVER	20 3%	111 3%	2 2%	7 5%	6 4%	5 3%	3 2%	1 11%	2 7%	~	~	~	~	7 3%	10 3%	17 3%	1 3%	17 4%	3 2%
SOMETIMES	51 9%	330 9%	12 11%	16 11%	7 4%*	16 9%	8 6%	1 11%	5 17%	~	~	~	3 11%	23 9%	20 7%	40 8%	7 23%	38 8%	13 10%
USUALLY	120 20%	815 22%	23 21%	26 18%	36 21%	35 20%	17 13%*	1 11%	3 10%	~	~	~	6 22%	64 26%*	47 16%*	106 20%	7 23%	95 21%	25 19%
ALWAYS	403 68%	2400 66%	71 66%	94 66%	121 71%	117 68%	102 78%*	6 67%	19 66%	~	~	~	18 67%	153 62%*	223 74%*	364 69%	15 50%	313 68%	90 69%
#ALWAYS + USUALLY (NET)	523 88%	3215 88%	94 87%	120 84%	157 92%*	152 88%	119 92%	7 78%	22 76%	~	~	~	24 89%	217 88%	270 90%	470 89%	22 73%	408 88%	115 88%
TOP BOX SCORE	403 68%	2400 66%	71 66%	94 66%	121 71%	117 68%	102 78%*	6 67%	19 66%	~	~	~	18 67%	153 62%*	223 74%*	364 69%	15 50%	313 68%	90 69%
NOT ANSWERED	13	90	2	1	6	4	5							7	6	12	1	10	3
VALID CASES	594	3656	108	143	170	173	130	9	29				27	247	300	527	30	463	131
NUMBER OF RESPONDENTS	607 100%	3746 100%	110 100%	144 100%	176 100%	177 100%	135 100%	9 100%	29 100%				27 100%	254 100%	306 100%	539 100%	31 100%	473 100%	134 100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q10 YES	175 30%	1058 29%	32 29%	38 27%	49 29%	56 33%	39 30%	1 12%~	5 17%~				7 ~ 26%~	76 31%	84 28%	151 29%	13 42%~	116 25%*	59 45%*
NO	418 70%	2578 71%	77 71%	105 73%	122 71%	114 67%	90 70%	7 88%~	24 83%~				20 ~ 74%~	173 69%	214 72%	374 71%	18 58%~	346 75%*	72 55%*
NOT ANSWERED	14	110	1	1	5	7	6	1						5	8	14		11	3
VALID CASES	593	3636	109	143	171	170	129	8	29				27	249	298	525	31	462	131
NUMBER OF RESPONDENTS	607 100%	3746 100%	110 100%	144 100%	176 100%	177 100%	135 100%	9 100%	29 100%				27 100%	254 100%	306 100%	539 100%	31 100%	473 100%	134 100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER PAC ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q11 #YES	151 88%	931 93%*	28 88%~	31 84%~	42 89%~	50 91%	36 95%~	1 100%~	4 100%~				7 ~100%~	59 80%*	78 95%*	131 89%~	10 83%~	94 83%*	57 98%*
NO	20 12%	71 7%*	4 12%~	6 16%~	5 11%~	5 9%	2 5%~							15 20%*	4 5%*	17 11%~	2 17%~	19 17%*	1 2%*
NOT ANSWERED	78	408	16	19	21	22	10	2	2				1	24	18	41	2	72	6
VALID CASES	171	1002	32	37	47	55	38	1	4				7	74	82	148	12	113	58
NUMBER OF RESPONDENTS	249 100%	1410 100%	48 100%	56 100%	68 100%	77 100%	48 100%	3 100%	6 100%				8 100%	98 100%	100 100%	189 100%	14 100%	185 100%	64 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER AS-	IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q12 #YES	119 69%	722 71%	23 72%~	22 61%~	35 73%~	39 70%	27 69%~		4 ~ 80%~					5 ~ 71%~	48 65%	61 73%	105 70%~	7 58%~	71 62%*	48 83%*
NO	53 31%	300 29%	9 28%~	14 39%~	13 27%~	17 30%	12 31%~	1 100%~	1 20%~					2 ~ 29%~	26 35%	23 27%	45 30%~	5 42%~	43 38%*	10 17%*
NOT ANSWERED	3	19		2	1										2		1	1	2	1
VALID CASES	172	1022	32	36	48	56	39	1	5					7	74	84	150	12	114	58
NUMBER OF RESPONDENTS	175	1041	32	38	49	56	39	1	5					7	76	84	151	13	116	59
	100%	100%	100%	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?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER AS-	IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q13 #YES	138 82%	804 80%	22 73%~	31 89%~	42 88%~	43 78%	32 82%~	1 100%~	4 80%~					5 ~ 71%~	57 77%	70 86%	121 83%~	8 67%~	91 82%	47 82%
NO	30 18%	202 20%	8 27%~	4 11%~	6 12%~	12 22%	7 18%~		1 ~ 20%~					2 ~ 29%~	17 23%	11 14%	25 17%~	4 33%~	20 18%	10 18%
NOT ANSWERED	7	35	2	3	1	1									2	3	5	1	5	2
VALID CASES	168	1006	30	35	48	55	39	1	5					7	74	81	146	12	111	57
NUMBER OF RESPONDENTS	175 100%	1041 100%	32 100%	38 100%	49 100%	56 100%	39 100%	1 100%	5 100%					7 100%	76 100%	84 100%	151 100%	13 100%	116 100%	59 100%

[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			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHER	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q14 WORST HEALTH CARE POSSIBLE	7	0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	2	0.3%	1	1	~	~	~	~	~	~	~	~	~	2	2	0.4%	2	0.4%	~
02	5	0.8%	1	3	1	~	~	~	~	~	~	~	1	3	1	2	3	0.4%	2
03	3	0.5%	1	~	1	1	~	~	~	~	~	~	~	2	1	3	~	~	1
04	2	0.3%	~	~	2	~	1	~	~	~	~	~	~	1	~	1	~	~	1
05	12	2%	4	1	2	5	2	~	1	~	~	~	1	2	6	8	1	8	4
06	11	2%	1	5	2	3	3	~	~	~	~	~	~	3	4	9	~	10	1
07	36	6%	3	9	7	17	8	1	2	~	~	~	3	14	21	29	7	24	12
08	127	21%	22	29	44	32	22	1	4	~	~	~	4	63	57	116	7	104	23
09	143	24%	26	36	41	40	28	2	12	~	~	~	6	59	76	131	3	117	26
BEST HEALTH CARE POSSIBLE	254	43%	49	58	71	76	65	5	9	~	~	~	12	103	131	227	10	195	59
#8-10 (NET)	524	88%	97	123	156	148	115	8	25	~	~	~	22	225	264	474	20	416	108

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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
9-10 (NET)	397 67%	2227 61%*	75 69%	94 66%	112 65%	116 67%	93 72%	7 78%~	21 75%~				18 ~ 67%~	162 65%	207 69%	358 68%	13 42%~	312 67%	85 65%
NOT ANSWERED	12	109	2	2	5	3	5		1					5	6	11		9	3
VALID CASES	595	3637	108	142	171	174	130	9	28				27	249	300	528	31	464	131
NUMBER OF RESPONDENTS	607 100%	3746 100%	110 100%	144 100%	176 100%	177 100%	135 100%	9 100%	29 100%				27 100%	254 100%	306 100%	539 100%	31 100%	473 100%	134 100%
MEAN	8.82	8.64	8.82	8.74	8.86	8.86	8.99	9.22	8.89				8.67	8.85	8.87	8.89	7.84	8.87	8.66
p stat_(*=Sig @ p<=.05)		.000*	1.00	.442	.709	.717	.121	~	~	~	~	~	~	~.742	.414	.031*	~.214	.214	

[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	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	IND/ PAC	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q15 NEVER	14 2%	66 2%	1 0.9%	5 4%	4 2%	4 2%	3 2%	1 ~ 3%	~	~	~	~	1 4%	8 3%	6 2%	12 2%	2 6%	11 2%	3 2%
SOMETIMES	52 9%	356 10%	9 8%	18 13%	13 8%	12 7%	4 3%	1 11%	2 7%	~	~	~	3 11%	27 11%	17 6%	41 8%	6 19%	38 8%	14 11%
USUALLY	190 32%	1161 32%	33 31%	49 35%	52 30%	56 32%	34 26%	3 33%	14 48%	~	~	~	8 30%	84 34%	89 30%	169 32%	12 39%	148 32%	42 32%
ALWAYS	338 57%	2060 57%	64 60%	69 49%	102 60%	103 59%	89 68%	5 56%	12 41%	~	~	~	15 56%	130 52%	189 63%	307 58%	11 35%	265 57%	73 55%
#ALWAYS + USUALLY (NET)	528 89%	3220 88%	97 91%	118 84%	154 90%	159 91%	123 95%	8 89%	26 90%	~	~	~	23 85%	214 86%	278 92%	476 90%	23 74%	413 89%	115 87%
TOP BOX SCORE	338 57%	2060 57%	64 60%	69 49%	102 60%	103 59%	89 68%	5 56%	12 41%	~	~	~	15 56%	130 52%	189 63%	307 58%	11 35%	265 57%	73 55%
NOT ANSWERED	13	104	3	3	5	2	5							5	5	10		11	2
VALID CASES	594	3642	107	141	171	175	130	9	29				27	249	301	529	31	462	132
NUMBER OF RESPONDENTS	607 100%	3746 100%	110 100%	144 100%	176 100%	177 100%	135 100%	9 100%	29 100%				27 100%	254 100%	306 100%	539 100%	31 100%	473 100%	134 100%

[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	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q16 YES	614 71%	3847 71%	40 29%*	174 81%*	215 84%*	185 74%	143 76%	15 88%~	31 76%~	~	~	29 ~ 85%~	244 65%*	326 77%*	548 71%	28 72%~	480 69%*	134 82%*
NO	246 29%	1561 29%	100 71%*	40 19%*	41 16%*	65 26%	45 24%	2 12%~	10 24%~	~	~	5 ~ 15%~	129 35%*	100 23%*	224 29%	11 28%~	216 31%*	30 18%*
NOT ANSWERED	49	230	10	12	14	13	2	1	1				6	5	13		48	1
VALID CASES	860	5408	140	214	256	250	188	17	41			34	373	426	772	39	696	164
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	NO CCC	CCC	
Q17 YES	67 11%	421 11%	5 13%~	24 14%	20 10%	18 10%	8 6%*	2 14%~	4 14%~			2 7%~	28 12%	31 10%	50 10%*	9 32%~	44 10%*	23 18%*
NO	520 89%	3279 89%	34 87%~	144 86%	184 90%	158 90%	124 94%*	12 86%~	25 86%~			26 93%~	206 88%	281 90%	473 90%*	19 68%~	414 90%*	106 82%*
NOT ANSWERED	27	221	1	6	11	9	11	1	2			1	10	14	25		22	5
VALID CASES	587	3699	39	168	204	176	132	14	29			28	234	312	523	28	458	129
NUMBER OF RESPONDENTS	614 100%	3920 100%	40 100%	174 100%	215 100%	185 100%	143 100%	15 100%	31 100%			29 100%	244 100%	326 100%	548 100%	28 100%	480 100%	134 100%

[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			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER AS-	IAN	NATV ##	AMER HAW/ IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q18 #YES	56 85%	351 89%	4 80%~	23 96%~	16 80%~	13 76%~	8 100%~	1 50%~	3 75%~					1 ~ 50%~	23 82%~	28 90%~	44 88%~	6 67%~	37 86%~	19 83%~
NO	10 15%	44 11%	1 20%~	1 4%~	4 20%~	4 24%~		1 ~ 50%~	1 25%~					1 ~ 50%~	5 18%~	3 10%~	6 12%~	3 33%~	6 14%~	4 17%~
NOT ANSWERED	1	4				1														1
VALID CASES	66	394	5	24	20	17	8	2	4					2	28	31	50	9	43	23
NUMBER OF RESPONDENTS	67 100%	398 100%	5 100%	24 100%	20 100%	18 100%	8 100%	2 100%	4 100%					2 100%	28 100%	31 100%	50 100%	9 100%	44 100%	23 100%

[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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q19 YES	30 3%	201 4%	6 4%	5 2%	8 3%	11 4%	4 2%	1 6%~	1 2%~				2 6%~	12 3%	12 3%	19 2%*	6 16%~	16 2%*	14 9%*
NO	829 97%	5179 96%	133 96%	207 98%	249 97%	240 96%	185 98%	15 94%~	40 98%~				32 94%~	363 97%	416 97%	758 98%*	32 84%~	680 98%*	149 91%*
NOT ANSWERED	50	258	11	14	13	12	1	2	1					4	3	8	1	48	2
VALID CASES	859	5380	139	212	257	251	189	16	41				34	375	428	777	38	696	163
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV ILND	AMER PAC ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q20 NEVER	1 3%	19 10%	~	~	13%	~	~	~	~	~	~	50%	~	9%	6%	~	6%	~
SOMETIMES	3 10%	32 16%	~	25%	~	18%	25%	~	~	~	~	~	~	18%	~	33%	6%	15%
USUALLY	9 31%	40 20%	17%	25%	38%	36%	75%	~	~	~	~	50%	25%	36%	33%	33%	25%	38%
ALWAYS	16 55%	107 54%	83%	50%	50%	45%	~100%	~100%	~	~	~	~	75%	36%	61%	33%	63%	46%
#ALWAYS + USUALLY (NET)	25 86%	147 74%	100%	75%	88%	82%	75%	100%	100%	~	~	50%	100%	73%	94%	67%	88%	85%
TOP BOX SCORE	16 55%	107 54%	83%	50%	50%	45%	~100%	~100%	~	~	~	~	75%	36%	61%	33%	63%	46%
NOT ANSWERED	1	9		1									1	1			1	
VALID CASES	29	198	6	4	8	11	4	1	1			2	12	11	18	6	16	13
NUMBER OF RESPONDENTS	30	207	6	5	8	11	4	1	1			2	12	12	19	6	16	14
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV #	AMER HAW/ PAC #	IND/ ALSK #	OTHER #	MULTI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q21 #YES	24 80%	166 83%	4 67%	5 100%	7 88%	8 73%	4 100%	1 100%						1 50%	11 92%	8 67%	16 84%	4 67%	14 88%	10 71%
NO	6 20%	35 17%	2 33%		1 12%	3 27%		1 100%						1 50%	1 8%	4 33%	3 16%	2 33%	2 12%	4 29%
NOT ANSWERED		6																		
VALID CASES	30	201	6	5	8	11	4	1	1					2	12	12	19	6	16	14
NUMBER OF RESPONDENTS	30	207	6	5	8	11	4	1	1					2	12	12	19	6	16	14
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q22 YES	83 10%	487 9%	15 11%	25 12%	22 9%	21 8%	16 9%	1 6%~	2 5%~				1 3%~	40 11%	35 8%	70 9%	9 23%~	37 5%*	46 28%*
NO	777 90%	4887 91%	124 89%	189 88%	234 91%	230 92%	172 91%	15 94%~	40 95%~				33 97%~	338 89%	392 92%	708 91%	30 77%~	659 95%*	118 72%*
NOT ANSWERED	49	264	11	12	14	12	2	2						1	4	7		48	1
VALID CASES	860	5374	139	214	256	251	188	16	42				34	378	427	778	39	696	164
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- AMER IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q23 NEVER	11 14%	64 14%	1 7%	5 20%	2 10%	3 14%	6 43%	1 100%	~	~	~	~	1 3%	8 24%	8 12%	1 11%	5 14%	6 14%
SOMETIMES	9 11%	82 18%*	1 7%	2 8%	5 24%	1 5%	1 7%	~	~	~	~	1 100%	5 13%	2 6%	6 9%	2 22%	3 8%	6 14%
USUALLY	23 28%	105 23%	3 21%	5 20%	7 33%	8 38%	3 21%	~	~	~	~	~	14 35%	7 21%	20 29%	3 33%	10 27%	13 30%
ALWAYS	38 47%	198 44%	9 64%	13 52%	7 33%	9 43%	4 29%	2 100%	~	~	~	~	20 50%	16 48%	34 50%	3 33%	19 51%	19 43%
#ALWAYS + USUALLY (NET)	61 75%	303 68%	12 86%	18 72%	14 67%	17 81%	7 50%	2 100%	~	~	~	~	34 85%	23 70%	54 79%	6 67%	29 78%	32 73%
TOP BOX SCORE	38 47%	198 44%	9 64%	13 52%	7 33%	9 43%	4 29%	2 100%	~	~	~	~	20 50%	16 48%	34 50%	3 33%	19 51%	19 43%
NOT ANSWERED	2	21	1		1		2							2	2			2
VALID CASES	81	448	14	25	21	21	14	1	2			1	40	33	68	9	37	44
NUMBER OF RESPONDENTS	83	469	15	25	22	21	16	1	2			1	40	35	70	9	37	46
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q22 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV ILND	AMER PAC ALSK	OTH#	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q24 #YES	62 76%	310 69%	9 60%~	21 84%~	14 67%~	18 86%~	13 87%~	1 100%~	1 50%~	~	~	~	32 80%~	27 79%~	52 75%~	9 100%~	27 73%~	35 78%~
NO	20 24%	142 31%	6 40%~	4 16%~	7 33%~	3 14%~	2 13%~	1 50%~	~	~	~	1 100%~	8 20%~	7 21%~	17 25%~	~	10 27%~	10 22%~
NOT ANSWERED	1	17				1	1							1	1			1
VALID CASES	82	452	15	25	21	21	15	1	2			1	40	34	69	9	37	45
NUMBER OF RESPONDENTS	83	469	15	25	22	21	16	1	2			1	40	35	70	9	37	46
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q22 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q25 YES	106 12%	692 13%	8 6%*	24 11%	35 14%	39 16%	31 16%	3 19%~	~	~	~	~	4 ~ 12%~	40 11%	59 14%	90 12%	10 26%~	38 5%*	68 41%*
NO	752 88%	4667 87%	130 94%*	188 89%	224 86%	210 84%	157 84%	13 81%~	42 100%~	~	~	~	30 ~ 88%~	336 89%	369 86%	687 88%	29 74%~	656 95%*	96 59%*
NOT ANSWERED	51	279	12	14	11	14	2	2						3	3	8		50	1
VALID CASES	858	5359	138	212	259	249	188	16	42				34	376	428	777	39	694	164
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV ILND	AMER IND/ PAC ALSK NATV	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q26 NEVER	14 14%	86 13%	3 ~ 13%	7 22%	4 10%	7 24%	~	~	~	~	~	1 25%	2 5%	10 18%	11 13%	1 10%	6 16%	8 12%
SOMETIMES	15 15%	135 20%	2 29%	6 25%	5 16%	2 5%	7 7%	~	~	~	~	1 25%	9 23%	5 9%	12 14%	3 30%	7 19%	8 12%
USUALLY	23 23%	147 22%	2 29%	2 8%	5 16%	14 36%	8 28%	1 33%	~	~	~	1 25%	10 26%	13 23%	20 23%	3 30%	7 19%	16 25%
ALWAYS	50 49%	290 44%	3 43%	13 54%	15 47%	19 49%	12 41%	2 67%	~	~	~	1 25%	18 46%	29 51%	44 51%	3 30%	17 46%	33 51%
#ALWAYS + USUALLY (NET)	73 72%	437 66%	5 71%	15 63%	20 63%	33 85%	20 69%	3 100%	~	~	~	2 50%	28 72%	42 74%	64 74%	6 60%	24 65%	49 75%
TOP BOX SCORE	50 49%	290 44%	3 43%	13 54%	15 47%	19 49%	12 41%	2 67%	~	~	~	1 25%	18 46%	29 51%	44 51%	3 30%	17 46%	33 51%
NOT ANSWERED	4	25	1		3	2							1	2	3		1	3
VALID CASES	102	658	7	24	32	39	29	3				4	39	57	87	10	37	65
NUMBER OF RESPONDENTS	106	683	8	24	35	39	31	3				4	40	59	90	10	38	68
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV LLND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	NO CCC	CCC	
Q27 #YES	57 56%	342 52%	6 86%~	14 58%~	16 50%~	21 54%~	16 55%~	3 100%~					3 75%~	26 67%~	30 53%~	49 56%~	7 70%~	20 54%~	37 57%~
NO	45 44%	320 48%	1 14%~	10 42%~	16 50%~	18 46%~	13 45%~						1 25%~	13 33%~	27 47%~	38 44%~	3 30%~	17 46%~	28 43%~
NOT ANSWERED	4	21	1		3		2							1	2	3		1	3
VALID CASES	102	662	7	24	32	39	29	3					4	39	57	87	10	37	65
NUMBER OF RESPONDENTS	106 100%	683 100%	8 100%	24 100%	35 100%	39 100%	31 100%	3 100%					4 100%	40 100%	59 100%	90 100%	10 100%	38 100%	68 100%

[ASKED IF Q25 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLK OR AFR-	AMER IAN	NATV LLND	AMER PAC ALSK	IND/ NATV	MUL- OTHR	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q28 YES	159 19%	1125 21%*	30 22%	37 18%	43 17%	49 20%	42 22%	2 12%~	3 7%~				12 ~ 35%~	53 14%*	95 22%*	135 17%*	16 41%~	96 14%*	63 38%*
NO	695 81%	4219 79%*	107 78%	174 82%	215 83%	199 80%	145 78%	14 88%~	39 93%~				22 ~ 65%~	322 86%*	333 78%*	641 83%*	23 59%~	594 86%*	101 62%*
NOT ANSWERED	55	294	13	15	12	15	3	2						4	3	9		54	1
VALID CASES	854	5344	137	211	258	248	187	16	42				34	375	428	776	39	690	164
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q29 #YES	91 60%	616 57%	16 55%~	20 54%~	27 66%~	28 62%~	23 59%~	2 100%~	1 50%~				4 ~ 40%~	38 72%*	47 53%	78 60%~	9 60%~	53 58%	38 63%
NO	61 40%	465 43%	13 45%~	17 46%~	14 34%~	17 38%~	16 41%~		1 ~ 50%~				6 ~ 60%~	15 28%*	41 47%	51 40%~	6 40%~	39 42%	22 37%
NOT ANSWERED	7	36	1			2 4	3		1				2		7	6	1	4	3
VALID CASES	152	1081	29	37	41	45	39	2	2				10	53	88	129	15	92	60
NUMBER OF RESPONDENTS	159 100%	1117 100%	30 100%	37 100%	43 100%	49 100%	42 100%	2 100%	3 100%				12 100%	53 100%	95 100%	135 100%	16 100%	96 100%	63 100%

[ASKED IF Q28 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q30 YES	738 88%	4642 88%	124 90%	185 89%	220 87%	209 86%	165 89%	13 72%~	34 83%~				25 ~ 78%~	323 87%	373 89%	668 87%	35 90%~	585 86%*	153 94%*
NO	105 12%	640 12%	14 10%	23 11%	34 13%	34 14%	21 11%	5 28%~	7 17%~				7 ~ 22%~	48 13%	48 11%	99 13%	4 10%~	95 14%*	10 6%*
NOT ANSWERED	66	357	12	18	16	20	4		1				2	8	10	18		64	2
VALID CASES	843	5281	138	208	254	243	186	18	41				32	371	421	767	39	680	163
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q31 NONE	160 22%	1245 28%*	16 13%*	40 23%	57 27%	47 23%	42 26%	6 46%~	9 30%~	~	~	3 13%~	63 20%	90 25%	150 23%	5 14%~	133 24%	27 18%
1 TIME	303 42%	1677 37%*	43 35%	81 46%	95 45%	84 41%	67 42%	2 15%~	16 53%~	~	~	11 48%~	131 42%	156 43%	273 42%	15 43%~	250 44%*	53 35%*
2	147 21%	850 19%	40 33%*	28 16%	36 17%	43 21%	31 19%	1 8%~	4 13%~	~	~	5 22%~	70 22%	71 20%	135 21%	9 26%~	112 20%	35 23%
3	56 8%	387 9%	9 7%	12 7%	17 8%	18 9%	13 8%	3 23%~	~	~	~	4 17%~	24 8%	25 7%	48 7%	2 6%~	38 7%	18 12%
4	25 4%	160 4%	9 7%	6 3%	4 2%	6 3%	6 4%	1 8%~	~	~	~	~	11 4%	11 3%	21 3%	2 6%~	20 4%	5 3%
5 TO 9	21 3%	163 4%	5 4%	7 4%	1 0.5%*	8 4%	1 0.6%*	~	1 3%~	~	~	~	12 4%	8 2%	18 3%	1 3%~	10 2%*	11 7%*
10 OR MORE TIMES	2 0.3%	21 0.5%	~	1 0.6%	~	1 0.5%	~	~	~	~	~	~	1 0.3%	~	~	1 3%~	1 0.2%	1 0.7%
NOT ANSWERED	24	173	2	10	10	2	5	4				2	11	12	23		21	3
VALID CASES	714	4503	122	175	210	207	160	13	30			23	312	361	645	35	564	150
NUMBER OF RESPONDENTS	738	4676	124	185	220	209	165	13	34			25	323	373	668	35	585	153
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q31A ALWAYS	21 4%	87 3%	2 2%	4 3%	8 5%	7 4%	1 ~ 17%	3 ~ 14%	~	~	~	~	15 6%*	6 2%	17 3%	3 10%~	18 4%	3 2%	
USUALLY	10 2%	60 2%	3 3%	3 2%	3 2%	1 0.6%	1 0.8%	1 ~ 5%	~	~	~	~	4 2%	5 2%	9 2%	~	9 2%	1 0.8%	
SOMETIMES	54 10%	220 7%*	9 9%	13 10%	16 11%	16 10%	3 3%*	1 17%~	4 19%~	~	~	~	2 10%~	32 13%*	16 6%*	42 9%*	7 23%~	42 10%	12 10%
NEVER	464 85%	2850 89%*	91 87%	114 85%	125 82%	134 85%	114 97%*	4 67%~	13 62%~	~	~	~	18 90%~	195 79%*	244 90%*	423 86%*	20 67%~	357 84%	107 87%
#NEVER + SOMETIMES (NET)	518 94%	3070 95%	100 95%	127 95%	141 93%	150 95%	117 99%*	5 83%~	17 81%~	~	~	~	20 100%~	227 92%	260 96%	465 95%	27 90%~	399 94%	119 97%
TOP BOX SCORE	464 85%	2850 89%*	91 87%	114 85%	125 82%	134 85%	114 97%*	4 67%~	13 62%~	~	~	~	18 90%~	195 79%*	244 90%*	423 86%*	20 67%~	357 84%	107 87%
NOT ANSWERED	5	23	1	1	1	2	1						3		4		5		
VALID CASES	549	3216	105	134	152	158	118	6	21			20	246	271	491	30	426	123	
NUMBER OF RESPONDENTS	554 100%	3239 100%	106 100%	135 100%	153 100%	160 100%	118 100%	7 100%	21 100%			20 100%	249 100%	271 100%	495 100%	30 100%	431 100%	123 100%	

[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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	IND/ NATV	MUL- OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q32 NEVER	15 3%	78 2%	4 4%	3 2%	5 3%	3 2%	~	~	~	~	~	~	1 5%	5 2%	8 3%	11 2%	2 7%	12 3%	3 2%
SOMETIMES	23 4%	156 5%	2 2%	4 3%	7 5%	10 6%	~	~	3 14%	~	~	~	2 10%	13 5%	6 2%*	16 3%*	4 13%	17 4%	6 5%
USUALLY	83 15%	485 15%	20 19%	21 16%	20 13%	22 14%	13 11%	1 14%	4 19%	~	~	~	3 15%	44 18%	36 13%	73 15%	7 23%	64 15%	19 15%
ALWAYS	429 78%	2499 78%	80 75%	106 79%	119 79%	124 78%	104 89%*	6 86%~	14 67%~	~	~	~	14 70%~	185 75%	220 81%	393 80%*	17 57%~	334 78%	95 77%
#ALWAYS + USUALLY (NET)	512 93%	2984 93%	100 94%	127 95%	139 92%	146 92%	117 100%~	7 100%~	18 86%~	~	~	~	17 85%~	229 93%	256 95%	466 95%*	24 80%~	398 93%	114 93%
TOP BOX SCORE	429 78%	2499 78%	80 75%	106 79%	119 79%	124 78%	104 89%*	6 86%~	14 67%~	~	~	~	14 70%~	185 75%	220 81%	393 80%*	17 57%~	334 78%	95 77%
NOT ANSWERED	4	21		1	2	1	1							2	1	2		4	
VALID CASES	550	3218	106	134	151	159	117	7	21				20	247	270	493	30	427	123
NUMBER OF RESPONDENTS	554	3239	106	135	153	160	118	7	21				20	249	271	495	30	431	123
	100%	100%	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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q33 NEVER	10 2%	35 1%	1 0.9%	4 3%	3 2%	2 1%	~	~	~	~	~	~	6 2%	3 1%	8 2%	2 7%	7 2%	3 2%	
SOMETIMES	20 4%	139 4%	4 4%	3 2%	3 2%	10 6%	3 3%	~	1 5%	~	~	~	2 10%	9 4%	6 2%	13 3%*	3 10%	13 3%	7 6%
USUALLY	86 16%	518 16%	17 16%	26 19%	21 14%	22 14%	13 11%	~	2 10%	~	~	~	3 15%	52 21%*	30 11%*	74 15%	9 30%	64 15%	22 18%
ALWAYS	435 79%	2521 78%	84 79%	101 75%	125 82%	125 79%	102 86%*	7 100%	18 86%	~	~	~	15 75%	182 73%*	232 86%*	400 81%*	16 53%	344 80%	91 74%
#ALWAYS + USUALLY (NET)	521 95%	3039 95%	101 95%	127 95%	146 96%	147 92%	115 97%*	7 100%	20 95%	~	~	~	18 90%	234 94%	262 97%*	474 96%*	25 83%	408 95%	113 92%
TOP BOX SCORE	435 79%	2521 78%	84 79%	101 75%	125 82%	125 79%	102 86%*	7 100%	18 86%	~	~	~	15 75%	182 73%*	232 86%*	400 81%*	16 53%	344 80%	91 74%
NOT ANSWERED	3	26		1	1	1													3
VALID CASES	551	3213	106	134	152	159	118	7	21			20	249	271	495	30	428	123	
NUMBER OF RESPONDENTS	554 100%	3239 100%	106 100%	135 100%	153 100%	160 100%	118 100%	7 100%	21 100%			20 100%	249 100%	271 100%	495 100%	30 100%	431 100%	123 100%	

[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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	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	
Q34 NEVER	6 1%	28 0.9%	1 0.9%	2 1%	1 0.7%	2 1%	~	~	1 5%	~	~	~	~	2 0.8%	3 1%	4 0.8%	2 7%	4 0.9%	2 2%
SOMETIMES	16 3%	104 3%	3 3%	4 3%	4 3%	5 3%	1 0.8%*	~	~	~	~	1 5%	9 4%	4 1%*	12 2%	2 7%	11 3%	5 4%	
USUALLY	56 10%	398 12%*	9 8%	17 13%	15 10%	15 9%	8 7%	~	3 14%	~	~	2 10%	31 12%	22 8%	49 10%	4 13%	44 10%	12 10%	
ALWAYS	473 86%	2679 83%	93 88%	111 83%	132 87%	137 86%	109 92%*100%	7 81%	17 ~	~	~	17 85%	207 83%	242 89%*	430 87%	22 73%	369 86%	104 85%	
#ALWAYS + USUALLY (NET)	529 96%	3077 96%	102 96%	128 96%	147 97%	152 96%	117 99%*100%	7 95%	20 ~	~	~	19 95%	238 96%	264 97%	479 97%	26 87%	413 96%	116 94%	
TOP BOX SCORE	473 86%	2679 83%	93 88%	111 83%	132 87%	137 86%	109 92%*100%	7 81%	17 ~	~	~	17 85%	207 83%	242 89%*	430 87%	22 73%	369 86%	104 85%	
NOT ANSWERED	3	30		1	1	1												3	
VALID CASES	551	3209	106	134	152	159	118	7	21			20	249	271	495	30	428	123	
NUMBER OF RESPONDENTS	554 100%	3239 100%	106 100%	135 100%	153 100%	160 100%	118 100%	7 100%	21 100%			20 100%	249 100%	271 100%	495 100%	30 100%	431 100%	123 100%	

[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	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q35 YES	392 72%	2175 68%*	24 23%*	83 62%*	135 89%*	150 96%*	82 70%	6 100%~	14 67%~	~	~	18 ~ 90%~	181 73%	191 71%	351 71%	23 77%~	304 72%	88 72%
NO	153 28%	1015 32%*	80 77%*	50 38%*	16 11%*	7 4%*	35 30%	7 ~ 33%~	~	~	~ 10%~	2 ~ 10%~	67 27%	78 29%	140 29%	7 23%~	119 28%	34 28%
NOT ANSWERED	9	49	2	2	2	3	1	1					1	2	4		8	1
VALID CASES	545	3190	104	133	151	157	117	6	21			20	248	269	491	30	423	122
NUMBER OF RESPONDENTS	554 100%	3239 100%	106 100%	135 100%	153 100%	160 100%	118 100%	7 100%	21 100%			20 100%	249 100%	271 100%	495 100%	30 100%	431 100%	123 100%

[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			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	IND/ NATV	MUL- OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q36 NEVER	2 0.5%	30 1%*	~	~	~	1%	~	~	~	~	~	~	~	~	1 0.6%	1 ~	1 4%	1 0.3%	1 1%
SOMETIMES	22 6%	137 6%	2 8%	7 9%	8 6%	5 3%	1 1%*	~	1 7%	~	~	~	2 11%	14 8%	8 4%	19 6%	3 13%	16 5%	6 7%
USUALLY	73 19%	493 23%*	10 42%	17 21%	19 14%	27 18%	13 17%	2 33%	3 21%	~	~	~	4 22%	31 17%	37 20%	61 18%	9 39%	53 18%	20 24%
ALWAYS	287 75%	1509 70%*	12 50%	58 71%	105 80%	112 77%	62 82%	4 67%	10 71%	~	~	~	12 67%	133 74%	140 76%	263 77%	10 43%	231 77%	56 67%
#ALWAYS + USUALLY (NET)	360 94%	2002 92%	22 92%	75 91%	124 94%	139 95%	75 99%	6 100%	13 93%	~	~	~	16 89%	164 92%	177 96%	324 94%	19 83%	284 94%	76 92%
TOP BOX SCORE	287 75%	1509 70%*	12 50%	58 71%	105 80%	112 77%	62 82%	4 67%	10 71%	~	~	~	12 67%	133 74%	140 76%	263 77%	10 43%	231 77%	56 67%
NOT ANSWERED	8	40	1	3	4	6							2	6	8	3	5		
VALID CASES	384	2170	24	82	132	146	76	6	14			18	179	185	343	23	301	83	
NUMBER OF RESPONDENTS	392	2210	24	83	135	150	82	6	14			18	181	191	351	23	304	88	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV ILND	AMER PAC ALSK NATV	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q37 NEVER	17 3%	96 3%	4 4%	5 4%	3 2%	5 3%	~	~	~	~	~	~	1 5%	9 4%	6 2%	14 3%	2 7%	14 3%	3 2%
SOMETIMES	57 10%	305 10%	11 10%	16 12%	15 10%	15 10%	4 3%*	1 17%~	3 14%~	~	~	~	~	39 16%*	12 4%*	46 9%*	7 23%~	44 10%	13 11%
USUALLY	133 24%	799 25%	21 20%	40 30%	29 19%	43 27%	19 16%*	2 33%~	6 29%~	~	~	~	5 25%~	78 31%*	51 19%*	118 24%*	10 33%~	106 25%	27 22%
ALWAYS	339 62%	1981 62%	69 66%	73 54%*	103 69%*	94 60%	94 80%*	3 50%~	12 57%~	~	~	~	14 70%~	123 49%*	201 74%*	315 64%*	11 37%~	259 61%	80 65%
#ALWAYS + USUALLY (NET)	472 86%	2780 87%	90 86%	113 84%	132 88%	137 87%	113 97%*	5 83%~	18 86%~	~	~	~	19 95%~	201 81%*	252 93%*	433 88%*	21 70%~	365 86%	107 87%
TOP BOX SCORE	339 62%	1981 62%	69 66%	73 54%*	103 69%*	94 60%	94 80%*	3 50%~	12 57%~	~	~	~	14 70%~	123 49%*	201 74%*	315 64%*	11 37%~	259 61%	80 65%
NOT ANSWERED	8	58	1	1	3	3	1	1						1	2			8	
VALID CASES	546	3181	105	134	150	157	117	6	21				20	249	270	493	30	423	123
NUMBER OF RESPONDENTS	554 100%	3239 100%	106 100%	135 100%	153 100%	160 100%	118 100%	7 100%	21 100%				20 100%	249 100%	271 100%	495 100%	30 100%	431 100%	123 100%

[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			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV ##	AMER HAW/ PAC	IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q38 #YES	465 86%	2742 86%	94 90%	118 89%	124 84%	129 83%	110 93%*	5 71%~	15 71%~					16 ~ 80%~	211 86%	234 87%	423 86%	25 86%~	358 85%	107 88%
NO	76 14%	440 14%	11 10%	15 11%	23 16%	27 17%	8 7%*	2 29%~	6 29%~					4 ~ 20%~	35 14%	34 13%	67 14%	4 14%~	62 15%	14 12%
NOT ANSWERED	13	57	1	2	6	4									3	3	5	1	11	2
VALID CASES	541	3182	105	133	147	156	118	7	21					20	246	268	490	29	420	121
NUMBER OF RESPONDENTS	554 100%	3239 100%	106 100%	135 100%	153 100%	160 100%	118 100%	7 100%	21 100%					20 100%	249 100%	271 100%	495 100%	30 100%	431 100%	123 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER PAC ALSK	IND/ NATV	MUL- OTHR	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q39 YES	211 39%	1245 39%	56 53%*	56 42%	46 31%*	53 34%	48 41%	1 20%~	5 24%~				8 ~ 40%~	93 37%	106 39%	183 37%*	16 53%~	142 34%*	69 57%*
NO	332 61%	1935 61%	49 47%*	77 58%	102 69%*	104 66%	69 59%	4 80%~	16 76%~				12 ~ 60%~	155 63%	164 61%	308 63%*	14 47%~	279 66%*	53 43%*
NOT ANSWERED	11	59	1	2	5	3	1	2						1	1	4		10	1
VALID CASES	543	3180	105	133	148	157	117	5	21				20	248	270	491	30	421	122
NUMBER OF RESPONDENTS	554 100%	3239 100%	106 100%	135 100%	153 100%	160 100%	118 100%	7 100%	21 100%				20 100%	249 100%	271 100%	495 100%	30 100%	431 100%	123 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTH#	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	NO CCC	CCC		
Q40 NEVER	15 7%	77 7%	3 6%	6 11%	2 4%	4 8%	~	~	~	~	~	~	25%	5 6%	9 9%	12 7%	3 21%	7 5%	8 12%
SOMETIMES	19 9%	132 11%	6 11%	4 7%	4 9%	5 10%	3 7%	~	~	~	~	~	10 11%	4 4%*	13 7%	2 14%	12 9%	7 10%	
USUALLY	61 30%	337 29%	12 23%	17 30%	15 33%	17 35%	16 35%	~	1 25%	~	~	~	3 38%	34 38%*	27 26%	56 31%	4 29%	42 31%	19 28%
ALWAYS	108 53%	626 53%	32 60%	29 52%	24 53%	23 47%	27 59%	1 100%	3 75%	~	~	~	3 38%	41 46%	62 61%*	97 54%	5 36%	75 55%	33 49%
#ALWAYS + USUALLY (NET)	169 83%	962 82%	44 83%	46 82%	39 87%	40 82%	43 93%	1 100%	4 100%	~	~	~	6 75%	75 83%	89 87%	153 86%	9 64%	117 86%	52 78%
TOP BOX SCORE	108 53%	626 53%	32 60%	29 52%	24 53%	23 47%	27 59%	1 100%	3 75%	~	~	~	3 38%	41 46%	62 61%*	97 54%	5 36%	75 55%	33 49%
NOT ANSWERED	8	42	3		1	4	2		1					3	4	5	2	6	2
VALID CASES	203	1171	53	56	45	49	46	1	4			8	90	102	178	14	136	67	
NUMBER OF RESPONDENTS	211 100%	1213 100%	56 100%	56 100%	46 100%	53 100%	48 100%	1 100%	5 100%			8 100%	93 100%	106 100%	183 100%	16 100%	142 100%	69 100%	

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER	AS-IAN	NATV LLND	AMER PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q41 WORST PERSONAL DOCTOR POSSIBLE	1 0.1%	8 0.2%	1 0.8%	~	~	~	1 0.6%	~	~	~	~	~	~	1 0.3%	1 0.2%	1 0.2%	1 0.2%	~	~	
01	2 0.3%	20 0.5%	~	1 0.6%	1 0.5%	~	~	~	~	~	~	~	~	1 0.3%	1 0.2%	1 3%	1 0.2%	1 0.7%	1	
02	5 0.7%	19 0.4%	1 0.8%	2 1%	2 1%	~	1 0.6%	~	~	~	~	~	~	2 0.6%	2 0.6%	4 0.6%	~	5 0.9%*	~	
03	2 0.3%	22 0.5%	1 0.8%	~	~	1 0.5%	~	~	~	~	~	~	~	1 0.3%	1 0.2%	~	~	2 0.4%	~	
04	~	26 0.6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
05	11 2%	122 3%*	~	4 2%	2 1%	5 2%	3 2%	~	~	~	~	~	~	2 9%	5 2%	5 1%	10 2%	~	8 1%	3 2%
06	11 2%	114 3%*	4 3%	~	3 1%	4 2%	3 2%	1 8%	~	~	~	~	~	~	4 1%	5 1%	8 1%	3 9%	6 1%	5 3%
07	34 5%	260 6%	2 2%*	9 5%	13 6%	10 5%	5 3%	1 8%	5 17%	~	~	~	~	1 4%	15 5%	18 5%	31 5%	3 9%	27 5%	7 5%
08	106 15%	703 16%	21 17%	25 14%	36 17%	24 12%	29 18%	3 23%	2 7%	~	~	~	~	2 9%	43 14%	60 17%	94 15%	10 29%	80 14%	26 18%
09	142 20%	904 20%	29 24%	34 19%	40 19%	39 19%	28 18%	2 15%	11 37%	~	~	~	~	3 13%	60 19%	78 22%	132 20%	5 14%	119 21%	23 16%
BEST PERSONAL DOCTOR POSSIBLE	390 55%	2271 51%*	63 52%	100 57%	109 53%	118 59%	90 56%	6 46%	12 40%	~	~	~	~	15 65%	181 58%	191 53%	362 56%	13 37%	307 55%	83 56%
#8-10 (NET)	638 91%	3877 87%*	113 93%	159 91%	185 90%	181 90%	147 92%	11 85%	25 83%	~	~	~	~	20 87%	284 91%	329 91%	588 91%	28 80%	506 91%	132 89%

Continued

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
9-10 (NET)	532 76%	3175 71%*	92 75%	134 77%	149 72%	157 78%	118 74%	8 62%~	23 77%~	~	~	~	18 78%~	241 77%	269 75%	494 77%*	18 51%~	426 77%	106 72%
NOT ANSWERED	34	208	2	10	14	8	5		4			2	11	13	24		29	5	
VALID CASES	704	4468	122	175	206	201	160	13	30			23	312	360	644	35	556	148	
NUMBER OF RESPONDENTS	738 100%	4676 100%	124 100%	185 100%	220 100%	209 100%	165 100%	13 100%	34 100%			25 100%	323 100%	373 100%	668 100%	35 100%	585 100%	153 100%	
MEAN	9.10	8.91	9.03	9.11	9.04	9.18	9.09	8.85	9.00			9.13	9.15	9.10	9.14	8.43	9.11	9.05	
p stat_(*=Sig @ p<=.05)		.000*	.621	.890	.500	.294	.939	~	~	~	~	~	.328	.887	.043*		.692	.691	

[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	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q42 YES	158 22%	1079 24%	15 13%*	34 19%	45 22%	64 31%*	50 31%*	2 18%~	1 3%~	~	~	4 ~ 17%~	42 13%*	104 29%*	134 21%*	18 51%~	46 8%*	112 75%*
NO	550 78%	3404 76%	105 88%*	142 81%	163 78%	140 69%*	110 69%*	9 82%~	29 97%~	~	~	19 ~ 83%~	274 87%*	258 71%*	514 79%*	17 49%~	512 92%*	38 25%*
NOT ANSWERED	30	193	4	9	12	5	5	2	4			2	7	11	20		27	3
VALID CASES	708	4483	120	176	208	204	160	11	30			23	316	362	648	35	558	150
NUMBER OF RESPONDENTS	738 100%	4676 100%	124 100%	185 100%	220 100%	209 100%	165 100%	13 100%	34 100%			25 100%	323 100%	373 100%	668 100%	35 100%	585 100%	153 100%

[ASKED IF Q30 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV LLND NATV	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q43 #YES	134 88%	932 89%	13 93%~	28 82%~	41 93%~	52 87%	44 92%~	2 100%~	1 100%~				4 ~100%~	35 88%~	92 91%	115 89%~	15 88%~	37 84%~	97 90%~
NO	18 12%	112 11%	1 7%~	6 18%~	3 7%~	8 13%	4 8%~							5 12%~	9 9%	14 11%~	2 12%~	7 16%~	11 10%~
NOT ANSWERED	6	26	1		1	4	2							2	3	5	1	2	4
VALID CASES	152	1045	14	34	44	60	48	2	1				4	40	101	129	17	44	108
NUMBER OF RESPONDENTS	158 100%	1071 100%	15 100%	34 100%	45 100%	64 100%	50 100%	2 100%	1 100%				4 100%	42 100%	104 100%	134 100%	18 100%	46 100%	112 100%

[ASKED IF Q30 = YES AND Q42 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AMER IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q44 #YES	128 84%	903 87%	11 79%	29 85%	35 81%	53 85%	42 88%	2 100%	1 100%				4 ~100%	35 88%	86 84%	109 84%	15 83%	39 85%	89 83%
NO	25 16%	141 13%	3 21%	5 15%	8 19%	9 15%	6 12%							5 12%	16 16%	20 16%	3 17%	7 15%	18 17%
NOT ANSWERED	5	27	1		2	2	2							2	2	5			5
VALID CASES	153	1044	14	34	43	62	48	2	1				4	40	102	129	18	46	107
NUMBER OF RESPONDENTS	158 100%	1071 100%	15 100%	34 100%	45 100%	64 100%	50 100%	2 100%	1 100%				4 100%	42 100%	104 100%	134 100%	18 100%	46 100%	112 100%

[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	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q45 YES	121 14%	851 16%	15 11%	36 17%	24 10%*	46 19%*	27 14%	3 20%~	5 12%~	~	~	~	2 6%~	51 14%	61 14%	100 13%*	15 38%~	61 9%*	60 37%*
NO	716 86%	4406 84%	121 89%	171 83%	227 90%*	197 81%*	162 86%	12 80%~	37 88%~	~	~	~	32 94%~	326 86%	367 86%	677 87%*	24 62%~	612 91%*	104 63%*
NOT ANSWERED	72	381	14	19	19	20	1	3						2	3	8		71	1
VALID CASES	837	5257	136	207	251	243	189	15	42			34	377	428	777	39	673	164	
NUMBER OF RESPONDENTS	909	5638	150	226	270	263	190	18	42			34	379	431	785	39	744	165	
	100%	100%	100%	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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTH#	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q46 NEVER	2 2%	36 5%*	~	2 6%~	~	~	1 4%~	~	~	~	~	~	1 2%	1 2%	2 2%~	~	2 3%~	~	
SOMETIMES	34 28%	163 21%*	4 27%~	13 36%~	6 25%~	11 24%~	5 19%~	~	3 60%~	~	~	~	14 27%	15 25%	27 27%~	4 27%~	24 39%*	10 17%*	
USUALLY	33 27%	221 28%	3 20%~	10 28%~	4 17%~	16 35%~	9 33%~	~	1 20%~	~	~	~	1 50%~	16 31%	16 26%	26 26%~	5 33%~	11 18%*	22 37%*
ALWAYS	52 43%	367 47%	8 53%~	11 31%~	14 58%~	19 41%~	12 44%~	3 100%~	1 20%~	~	~	~	1 50%~	20 39%	29 48%	45 45%~	6 40%~	24 39%	28 47%
#ALWAYS + USUALLY (NET)	85 70%	589 75%	11 73%~	21 58%~	18 75%~	35 76%~	21 78%~	3 100%~	2 40%~	~	~	~	2 100%~	36 71%	45 74%	71 71%~	11 73%~	35 57%*	50 83%*
TOP BOX SCORE	52 43%	367 47%	8 53%~	11 31%~	14 58%~	19 41%~	12 44%~	3 100%~	1 20%~	~	~	~	1 50%~	20 39%	29 48%	45 45%~	6 40%~	24 39%	28 47%
NOT ANSWERED		15																	
VALID CASES	121	787	15	36	24	46	27	3	5			2	51	61	100	15	61	60	
NUMBER OF RESPONDENTS	121	802	15	36	24	46	27	3	5			2	51	61	100	15	61	60	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q45 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	OTH#	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q47 NONE	5 4%	55 7%		2 6%~	1 4%~	2 4%~	2 7%~	1 20%~						1 2%	3 5%	5 5%~		4 7%	1 2%
1 SPECIALIST	79 66%	514 65%	9 60%~	24 69%~	16 67%~	30 65%~	17 63%~	1 33%~	4 80%~				1 50%~	34 68%	40 66%	67 68%~	9 60%~	44 73%	35 58%
2	21 18%	134 17%	2 13%~	5 14%~	3 13%~	11 24%~	4 15%~	2 67%~						10 20%	9 15%	16 16%~	2 13%~	8 13%	13 22%
3	9 8%	51 6%	2 13%~	3 9%~	2 8%~	2 4%~	1 4%~						1 50%~	3 6%	6 10%	6 6%~	3 20%~	2 3%	7 12%
4	5 4%	13 2%	2 13%~	1 3%~	1 4%~	1 2%~	2 7%~							2 4%	2 3%	4 4%~	1 7%~	2 3%	3 5%
5 OR MORE SPECIALISTS	1 0.8%	19 2%			1 4%~		1 4%~								1 2%~	1 1%~			1 2%~
NOT ANSWERED	1	16		1										1		1		1	
VALID CASES	120	786	15	35	24	46	27	3	5				2	50	61	99	15	60	60
NUMBER OF RESPONDENTS	121	802	15	36	24	46	27	3	5				2	51	61	100	15	61	60
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q48 WORST SPECIALIST POSSIBLE	3 3%	7 0.9%	~	2 6%~	~	1 2%	1 4%~	~	~	~	~	~	~	3 5%	3 3%~	~	3 6%	~	
01	1 0.9%	4 0.5%	~	~	1 4%~	~	~	~	~	~	~	~	1 2%~	1 1%~	~	1 2%~	~		
02	1 0.9%	6 0.9%	~	1 3%~	~	~	~	~	~	~	~	~	1 2%~	1 1%~	~	1 2%~	~		
03	1 0.9%	5 0.6%	~	~	~	1 2%~	~	~	~	~	~	~	1 2%~	1 1%~	~	1 2%~	~		
04		6 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
05	4 4%	29 4%	1 7%~	~	~	3 7%~	1 4%~	~	1 25%~	~	~	~	~	2 4%~	2 3%	2 2%~	2 13%~	4 7%~	
06	3 3%	32 4%	~	~	2 9%~	1 2%~	2 8%~	~	~	~	~	~	~	1 2%~	2 3%	3 3%~	~	1 2%	2 3%
07	13 12%	59 8%	1 7%~	6 18%~	2 9%~	4 10%~	3 13%~	~	~	~	~	1 50%~	4 8%~	7 12%	10 11%~	2 13%~	6 11%	7 12%	
08	18 16%	116 16%	2 13%~	7 21%~	2 9%~	7 17%~	6 25%~	~	~	~	~	~	7 15%~	11 19%	16 17%~	2 13%~	8 15%	10 17%	
09	21 19%	143 20%	4 27%~	2 6%~	4 17%~	11 26%~	4 17%~	1 33%~	~	~	~	~	11 23%~	8 14%	16 17%~	4 27%~	7 13%	14 24%	
BEST SPECIALIST POSSIBLE	48 42%	312 43%	7 47%~	15 45%~	12 52%~	14 33%~	7 29%~	2 67%~	3 75%~	~	~	~	1 50%~	20 42%~	25 43%	40 43%~	5 33%~	26 48%	22 37%

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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
#8-10 (NET)	87 77%	570 80%	13 87%~	24 73%~	18 78%~	32 76%~	17 71%~	3 100%~	3 75%~			1 ~ 50%~	38 79%~	44 76%~	72 77%~	11 73%~	41 76%~	46 78%~
9-10 (NET)	69 61%	455 63%	11 73%~	17 52%~	16 70%~	25 60%~	11 46%~	3 100%~	3 75%~			1 ~ 50%~	31 65%~	33 57%~	56 60%~	9 60%~	33 61%~	36 61%~
NOT ANSWERED	2	7				2	1						1		1		2	
VALID CASES	113	717	15	33	23	42	24	3	4			2	48	58	93	15	54	59
NUMBER OF RESPONDENTS	115	724	15	33	23	44	25	3	4			2	49	58	94	15	56	59
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%
MEAN	8.39	8.55	8.93	8.12	8.65	8.26	8.00	9.67	8.75			8.50	8.44	8.29	8.34	8.40	8.17	8.59
p stat_(*=Sig @ p<=.05)	.360		~	~	~	~	~	~	~	~	~	~	~.640	~	~	~	.325	.324

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

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q49 YES	238 29%	1347 26%*	48 36%	59 29%	69 28%	62 26%	31 16%*	7 41%~	9 21%~	~	~	7 ~ 21%~	129 35%*	98 23%*	219 28%	12 32%~	184 28%	54 33%
NO	591 71%	3870 74%*	87 64%	148 71%	180 72%	176 74%	158 84%*	10 59%~	33 79%~	~	~	27 ~ 79%~	242 65%*	329 77%*	555 72%	25 68%~	483 72%	108 67%
NOT ANSWERED	80	421	15	19	21	25	1	1					8	4	11	2	77	3
VALID CASES	829	5217	135	207	249	238	189	17	42			34	371	427	774	37	667	162
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHER	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q50 NEVER	8 3%	45 3%	2 4%	2 3%	2 3%	2 3%	1 3%	~	~	~	~	~	1 14%	1 0.8%*	7 7%*	8 4%	3 2%	5 9%
SOMETIMES	38 16%	221 17%	5 10%	16 28%*	9 13%	8 13%	1 3%	1 14%	3 33%	~	~	~	1 14%	23 18%	13 13%	35 16%	3 25%	6 11%
USUALLY	72 31%	378 29%	16 33%	16 28%	21 31%	19 31%	12 39%	~	4 44%	~	~	~	~	40 32%	31 32%	66 31%	4 33%	18 30%
ALWAYS	117 50%	651 50%	25 52%	24 41%	36 53%	32 52%	17 55%	6 86%	2 22%	~	~	~	5 71%	62 49%	47 48%	107 50%	5 42%	25 46%
#ALWAYS + USUALLY (NET)	189 80%	1029 79%	41 85%	40 69%*	57 84%	51 84%	29 94%	6 86%	6 67%	~	~	~	5 71%	102 81%	78 80%	173 80%	9 75%	43 80%
TOP BOX SCORE	117 50%	651 50%	25 52%	24 41%	36 53%	32 52%	17 55%	6 86%	2 22%	~	~	~	5 71%	62 49%	47 48%	107 50%	5 42%	25 46%
NOT ANSWERED	3	28		1	1	1								3		3		3
VALID CASES	235	1295	48	58	68	61	31	7	9			7	126	98	216	12	181	54
NUMBER OF RESPONDENTS	238	1323	48	59	69	62	31	7	9			7	129	98	219	12	184	54
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD POOR	NO CCC	CCC	
Q51 NEVER	6 3%	23 2%	2 4%	1 2%	1 1%	2 3%	~	~	1 11%	~	~	~	1 14%	~	6 6%	6 3%	~	5 3%	1 2%
SOMETIMES	16 7%	90 7%	3 6%	7 12%	2 3%	4 7%	1 3%	~	~	~	~	~	2 29%	9 7%	6 6%	15 7%	1 8%	10 6%	6 11%
USUALLY	39 17%	268 21%*	7 15%	8 14%	13 19%	11 18%	4 13%	~	1 11%	~	~	~	~	24 19%	14 14%	37 17%	2 17%	31 17%	8 15%
ALWAYS	172 74%	903 70%	35 74%	42 72%	51 76%	44 72%	25 83%	7 100%	7 78%	~	~	~	4 57%	92 74%	71 73%	156 73%	9 75%	133 74%	39 72%
#ALWAYS + USUALLY (NET)	211 91%	1171 91%	42 89%	50 86%	64 96%*	55 90%	29 97%	7 100%	8 89%	~	~	~	4 57%	116 93%	85 88%	193 90%	11 92%	164 92%	47 87%
TOP BOX SCORE	172 74%	903 70%	35 74%	42 72%	51 76%	44 72%	25 83%	7 100%	7 78%	~	~	~	4 57%	92 74%	71 73%	156 73%	9 75%	133 74%	39 72%
NOT ANSWERED	5	39	1	1	2	1	1						4	1	5		5		
VALID CASES	233	1284	47	58	67	61	30	7	9			7	125	97	214	12	179	54	
NUMBER OF RESPONDENTS	238	1323	48	59	69	62	31	7	9			7	129	98	219	12	184	54	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q52 YES	314 39%	1805 35%*	54 41%	75 37%	101 41%	84 35%	53 28%*	1 6%~	13 32%~			13 ~ 38%~	154 42%*	148 35%*	286 38%	19 51%~	245 38%	69 43%
NO	500 61%	3343 65%*	77 59%	127 63%	143 59%	153 65%	135 72%*	15 94%~	28 68%~			21 ~ 62%~	210 58%*	272 65%*	473 62%	18 49%~	408 62%	92 57%
NOT ANSWERED	95	490	19	24	26	26	2	2	1				15	11	26	2	91	4
VALID CASES	814	5148	131	202	244	237	188	16	41			34	364	420	759	37	653	161
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV HAW/ IND/ PAC ALSK	AMER ILND NATV	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
PQ53 NEVER	21 3%	124 2%	3 2%	6 3%	10 4%	2 0.9%*	5 3%	~	~	~	~	~	2 6%~	12 3%	8 2%	19 3%	1 3%~	15 2%	6 4%
SOMETIMES	67 8%	397 8%	9 7%	18 9%	20 8%	20 9%	7 4%*	~	4 10%~	~	~	~	2 6%~	40 11%*	23 6%*	60 8%	6 16%~	53 8%	14 9%
USUALLY	100 12%	575 11%	19 15%	21 11%	30 13%	30 13%	16 9%*	~	6 15%~	~	~	~	6 18%~	45 13%	52 12%	91 12%	5 14%~	81 13%	19 12%
ALWAYS	614 77%	3983 78%	99 76%	154 77%	179 75%	182 78%	159 85%*100%~	16 100%~	30 75%~	~	~	~	24 71%~	258 73%*	335 80%*	577 77%	25 68%~	493 77%	121 76%
#ALWAYS + USUALLY (NET)	714 89%	4559 90%	118 91%	175 88%	209 87%	212 91%	175 94%*100%~	16 100%~	36 90%~	~	~	~	30 88%~	303 85%*	387 93%*	668 89%	30 81%~	574 89%	140 88%
TOP BOX SCORE	614 77%	3983 78%	99 76%	154 77%	179 75%	182 78%	159 85%*100%~	16 100%~	30 75%~	~	~	~	24 71%~	258 73%*	335 80%*	577 77%	25 68%~	493 77%	121 76%
NOT ANSWERED	107	559	20	27	31	29	3	2	2					24	13	38	2	102	5
VALID CASES	802	5079	130	199	239	234	187	16	40				34	355	418	747	37	642	160
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

[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?

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	IND/ NATV	MUL- OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q54 WORST HEALTH PLAN POSSIBLE	3 0.4%	17 0.3%	1 0.8%	1 0.5%	1 0.4%	1 ~0.5%	~	~	~	~	~	~	1 ~0.3%	2 0.5%	2 0.3%	1 3%	2 ~0.3%	1 0.6%	
01	1 0.1%	27 0.5%*	~	1 ~0.5%	~	~	~	~	~	~	~	~	1 ~0.2%	1 ~0.1%	~	1 ~0.2%	~		
02	5 0.6%	33 0.6%	1 0.8%	2 1%	2 0.8%	1 ~0.5%	~	~	~	~	~	~	1 ~0.3%	4 0.9%	5 0.7%*	2 ~0.3%	3 2%		
03	4 0.5%	44 0.9%	1 0.8%	~	2 0.8%	1 0.4%	2 1%	~	~	~	~	~	1 ~0.3%	3 0.7%	4 0.5%~	~	2 ~0.3%	2 1%	
04	5 0.6%	62 1%*	1 0.8%	~	4 2%	~	2 1%	~	~	~	~	~	2 ~0.5%	2 0.5%	4 0.5%	1 3%	2 ~0.3%	3 2%	
05	34 4%	275 5%*	2 2%*	10 5%	9 4%	13 6%	10 5%	2 12%~	2 5%~	~	~	~	1 3%~	9 2%*	21 5%	29 4%	3 8%~	18 3%*	16 10%*
06	22 3%	233 5%*	3 2%	6 3%	4 2%	9 4%	7 4%	1 6%~	1 3%~	~	~	~	~	5 1%*	16 4%*	20 3%	2 5%~	15 2%	7 4%
07	54 7%	496 10%*	4 3%*	12 6%	16 6%	22 9%	21 11%*	2 12%~	2 5%~	~	~	~	4 12%~	10 3%*	44 10%*	50 7%	4 10%~	40 6%	14 9%
08	138 17%	982 19%*	21 16%	39 19%	34 14%	44 19%	41 22%*	2 12%~	11 28%~	~	~	~	7 21%~	43 12%*	92 22%*	131 17%	6 15%~	116 18%	22 13%
09	169 21%	974 19%	28 21%	37 18%	59 24%	45 19%	31 17%	1 6%~	11 28%~	~	~	~	5 15%~	87 23%	78 18%	161 21%	7 18%~	136 21%	33 20%
BEST HEALTH PLAN POSSIBLE	387 47%	2033 39%*	71 53%	97 47%	117 47%	102 43%	69 37%*	9 53%~	12 31%~	~	~	~	15 45%~	214 57%*	159 38%*	361 47%	15 38%~	325 49%*	62 38%*
#8-10 (NET)	694 84%	3988 77%*	120 90%*	173 84%	210 85%	191 81%	141 76%*	12 71%~	34 87%~	~	~	~	27 82%~	344 92%*	329 78%*	653 85%	28 72%~	577 88%*	117 72%*

Continued

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	IAN	NATV ILND	AMER PAC ALSK	HAW/ IND/ NATV	MUL- OTHR	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
9-10 (NET)	556 68%	3007 58%*	99 74%	134 65%	176 71%	147 62%*	100 54%*	10 59%~	23 59%~				20 ~	301 81%*	237 56%*	522 68%	22 56%~	461 70%*	95 58%*
NOT ANSWERED	87	462	17	21	22	27	5	1	3				1	6	9	17		85	2
VALID CASES	822	5176	133	205	248	236	185	17	39				33	373	422	768	39	659	163
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%
MEAN	8.78	8.44	8.98	8.73	8.79	8.70	8.39	8.53	8.64				8.61	9.18	8.44	8.80	8.21	8.92	8.20
p stat_(*=Sig @ p<=.05)		.000*	.121	.636	.919	.344	.001*	~	~	~	~	~	~	~.000*	.000*	.250		~.000*	.000*

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q55 YES	314 38%	1994 38%	63 47%*	76 37%	82 33%	93 39%	76 40%	5 29%~	13 32%~	~	~	~	15 44%~	137 37%	167 39%	282 37%*	27 69%~	211 32%*	103 62%*
NO	512 62%	3218 62%	70 53%*	130 63%	164 67%	148 61%	112 60%	12 71%~	28 68%~	~	~	~	19 56%~	235 63%	258 61%	490 63%*	12 31%~	450 68%*	62 38%*
NOT ANSWERED	83	425	17	20	24	22	2	1	1					7	6	13		83	
VALID CASES	826	5213	133	206	246	241	188	17	41			34	372	425	772	39	661	165	
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHER	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q56 NEVER	7 2%	36 2%	1 2%	2 3%	1 1%	3 3%	1 1%	~	1 8%	~	~	2 13%	1 0.7%	5 3%	6 2%	1 4%	3 1%	4 4%
SOMETIMES	22 7%	176 9%	5 8%	5 7%	7 9%	5 5%	1 1%*	~	1 8%	~	~	3 20%	13 10%	9 5%	18 6%	4 15%	17 8%	5 5%
USUALLY	74 24%	474 24%	15 24%	15 21%	17 21%	27 29%	19 25%	1 20%	3 23%	~	~	2 13%	37 27%	31 19%*	66 24%	5 19%	45 22%	29 29%
ALWAYS	207 67%	1301 65%	42 67%	51 70%	56 69%	58 62%	54 72%	4 80%	8 62%	~	~	8 53%	85 62%	119 73%*	188 68%	17 63%	144 69%	63 62%
#ALWAYS + USUALLY (NET)	281 91%	1775 89%	57 90%	66 90%	73 90%	85 91%	73 97%*	5 100%	11 85%	~	~	10 67%	122 90%	150 91%	254 91%	22 81%	189 90%	92 91%
TOP BOX SCORE	207 67%	1301 65%	42 67%	51 70%	56 69%	58 62%	54 72%	4 80%	8 62%	~	~	8 53%	85 62%	119 73%*	188 68%	17 63%	144 69%	63 62%
NOT ANSWERED	4	29		3	1		1						1	3	4		2	2
VALID CASES	310	1988	63	73	81	93	75	5	13			15	136	164	278	27	209	101
NUMBER OF RESPONDENTS	314 100%	2017 100%	63 100%	76 100%	82 100%	93 100%	76 100%	5 100%	13 100%			15 100%	137 100%	167 100%	282 100%	27 100%	211 100%	103 100%

[ASKED IF Q55 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q57 #YES	207 67%	1177 60%*	46 77%	50 66%	54 68%	57 63%	48 63%	3 60%~	11 85%~				8 ~ 62%~	94 71%	107 65%	185 67%~	18 69%~	137 67%	70 69%
NO	100 33%	795 40%*	14 23%	26 34%	26 33%	34 37%	28 37%	2 40%~	2 15%~				5 ~ 38%~	38 29%	58 35%	91 33%~	8 31%~	68 33%	32 31%
NOT ANSWERED	7	45	3		2	2							2	5	2	6	1	6	1
VALID CASES	307	1972	60	76	80	91	76	5	13				13	132	165	276	26	205	102
NUMBER OF RESPONDENTS	314 100%	2017 100%	63 100%	76 100%	82 100%	93 100%	76 100%	5 100%	13 100%				15 100%	137 100%	167 100%	282 100%	27 100%	211 100%	103 100%

[ASKED IF Q55 = YES]

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER IAN	NATV HAW/ PAC	AMER IND/ ALSK	ILLND NATV	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57A YES	642 80%	4014 79%	74 57%*	172 87%*	203 85%*	193 82%	138 75%	15 94%~	34 89%~	~	~	~	27 82%~	301 84%*	318 76%*	598 80%	33 85%~	508 79%	134 82%
NO	160 20%	1085 21%	56 43%*	26 13%*	37 15%*	41 18%	46 25%	1 6%~	4 11%~	~	~	~	6 18%~	58 16%*	99 24%*	151 20%	6 15%~	131 21%	29 18%
NOT ANSWERED	107	539	20	28	30	29	6	2	4				1	20	14	36		105	2
VALID CASES	802	5099	130	198	240	234	184	16	38				33	359	417	749	39	639	163
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q57B NEVER	110 27%	667 28%	20 36%	23 23%	35 27%	32 28%	19 39%~	2 33%~	8 50%~	~	~	~	3 17%~	57 28%	50 27%	106 28%~	2 10%~	92 28%	18 24%
SOMETIMES	91 23%	484 20%	9 16%	21 21%	22 17%*	39 34%*	11 22%~	3 50%~	3 19%~	~	~	~	5 28%~	41 20%	48 26%	82 22%~	9 43%~	74 23%	17 23%
USUALLY	67 17%	468 20%	7 13%	23 23%	22 17%	15 13%	6 12%~	~	1 6%~	~	~	~	3 17%~	35 17%	29 16%	65 17%~	2 10%~	50 15%	17 23%
ALWAYS	134 33%	771 32%	19 35%	34 34%	51 39%	30 26%*	13 27%~	1 17%~	4 25%~	~	~	~	7 39%~	70 34%	60 32%	121 32%~	8 38%~	111 34%	23 31%
#ALWAYS + USUALLY (NET)	201 50%	1239 52%	26 47%	57 56%	73 56%	45 39%*	19 39%~	1 17%~	5 31%~	~	~	~	10 56%~	105 52%	89 48%	186 50%~	10 48%~	161 49%	40 53%
TOP BOX SCORE	134 33%	771 32%	19 35%	34 34%	51 39%	30 26%*	13 27%~	1 17%~	4 25%~	~	~	~	7 39%~	70 34%	60 32%	121 32%~	8 38%~	111 34%	23 31%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	410	2768	71	101	116	122	135	11	24				14	167	230	387	16	326	84
NOT ANSWERED	97	480	24	24	24	25	6	1	2				2	9	14	24	2	91	6
VALID CASES	402	2390	55	101	130	116	49	6	16				18	203	187	374	21	327	75
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER PAC ALSK	IND/ OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q57C YES	189 23%	1124 22%	32 24%	49 25%	54 22%	54 23%	30 16%*	3 19%~	5 12%~			4 ~ 13%~	92 25%	88 21%	173 23%~	11 29%~	138 21%*	51 32%*	
NO	618 77%	3960 78%	100 76%	148 75%	187 78%	183 77%	156 84%*	13 81%~	37 88%~			27 ~ 87%~	278 75%	331 79%	587 77%~	27 71%~	508 79%*	110 68%*	
NOT ANSWERED	102	553	18	29	29	26	4	2				3	9	12	25	1	98	4	
VALID CASES	807	5085	132	197	241	237	186	16	42			31	370	419	760	38	646	161	
NUMBER OF RESPONDENTS	909	5638	150	226	270	263	190	18	42			34	379	431	785	39	744	165	
	100%	100%	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?

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV LLND	AMER PAC ALSK	IND/ NATV	OTHR MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q57D #YES	154 82%	945 87%*	26 81%~	37 76%~	42 81%	49 91%*	28 93%~	2 67%~	4 80%~			4 ~100%~	70 78%	79 90%*	140 82%~	10 91%~	108 79%*	46 90%*
NO	33 18%	135 13%*	6 19%~	12 24%~	10 19%	5 9%*	2 7%~	1 33%~	1 20%~				20 22%	9 10%*	31 18%~	1 9%~	28 21%*	5 10%*
NOT ANSWERED	2	16			2								2		2		2	
VALID CASES	187	1081	32	49	52	54	30	3	5			4	90	88	171	11	136	51
NUMBER OF RESPONDENTS	189 100%	1097 100%	32 100%	49 100%	54 100%	54 100%	30 100%	3 100%	5 100%			4 100%	92 100%	88 100%	173 100%	11 100%	138 100%	51 100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AMER IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57E #YES	155 83%	905 84%	27 84%~	41 84%~	41 79%	46 85%	26 87%~	3 100%~	3 60%~	~	~	~	2 50%~	75 82%	77 87%	141 82%~	11 100%~	112 82%	43 84%
NO	32 17%	169 16%	5 16%~	8 16%~	11 21%	8 15%	4 13%~	2 ~	2 40%~	~	~	~	2 50%~	16 18%	11 13%	30 18%~	~	24 18%	8 16%
NOT ANSWERED	2	24			2									1		2		2	
VALID CASES	187	1073	32	49	52	54	30	3	5				4	91	88	171	11	136	51
NUMBER OF RESPONDENTS	189 100%	1097 100%	32 100%	49 100%	54 100%	54 100%	30 100%	3 100%	5 100%				4 100%	92 100%	88 100%	173 100%	11 100%	138 100%	51 100%

[ASKED IF Q57C = YES]

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

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD POOR	NO CCC	CCC	
Q57F NEVER	2 1%	20 2%	~	4%~	~	~	~	~	~	~	~	~	1 1%	~	2 1%~	~	2 1%	~	
SOMETIMES	20 11%	94 9%	4 13%~	3 6%~	7 13%	6 12%	1 3%~	1 33%~	1 20%~	~	~	~	2 50%~	12 13%	7 8%	18 11%~	2 18%~	13 10%	7 14%
USUALLY	42 23%	257 24%	9 28%~	7 14%~	11 21%	15 29%	7 23%~	~	~	~	~	~	~	24 26%	13 15%*	35 20%~	5 45%~	34 25%	8 16%
ALWAYS	121 65%	704 66%	19 59%~	37 76%~	35 66%	30 59%	22 73%~	2 67%~	4 80%~	~	~	~	2 50%~	54 59%	67 77%*	116 68%~	4 36%~	85 63%	36 71%
#ALWAYS + USUALLY (NET)	163 88%	960 89%	28 88%~	44 90%~	46 87%	45 88%	29 97%~	2 67%~	4 80%~	~	~	~	2 50%~	78 86%	80 92%	151 88%~	9 82%~	119 89%	44 86%
TOP BOX SCORE	121 65%	704 66%	19 59%~	37 76%~	35 66%	30 59%	22 73%~	2 67%~	4 80%~	~	~	~	2 50%~	54 59%	67 77%*	116 68%~	4 36%~	85 63%	36 71%
NOT ANSWERED	4	23			1	3							1	1	2		4		
VALID CASES	185	1074	32	49	53	51	30	3	5			4	91	87	171	11	134	51	
NUMBER OF RESPONDENTS	189	1097	32	49	54	54	30	3	5			4	92	88	173	11	138	51	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV ILND	AMER PAC ALSK NATV	OTH#	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q57G NEVER	9 5%	53 5%		5 ~ 10%	1 2%	3 6%	1 3%	~	~	~	~	~	5 5%	3 3%	8 5%	~	8 6%	1 2%
SOMETIMES	29 16%	120 11%*	8 25%	6 12%	10 19%	5 10%	3 10%	1 33%	1 20%	~	~	2 50%	16 18%	11 13%	26 15%	3 27%	20 15%	9 18%
USUALLY	34 18%	238 22%	5 16%	7 14%	10 19%	12 23%	~	1 33%	2 40%	~	~	~	24 26%*	9 10%*	30 17%	3 27%	28 21%	6 12%
ALWAYS	113 61%	662 62%	19 59%	31 63%	31 60%	32 62%	26 87%	1 33%	2 40%	~	~	2 50%	46 51%*	65 74%*	108 63%	5 45%	78 58%	35 69%
#ALWAYS + USUALLY (NET)	147 79%	901 84%	24 75%	38 78%	41 79%	44 85%	26 87%	2 67%	4 80%	~	~	2 50%	70 77%	74 84%	138 80%	8 73%	106 79%	41 80%
TOP BOX SCORE	113 61%	662 62%	19 59%	31 63%	31 60%	32 62%	26 87%	1 33%	2 40%	~	~	2 50%	46 51%*	65 74%*	108 63%	5 45%	78 58%	35 69%
NOT ANSWERED	4	23			2	2							1		1		4	
VALID CASES	185	1074	32	49	52	52	30	3	5			4	91	88	172	11	134	51
NUMBER OF RESPONDENTS	189 100%	1097 100%	32 100%	49 100%	54 100%	54 100%	30 100%	3 100%	5 100%			4 100%	92 100%	88 100%	173 100%	11 100%	138 100%	51 100%

[ASKED IF Q57C = YES]

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

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD POOR	NO CCC	CCC
Q57H NEVER	3 2%	23 2%	1 3%	1 2%	1 ~	1 2%	~	~	~	~	~	~	2 2%	3 2%	3 2%	3 2%	~	~
SOMETIMES	20 11%	97 9%	5 16%	4 8%	5 10%	6 12%	2 7%	1 ~	1 20%	~	~	2 50%	11 12%	8 9%	19 11%	1 9%	13 10%	7 14%
USUALLY	38 21%	214 20%	5 16%	10 20%	13 25%	10 19%	1 3%	1 ~	1 20%	~	~	~	29 32%*	8 9%	33 19%	5 45%	33 25%*	5 10%*
ALWAYS	123 67%	741 69%	20 65%	34 69%	34 65%	35 67%	26 90%	3 100%	3 60%	~	~	2 50%	49 54%*	71 82%*	116 68%	5 45%	84 63%	39 76%
#ALWAYS + USUALLY (NET)	161 88%	955 89%	25 81%	44 90%	47 90%	45 87%	27 93%	3 100%	4 80%	~	~	2 50%	78 86%	79 91%	149 87%	10 91%	117 88%	44 86%
TOP BOX SCORE	123 67%	741 69%	20 65%	34 69%	34 65%	35 67%	26 90%	3 100%	3 60%	~	~	2 50%	49 54%*	71 82%*	116 68%	5 45%	84 63%	39 76%
NOT ANSWERED	5	23	1		2	2	1						1	1	2		5	
VALID CASES	184	1074	31	49	52	52	29	3	5			4	91	87	171	11	133	51
NUMBER OF RESPONDENTS	189	1097	32	49	54	54	30	3	5			4	92	88	173	11	138	51
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV ILND	AMER ALSK NATV	OTH#	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC	
Q58																			
EXCELLENT	346 42%	2143 41%	62 46%	93 46%	102 41%	89 37%	89 47%	7 39%~	12 29%~	~	~	~	12 39%~	147 39%	193 45%	346 44%~	~	306 46%*	40 24%*
VERY GOOD	288 35%	1856 36%	45 33%	72 35%	88 36%	83 35%	78 41%*	6 33%~	19 46%~	~	~	~	12 39%~	112 30%*	167 39%*	288 37%~	~	223 34%	65 39%
GOOD	151 18%	944 18%	24 18%	30 15%	50 20%	47 20%	17 9%*	4 22%~	8 20%~	~	~	~	7 23%~	92 25%*	55 13%*	151 19%~	~	113 17%	38 23%
FAIR	37 4%	237 5%	4 3%	9 4%	6 2%*	18 8%*	4 2%*	1 6%~	1 2%~	~	~	~	~	23 6%*	13 3%*	~	37 95%~	17 3%*	20 12%*
POOR	2 0.2%	15 0.3%	1 0.7%	~	~	1 ~0.4%	~	~	1 2%~	~	~	~	~	1 ~0.3%	1 0.2%	~	2 5%~	~	2 1%
#EXCELLENT + VERY GOOD + GOOD (NET)	785 95%	4943 95%	131 96%	195 96%	240 98%*	219 92%*	184 98%*	17 94%~	39 95%~	~	~	~	31 ~100%	351 94%*	415 97%*	785 100%~	~	642 97%*	143 87%*
NOT ANSWERED	85	443	14	22	24	25	2	1				3	4	2				85	
VALID CASES	824	5195	136	204	246	238	188	18	41			31	375	429	785	39	659	165	
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q59																		
EXCELLENT	371 45%	2231 43%	80 59%*	96 47%	109 45%	86 36%*	86 46%	8 47%~	16 39%~	~	~	9 29%~	182 48%	182 43%	362 47%~	7 18%~	343 52%*	28 17%*
VERY GOOD	231 28%	1483 29%	34 25%	63 31%	70 29%	64 27%	56 30%	5 29%~	18 44%~	~	~	11 35%~	94 25%	133 31%*	226 29%~	3 8%~	197 30%*	34 21%*
GOOD	162 20%	1030 20%	18 13%*	40 19%	48 20%	56 24%	34 18%	2 12%~	2 5%~	~	~	9 29%~	77 20%	78 18%	146 19%~	14 36%~	99 15%*	63 39%*
FAIR	55 7%	368 7%	3 2%*	6 3%*	15 6%	31 13%*	11 6%	2 12%~	5 12%~	~	~	2 6%~	23 6%	31 7%	41 5%~	14 36%~	20 3%*	35 21%*
POOR	3 0.4%	70 1%*	~	1 0.5%	1 0.4%	1 0.4%	1 0.5%	~	~	~	~	~	1 0.3%	2 0.5%	2 0.3%~	1 3%~	~	3 2%
#EXCELLENT + VERY GOOD + GOOD (NET)	764 93%	4745 92%	132 98%*	199 97%*	227 93%	206 87%*	176 94%	15 88%~	36 88%~	~	~	29 94%~	353 94%	393 92%	734 94%~	24 62%~	639 97%*	125 77%*
NOT ANSWERED	87	455	15	20	27	25	2	1	1			3	2	5	8		85	2
VALID CASES	822	5183	135	206	243	238	188	17	41			31	377	426	777	39	659	163
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q60 YES	159 19%	1055 20%	18 14%*	37 18%	42 17%	62 26%*	48 26%*	5 29%~	5 12%~	~	~	6 ~ 19%~	59 16%*	95 22%*	139 18%~	19 49%~	61 9%*	98 59%*
NO	665 81%	4144 80%	115 86%*	169 82%	203 83%	178 74%*	140 74%*	12 71%~	37 88%~	~	~	25 ~ 81%~	316 84%*	335 78%*	640 82%~	20 51%~	598 91%*	67 41%*
NOT ANSWERED	85	439	17	20	25	23	2	1				3	4	1	6		85	
VALID CASES	824	5199	133	206	245	240	188	17	42			31	375	430	779	39	659	165
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	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		
Q61 YES	112 71%	796 77%*	11 61%~	28 76%~	29 69%~	44 72%	36 75%~	3 60%~	3 60%~	~	~	~	3 50%~	37 64%	70 74%	99 72%~	13 68%~	17 28%*	95 97%*
NO	46 29%	235 23%*	7 39%~	9 24%~	13 31%~	17 28%	12 25%~	2 40%~	2 40%~	~	~	~	3 50%~	21 36%	25 26%	39 28%~	6 32%~	43 72%*	3 3%*
NOT ANSWERED	1	22				1							1			1		1	
VALID CASES	158	1030	18	37	42	61	48	5	5			6	58	95	138	19	60	98	
NUMBER OF RESPONDENTS	159	1052	18	37	42	62	48	5	5			6	59	95	139	19	61	98	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES]

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q62 YES	93	716	8	20	25	40	31	3	2			1	30	60	81	12	93
	87%	91%	89%~	74%~	86%~	95%~	89%~	100%~	67%~	~	~	~ 33%~	86%~	88%~	85%~	100%~	~ 99%~
NO	14	75	1	7	4	2	4		1			2	5	8	14		13
	13%	9%	11%~	26%~	14%~	5%~	11%~		~ 33%~	~	~	~ 67%~	14%~	12%~	15%~	~	100%~
NOT ANSWERED	5	15	2	1		2	1						2	2	4	1	4
VALID CASES	107	791	9	27	29	42	35	3	3			3	35	68	95	12	13
NUMBER OF RESPONDENTS	112	806	11	28	29	44	36	3	3			3	37	70	99	13	17
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES AND Q61 = YES]

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS-	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q63 YES	107 13%	788 15%*	15 11%	26 13%	28 11%	38 16%	25 13%	2 12%~	2 5%~				5 ~ 16%~	42 11%	62 14%	93 12%~	14 37%~	20 3%*	87 54%*
NO	712 87%	4394 85%*	120 89%	178 87%	217 89%	197 84%	163 87%	14 88%~	40 95%~				26 ~ 84%~	333 89%	366 86%	682 88%~	24 63%~	637 97%*	75 46%*
NOT ANSWERED	90	456	15	22	25	28	2	2					3	4	3	10	1	87	3
VALID CASES	819	5182	135	204	245	235	188	16	42				31	375	428	775	38	657	162
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q64 YES	88 83%	637 85%	11 73%~	21 81%~	25 89%~	31 84%~	23 92%~	2 100%~	2 100%~	~	~	~100%~	5 68%~	28 92%~	57 84%~	77 79%~	11 26%~	5 95%~	83
NO	18 17%	110 15%	4 27%~	5 19%~	3 11%~	6 16%~	2 8%~	~	~	~	~	~	~	13 32%~	5 8%~	15 16%~	3 21%~	14 74%~	4 5%~
NOT ANSWERED	1	19				1								1		1		1	
VALID CASES	106	747	15	26	28	37	25	2	2			5	41	62	92	14	19	87	
NUMBER OF RESPONDENTS	107	766	15	26	28	38	25	2	2			5	42	62	93	14	20	87	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q63 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q65 YES	79 93%	591 96%	8 80%~	20 95%~	22 92%~	29 97%~	23 100%~	2 100%~	2 100%~	~	~	~100%~	4 89%~	24 96%~	53 93%~	69 91%~	10 91%~	79 ~96%~	
NO	6 7%	26 4%	2 20%~	1 5%~	2 8%~	1 3%~	~	~	~	~	~	~	~	3 11%~	2 4%~	5 7%~	1 9%~	3 100%~	3 4%~
NOT ANSWERED	3	7	1		1	1						1	1	2	3			2	1
VALID CASES	85	617	10	21	24	30	23	2	2			4	27	55	74	11	3	82	
NUMBER OF RESPONDENTS	88	624	11	21	25	31	23	2	2			5	28	57	77	11	5	83	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES AND Q64 = YES]

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q66 YES	102 12%	639 12%	15 11%	20 10%	33 14%	34 14%	23 12%	3 19%~	3 7%~				3 ~ 10%~	38 10%	60 14%	85 11%~	16 42%~	39 6%*	63 39%*
NO	716 88%	4546 88%	120 89%	182 90%	211 86%	203 86%	165 88%	13 81%~	39 93%~				28 ~ 90%~	335 90%	368 86%	689 89%~	22 58%~	616 94%*	100 61%*
NOT ANSWERED	91	453	15	24	26	26	2	2					3	6	3	11	1	89	2
VALID CASES	818	5185	135	202	244	237	188	16	42				31	373	428	774	38	655	163
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER IND/ PAC ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q67 YES	61 64%	445 77%*	5 36%~	12 67%~	21 66%~	23 72%~	19 83%~	2 100%~	1 50%~	~	~	2 67%~	13 37%~	44 77%~	48 59%~	12 86%~	6 17%~	55 92%~
NO	35 36%	136 23%*	9 64%~	6 33%~	11 34%~	9 28%~	4 17%~	1 50%~	~	~	~	1 33%~	22 63%~	13 23%~	33 41%~	2 14%~	30 83%~	5 8%~
NOT ANSWERED	6	22	1	2	1	2	1	1					3	3	4	2	3	3
VALID CASES	96	582	14	18	32	32	23	2	2			3	35	57	81	14	36	60
NUMBER OF RESPONDENTS	102 100%	604 100%	15 100%	20 100%	33 100%	34 100%	23 100%	3 100%	3 100%			3 100%	38 100%	60 100%	85 100%	16 100%	39 100%	63 100%

[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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q68 YES	55 93%	427 96%	5 100%	11 100%	19 90%	20 91%	19 100%	1 50%	1 100%	~	~	2 100%	12 92%	41 93%	44 94%	11 92%	55 100%	
NO	4 7%	17 4%	~	~	10% 9%	2 9%	1 50%	~	~	~	~	~	1 8%	3 7%	3 6%	1 8%	4 100%	
NOT ANSWERED	2	6		1	1										1		2	
VALID CASES	59	444	5	11	21	22	19	2	1			2	13	44	47	12	4	55
NUMBER OF RESPONDENTS	61 100%	450 100%	5 100%	12 100%	21 100%	23 100%	19 100%	2 100%	1 100%			2 100%	13 100%	44 100%	48 100%	12 100%	6 100%	55 100%

[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		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	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		
Q69 YES	79 10%	531 10%	13 10%	28 14%*	21 9%	17 7%	13 7%	3 19%~	3 7%~	~	~	~	2 6%~	36 10%	39 9%	70 9%~	9 24%~	22 3%*	57 35%*
NO	739 90%	4648 90%	122 90%	176 86%*	224 91%	217 93%	174 93%	13 81%~	39 93%~	~	~	~	29 94%~	341 90%	386 91%	704 91%~	29 76%~	634 97%*	105 65%*
NOT ANSWERED	91	459	15	22	25	29	3	2				3	2	6	11	1	88	3	
VALID CASES	818	5179	135	204	245	234	187	16	42			31	377	425	774	38	656	162	
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%	

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q70 YES	47 60%	336 68%	6 46%~	14 50%~	16 76%~	11 69%~	9 69%~	2 67%~	1 33%~	~	~	2 ~100%~	16 46%~	27 69%~	41 59%~	6 75%~	1 5%~	46 82%~
NO	31 40%	157 32%	7 54%~	14 50%~	5 24%~	5 31%~	4 31%~	1 33%~	2 67%~	~	~	~	19 54%~	12 31%~	29 41%~	2 25%~	21 95%~	10 18%~
NOT ANSWERED	1	8				1							1			1		1
VALID CASES	78	493	13	28	21	16	13	3	3			2	35	39	70	8	22	56
NUMBER OF RESPONDENTS	79	501	13	28	21	17	13	3	3			2	36	39	70	9	22	57
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q69 = YES]

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q71 YES	44	293	6	14	14	10	9	2	1			2	14	26	39	5		44
	94%	92%	100%	100%	88%	91%	100%	100%	100%	~	~	100%	88%	96%	95%	83%	~	96%
NO	3	24			2	1							2	1	2	1	1	2
	6%	8%	~	~	12%	9%	~	~	~	~	~	~	12%	4%	5%	17%	100%	4%
NOT ANSWERED		3																
VALID CASES	47	317	6	14	16	11	9	2	1			2	16	27	41	6	1	46
NUMBER OF RESPONDENTS	47	320	6	14	16	11	9	2	1			2	16	27	41	6	1	46
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q69 = YES AND Q70 = YES]

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV LLND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q72 YES	94 11%	736 14%*	7 5%*	19 9%	28 11%	40 17%*	30 16%*	3 19%~	1 2%~	~	~	~	3 10%~	25 7%*	67 16%*	84 11%~	10 26%~	5 0.8%*	89 55%*
NO	728 89%	4444 86%*	127 95%*	185 91%	217 89%	199 83%*	158 84%*	13 81%~	41 98%~	~	~	~	28 90%~	353 93%*	362 84%*	694 89%~	28 74%~	655 99%*	73 45%*
NOT ANSWERED	87	458	16	22	25	24	2	2				3	1	2	7	1	84	3	
VALID CASES	822	5180	134	204	245	239	188	16	42			31	378	429	778	38	660	162	
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%	

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

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q73 YES	89	628	6	18	26	39	29	3	1			3	23	64	79	10	89		
	95%	90%*	86%~	95%~	93%~	98%~	97%~	100%~	100%~	~	~	~100%~	92%~	96%~	94%~	100%~	~100%~		
NO	5	72	1	1	2	1	1						2	3	5		5		
	5%	10%*	14%~	5%~	7%~	2%~	3%~	~	~	~	~	~	8%~	4%~	6%~	~100%~	~		
NOT ANSWERED		16																	
VALID CASES	94	700	7	19	28	40	30	3	1			3	25	67	84	10	5	89	
NUMBER OF RESPONDENTS	94	716	7	19	28	40	30	3	1			3	25	67	84	10	5	89	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q72 = YES]

NQ74 WHAT IS YOUR CHILD'S AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ74																		
3 YEARS OLD OR LESS	150 17%	971 17%	150 100%~	~	~	~	32 17%	1 6%~	4 10%~	~	~	1 3%~	63 17%	68 16%	131 17%	5 13%~	135 18%*	15 9%*
4 TO 7 YEARS OLD	226 25%	1380 24%	~100%~	226 ~	~	~	46 24%	2 11%~	10 24%~	~	~	8 24%~	96 25%	105 24%	195 25%	9 23%~	184 25%	42 25%
8 TO 12 YEARS OLD	270 30%	1689 30%	~	~	270 ~100%~	~	53 28%	7 39%~	11 26%~	~	~	13 38%~	118 31%	123 29%	240 31%	6 15%~	227 31%	43 26%
13 OR OLDER	263 29%	1597 28%	~	~	263 ~100%~	~	59 31%	8 44%~	17 40%~	~	~	12 35%~	102 27%	135 31%	219 28%	19 49%~	198 27%*	65 39%*
VALID CASES	909	5638	150	226	270	263	190	18	42			34	379	431	785	39	744	165
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			100%	100%	100%	100%	100%	100%	100%

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

NQ75 IS YOUR CHILD MALE OR FEMALE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ75 MALE	489 54%	2948 52%	74 49%	132 58%	135 50%	148 56%	111 58%	9 50%	22 52%	~	~	~	19 56%	194 51%	233 54%	411 52%*	24 62%~	391 53%	98 59%
FEMALE	420 46%	2690 48%	76 51%	94 42%	135 50%	115 44%	79 42%	9 50%	20 48%	~	~	~	15 44%	185 49%	198 46%	374 48%*	15 38%~	353 47%	67 41%
VALID CASES	909	5638	150	226	270	263	190	18	42			34	379	431	785	39	744	165	
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%	

[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			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q76																				
HISPANIC OR LATINO	379 47%	2037 40%*	63 48%	96 48%	118 49%	102 43%	~	~	~	~	~	~	~	~	379 ~100%	351 ~46%	24 63%	327 50%*	52 33%*	
NOT HISPANIC OR LATINO	431 53%	3094 60%*	68 52%	105 52%	123 51%	135 57%	188 100%	15 100%	42 100%	~	~	30 ~100%	~	~	431 ~100%	415 54%	14 37%	325 50%*	106 67%*	
NOT ANSWERED	99	507	19	25	29	26	2	3				4			19	1	92	7		
VALID CASES	810	5131	131	201	241	237	188	15	42			30			379	431	766	38	652	158
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%			379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

		AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q77.1	HTS TOT CHLD	OHP TOT CHLD				190					32	99	216	310	6	250	71		
YES	35%	45%*	35%	35%	36%	100%~	~	~	~	~	94%~	26%*	50%*	39%*	15%~	34%*	43%*		
NO	65%	55%*	65%	65%	64%	~100%	~100%	~	~	~	6%~	74%*	50%*	61%*	85%~	66%*	57%*		
VALID CASES	909	5638	150	226	270	263	190	18	42		34	379	431	785	39	744	165		
NUMBER OF RESPONDENTS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

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

		AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	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			
Q77.2	HTS TOT CHLD																		
YES	34 4%	139 2%*	3 2%	5 2%	12 4%	14 5%	18 ~100%	~	~	~	11 ~ 32%	5 1%*	24 6%*	31 4%	1 3%	25 3%	9 5%		
NO	875 96%	5499 98%*	147 98%	221 98%	258 96%	249 95%	190 100%	42 ~100%	~	~	23 ~ 68%	374 99%*	407 94%*	754 96%	38 97%	719 97%	156 95%		
VALID CASES	909	5638	150	226	270	263	190	18	42		34	379	431	785	39	744	165		
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%		34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%		

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-	AS- IAN	NATV ILND ##	AMER NATV ##	IND/ PAC ALSK OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q77.3																	
YES	HTS TOT CHLD 51 6%	OHP TOT CHLD 186 3%*	4 3%*	14 6%	13 5%	20 8%	42 ~	9 ~	26% ~	50 ~	12% ~	47 6%	2 5%~	48 6%*	3 2%*		
NO	858 94%	5452 97%*	146 97%*	212 94%	257 95%	243 92%	190 100%~	18 100%~	~ ~	25 ~	74% ~	379 100%~	381 88%*	738 94%	37 95%~	696 94%*	162 98%*
VALID CASES	909	5638	150	226	270	263	190	18	42	34	379	431	785	39	744	165	
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%	34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%	

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-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q77.4	HTS TOT CHLD																		
YES	5 0.6%	61 1%*	1 ~0.4%	1 0.4%	3 1%	~	~	~	~	~	3 9%	~	5 1%*	5 0.6%*	~	4 0.5%	1 0.6%		
NO	904 99%	5577 99%*	150 100%	225 100%	269 100%	260 99%	190 100%	18 100%	42 100%	~	~	~	31 91%	379 100%	426 99%*	780 99%*	39 100%	740 99%	164 99%
VALID CASES	909	5638	150	226	270	263	190	18	42				34	379	431	785	39	744	165
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%				34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.5	HTS TOT CHLD	OHP TOT CHLD																
YES	13 1%	168 3%*	1 0.7%	2 0.9%	7 3%	3 1%	~	~	~	~	~	7 21%	3 0.8%	9 2%	13 2%*	~	8 1%	5 3%
NO	896 99%	5470 97%*	149 99%	224 99%	263 97%	260 99%	190 100%	18 100%	42 100%	~	~	27 79%	376 99%	422 98%	772 98%*	39 100%	736 99%	160 97%
VALID CASES	909	5638	150	226	270	263	190	18	42			34	379	431	785	39	744	165
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER NATV ##	IND/ PAC ALSK OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC	
Q77.6	HTS TOT CHLD																	
YES	83 9%	486 9%	9 6%	14 6%*	37 14%*	23 9%	~	~	~	~	~	16 47%~	61 16%*	17 4%*	77 10%*	2 5%~	70 9%	13 8%
NO	826 91%	5152 91%	141 94%	212 94%*	233 86%*	240 91%	190 100%~	18 100%~	42 100%~	~	~	18 53%~	318 84%*	414 96%*	708 90%*	37 95%~	674 91%	152 92%
VALID CASES	909	5638	150	226	270	263	190	18	42			34	379	431	785	39	744	165
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%

Q78 WHAT IS YOUR AGE?

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR WHTE	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	
Q78 UNDER 18	25 3%	196 4%	5 4%	4 2%	7 3%	9 4%	10 5%	1 6%	4 10%	~	~	~	~	10 3%	14 3%	23 3%	1 3%	19 3%	6 4%
18 TO 24	25 3%	176 3%	13 10%*	8 4%	~	2 2%	7 4%	1 6%	~	~	~	~	~	12 3%	13 3%	23 3%	2 5%	19 3%	6 4%
25 TO 34	248 30%	1691 33%	64 47%*	84 41%*	76 31%	24 10%*	38 20%*	2 11%	8 19%	~	~	~	9 26%	133 35%*	109 26%*	234 30%	13 34%	213 32%*	35 22%*
35 TO 44	363 44%	2049 40%*	51 38%	94 46%	107 43%	111 47%	80 42%	9 50%	17 40%	~	~	~	11 32%	177 47%	176 41%	346 45%	10 26%	293 44%	70 43%
45 TO 54	115 14%	738 14%	2 1%*	11 5%*	37 15%	65 27%*	36 19%*	4 22%	10 24%	~	~	~	9 26%	35 9%*	77 18%*	103 13%	10 26%	89 13%	26 16%
55 TO 64	36 4%	229 4%	1 0.7%*	2 1%*	15 6%	18 8%*	14 7%	~	2 5%	~	~	~	3 9%	7 2%*	27 6%*	34 4%	2 5%	26 4%	10 6%
65 TO 74	12 1%	87 2%	~	2 1%	4 2%	6 3%	2 1%	1 6%	1 2%	~	~	~	2 6%	3 0.8%	9 2%	12 2%*	~	4 0.6%*	8 5%*
75 OR OLDER	2 0.2%	15 0.3%	~	1 0.5%	~	1 0.4%	2 1%	~	~	~	~	~	~	~	1 0.2%	1 0.1%	~	1 0.2%	1 0.6%
NOT ANSWERED	83	457	14	20	24	25	1							2	5	9	1	80	3
VALID CASES	826	5181	136	206	246	238	189	18	42				34	377	426	776	38	664	162
NUMBER OF RESPONDENTS	909	5638	150	226	270	263	190	18	42				34	379	431	785	39	744	165
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

Q79 ARE YOU MALE OR FEMALE?

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q79																			
MALE	120 15%	711 14%	14 10%	24 12%	39 16%	43 18%	22 12%	4 22%~	13 31%~	~	~	6 ~ 18%~	45 12%	74 17%*	114 15%~	4 11%~	106 16%*	14 9%*	
FEMALE	707 85%	4484 86%	122 90%	181 88%	210 84%	194 82%	168 88%	14 78%~	29 69%~	~	~	28 ~ 82%~	332 88%	354 83%*	664 85%~	34 89%~	559 84%*	148 91%*	
NOT ANSWERED	82	443	14	21	21	26							2	3	7	1	79	3	
VALID CASES	827	5195	136	205	249	237	190	18	42			34	377	428	778	38	665	162	
NUMBER OF RESPONDENTS	909 100%	5638 100%	150 100%	226 100%	270 100%	263 100%	190 100%	18 100%	42 100%			34 100%	379 100%	431 100%	785 100%	39 100%	744 100%	165 100%	

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR WHTE	AFR- AMER	AS- IAN	NATV ILND	AMER PAC ALSK	IND/ NATV	MUL- OTHR	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q80																			
8TH GRADE OR LESS	132 16%	593 12%*	15 11%	31 15%	49 20%	37 16%	2 1%*	3 17%~	4 10%~				1 3%~	118 32%*	12 3%*	118 15%~	11 30%~	117 18%*	15 9%*
SOME HIGH SCHOOL BUT DID NOT GRADUATE	101 12%	565 11%	14 10%	21 10%	30 12%	36 15%	7 4%*	3 17%~	5 12%~				2 6%~	69 19%*	29 7%*	97 13%~	2 5%~	88 13%*	13 8%*
HIGH SCHOOL GRADUATE OR GED	223 27%	1483 29%	44 33%	63 31%	52 21%*	64 27%	44 23%	5 28%~	10 24%~				9 26%~	115 31%*	101 24%*	211 27%~	9 24%~	187 28%	36 22%
SOME COLLEGE OR 2-YEAR DEGREE	224 27%	1722 33%*	41 31%	46 22%	72 29%	65 27%	83 44%*	4 22%~	10 24%~				11 32%~	48 13%*	168 39%*	216 28%~	6 16%~	159 24%*	65 40%*
4-YEAR COLLEGE GRADUATE	89 11%	491 10%	12 9%	30 15%	26 11%	21 9%	34 18%*		10 ~ 24%~				8 24%~	11 3%*	75 18%*	85 11%~	2 5%~	68 10%	21 13%
MORE THAN 4-YEAR COLLEGE DEGREE	53 6%	290 6%	8 6%	14 7%	16 7%	15 6%	20 11%*	3 17%~	3 7%~				3 9%~	11 3%*	42 10%*	46 6%~	7 19%~	42 6%	11 7%
NOT ANSWERED	87	495	16	21	25	25								7	4	12	2	83	4
VALID CASES	822	5143	134	205	245	238	190	18	42				34	372	427	773	37	661	161
NUMBER OF RESPONDENTS	909	5638	150	226	270	263	190	18	42				34	379	431	785	39	744	165
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

Q81 HOW ARE YOU RELATED TO THE CHILD?

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER				
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER NATV	IND/ PAC	ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q81																				
MOTHER OR FATHER	786 96%	4883 95%*	134 99%*	199 98%	232 95%	221 94%	173 93%*	17 94%~	42 100%~	~	~	~	~	33 ~100%~	369 98%*	398 95%*	740 96%~	35 95%~	644 97%*	142 91%*
GRANDPARENT	20 2%	145 3%	~	3 1%	7 3%	10 4%	9 5%	~	~	~	~	~	~	~	3 ~0.8%*	15 4%*	18 2%~	1 3%~	13 2%	7 4%
AUNT OR UNCLE		13 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OLDER BROTHER OR SISTER	2 0.2%	12 0.2%	~	1 ~0.5%	~	1 ~0.4%	1 0.5%	~	~	~	~	~	~	~	1 ~0.3%	1 0.2%	2 0.3%~	~	1 ~0.2%	1 0.6%
OTHER RELATIVE		4 0.1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
LEGAL GUARDIAN	7 0.9%	51 1%	~	1 ~0.5%	5 2%	1 0.4%	3 2%	1 6%~	~	~	~	~	~	~	2 ~0.5%	5 1%	7 0.9%~	~	4 ~0.6%	3 2%
SOMEONE ELSE	3 0.4%	36 0.7%	1 0.7%	~	~	2 ~0.9%	~	~	~	~	~	~	~	~	1 ~0.3%	1 0.2%	2 0.3%~	1 3%~	~	3 2%~
NOT ANSWERED	91	494	15	22	26	28	4						1	3	11	16	2	82	9	
VALID CASES	818	5144	135	204	244	235	186	18	42				33	376	420	769	37	662	156	
NUMBER OF RESPONDENTS	909	5638	150	226	270	263	190	18	42				34	379	431	785	39	744	165	
	100%	100%	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	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q82 YES	32 7%	143 4%*	4 5%	5 4%	9 6%	14 10%	8 4%	3 17%~	5 12%~	~	~	~	15 8%	16 6%	30 7%~	2 12%~	27 7%	5 5%	
NO	454 93%	3143 96%*	69 95%	115 96%	139 94%	131 90%	181 96%	15 83%~	37 88%~	~	~	21 ~100%~	180 92%	258 94%	427 93%~	15 88%~	365 93%	89 95%	
NOT ANSWERED	8	43		3	2	3	1						4	3	7		8		
VALID CASES	486	3286	73	120	148	145	189	18	42			21	195	274	457	17	392	94	
NUMBER OF RESPONDENTS	494 100%	3329 100%	73 100%	123 100%	150 100%	148 100%	190 100%	18 100%	42 100%			21 100%	199 100%	277 100%	464 100%	17 100%	400 100%	94 100%	

[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	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q83.1	HTS TOT CHLD																	
YES	9 28%	56 41%	1 25%	2 40%	2 22%	4 29%	2 25%	1 33%	2 40%	~	~	~	3 20%	5 31%	9 30%	9 33%	~	
NO	23 72%	79 59%	3 75%	3 60%	7 78%	10 71%	6 75%	2 67%	3 60%	~	~	~	12 80%	11 69%	21 70%	2 100%	18 67%	5 100%
VALID CASES	32	135	4	5	9	14	8	3	5				15	16	30	2	27	5
NUMBER OF RESPONDENTS	32 100%	135 100%	4 100%	5 100%	9 100%	14 100%	8 100%	3 100%	5 100%				15 100%	16 100%	30 100%	2 100%	27 100%	5 100%

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

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q83.2	HTS TOT CHLD																	
YES	8 25%	44 32%	1 25%	2 ~	5 36%	3 38%	1 33%	2 40%	~	~	~	2 13%	6 37%	8 27%	7 26%	1 20%		
NO	24 75%	91 68%	3 75%	5 100%	7 78%	9 64%	5 63%	2 67%	3 60%	~	~	13 87%	10 63%	22 73%	2 100%	20 74%	4 80%	
VALID CASES	32	135	4	5	9	14	8	3	5			15	16	30	2	27	5	
NUMBER OF RESPONDENTS	32 100%	135 100%	4 100%	5 100%	9 100%	14 100%	8 100%	3 100%	5 100%			15 100%	16 100%	30 100%	2 100%	27 100%	5 100%	

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

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q83.3	HTS TOT CHLD	OHP TOT CHLD				WHTE	AMER	IAN	##	##	##	TI	IC	IC	GOOD	POOR	CCC	CCC
YES	3 9%	11 8%	1 25%	1 11%	1 7%	2 25%	~	~	~	~	~	~	1 7%	2 12%	3 10%	~	2 7%	1 20%
NO	29 91%	124 92%	3 75%	5 100%	8 89%	13 93%	6 75%	3 100%	5 100%	~	~	~	14 93%	14 88%	27 90%	2 100%	25 93%	4 80%
VALID CASES	32	135	4	5	9	14	8	3	5				15	16	30	2	27	5
NUMBER OF RESPONDENTS	32 100%	135 100%	4 100%	5 100%	9 100%	14 100%	8 100%	3 100%	5 100%				15 100%	16 100%	30 100%	2 100%	27 100%	5 100%

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

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER PAC ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.4	HTS TOT CHLD	OHP TOT CHLD																
YES	21 66%	76 56%	1 25%	4 80%	6 67%	10 71%	3 38%	1 33%	5 100%	~	~	~	12 80%	9 56%	20 67%	1 50%	19 70%	2 40%
NO	11 34%	59 44%	3 75%	1 20%	3 33%	4 29%	5 63%	2 67%	~	~	~	~	3 20%	7 44%	10 33%	1 50%	8 30%	3 60%
VALID CASES	32	135	4	5	9	14	8	3	5				15	16	30	2	27	5
NUMBER OF RESPONDENTS	32 100%	135 100%	4 100%	5 100%	9 100%	14 100%	8 100%	3 100%	5 100%				15 100%	16 100%	30 100%	2 100%	27 100%	5 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.5 YES	1 3%	7 5%	~	20%	~	~	12%	~	~	~	~	~	~	6%	3%	~	4%	~
NO	31 97%	128 95%	4 100%	4 100%	9 100%	14 100%	7 88%	3 100%	5 100%	~	~	~	15 100%	15 94%	29 97%	2 100%	26 96%	5 100%
VALID CASES	32	135	4	5	9	14	8	3	5			15	16	30	2	27	5	
NUMBER OF RESPONDENTS	32 100%	135 100%	4 100%	5 100%	9 100%	14 100%	8 100%	3 100%	5 100%			15 100%	16 100%	30 100%	2 100%	27 100%	5 100%	

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ14 0-6	35 6%	307 8%*	8 7%	10 7%	8 5%	9 5%	7 5%	1 ~	4%~	~	~	2 7%~	10 4%	15 5%	25 5%*	4 13%~	24 5%	11 8%
7-8	163 27%	1107 30%	25 23%	38 27%	51 30%	49 28%	30 23%	2 22%~	6 21%~	~	~	7 ~	77 26%~	78 31%	145 27%	14 45%~	128 28%	35 27%
9-10	397 67%	2234 61%*	75 69%	94 66%	112 65%	116 67%	93 72%	7 78%~	21 75%~	~	~	18 ~	162 65%	207 69%	358 68%	13 42%~	312 67%	85 65%
VALID CASES	595	3648	108	142	171	174	130	9	28			27	249	300	528	31	464	131
NUMBER OF RESPONDENTS	595 100%	3648 100%	108 100%	142 100%	171 100%	174 100%	130 100%	9 100%	28 100%			27 100%	249 100%	300 100%	528 100%	31 100%	464 100%	131 100%
MEAN	2.61	2.53	2.62	2.59	2.61	2.61	2.66	2.78	2.71			2.59	2.61	2.64	2.63	2.29	2.62	2.56
p stat_(*=Sig @ p<=.05)		.000*	.818	.700	1.00	.863	.242	~	~	~	~	~	.944	.194	.039*	~	.373	.373

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ IND/ PAC ALSK	AMER ILND NATV	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ41 0-6	32 5%	330 7%*	7 6%	7 4%	8 4%	10 5%	8 5%	1 8%~	~	~	~	2 9%~	13 4%	13 4%	25 4%	4 11%~	23 4%	9 6%
7-8	140 20%	960 22%	23 19%	34 19%	49 24%	34 17%	34 21%	4 31%~	7 23%~	~	~	3 13%~	58 19%	78 22%	125 19%	13 37%~	107 19%	33 22%
9-10	532 76%	3168 71%*	92 75%	134 77%	149 72%	157 78%	118 74%	8 62%~	23 77%~	~	~	18 78%~	241 77%	269 75%	494 77%*	18 51%~	426 77%	106 72%
VALID CASES	704	4459	122	175	206	201	160	13	30			23	312	360	644	35	556	148
NUMBER OF RESPONDENTS	704 100%	4459 100%	122 100%	175 100%	206 100%	201 100%	160 100%	13 100%	30 100%			23 100%	312 100%	360 100%	644 100%	35 100%	556 100%	148 100%
MEAN	2.71	2.64	2.70	2.73	2.68	2.73	2.69	2.54	2.77			2.70	2.73	2.71	2.73	2.40	2.72	2.66
p stat_(*=Sig @ p<=.05)		.000*	.773	.659	.419	.517	.558	~	~	~	~	~	.370	.966	.026*	~	.196	.196

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ48 0-6	13 12%	88 12%	1 7%	3 9%	3 13%	6 14%	4 17%	1 25%	~	~	~	~	6 12%	7 12%	11 12%	2 13%	7 13%	6 10%
7-8	31 27%	175 24%	3 20%	13 39%	4 17%	11 26%	9 38%	~	~	~	~	1 50%	11 23%	18 31%	26 28%	4 27%	14 26%	17 29%
9-10	69 61%	456 63%	11 73%	17 52%	16 70%	25 60%	11 46%	3 100%	3 75%	~	~	1 50%	31 65%	33 57%	56 60%	9 60%	33 61%	36 61%
VALID CASES	113	718	15	33	23	42	24	3	4			2	48	58	93	15	54	59
NUMBER OF RESPONDENTS	113 100%	718 100%	15 100%	33 100%	23 100%	42 100%	24 100%	3 100%	4 100%			2 100%	48 100%	58 100%	93 100%	15 100%	54 100%	59 100%
MEAN	2.50	2.51	2.67	2.42	2.57	2.45	2.29	3.00	2.50			2.50	2.52	2.45	2.48	2.47	2.48	2.51
p stat_(*=Sig @ p<=.05)		.768	~	~	~	~	~	~	~	~	~	~	~.460		~	~	.838	.838

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

NQ54 RATING OF CHILD'S HEALTH PLAN

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV ILND	AMER PAC ALSK NATV	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ54 0-6	74 9%	696 13%*	9 7%	20 10%	22 9%	23 10%	23 12%	3 18%~	3 8%~	~	~	2 6%~	19 5%*	49 12%*	65 8%	7 18%~	42 6%*	32 20%*
7-8	192 23%	1488 29%*	25 19%	51 25%	50 20%	66 28%	62 34%*	4 24%~	13 33%~	~	~	11 33%~	53 14%*	136 32%*	181 24%	10 26%~	156 24%	36 22%
9-10	556 68%	3026 58%*	99 74%	134 65%	176 71%	147 62%*	100 54%*	10 59%~	23 59%~	~	~	20 61%~	301 81%*	237 56%*	522 68%	22 56%~	461 70%*	95 58%*
VALID CASES	822	5210	133	205	248	236	185	17	39			33	373	422	768	39	659	163
NUMBER OF RESPONDENTS	822 100%	5210 100%	133 100%	205 100%	248 100%	236 100%	185 100%	17 100%	39 100%			33 100%	373 100%	422 100%	768 100%	39 100%	659 100%	163 100%
MEAN	2.59	2.45	2.68	2.56	2.62	2.53	2.42	2.41	2.51			2.55	2.76	2.45	2.60	2.38	2.64	2.39
p stat_(*=Sig @ p<=.05)		.000*	.063	.449	.314	.094	.000*	~	~	~	~	~	~.000*	.000*	.222		~.000*	.000*

GETTING NEEDED CARE

		AGE					RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER				
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND ##	AMER NATV ##	IND/ PAC ALSK OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NPRBSEE4 NQ46	2.13	2.21	2.27	1.89	2.33	2.17	2.22	3.00	1.60			2.50	2.10	2.21	2.16	2.13	1.97	2.30	
p stat_(*=Sig @ p<=.05)		.216	~	~	~	~	~	~	~	~	~	~	.706	.290	~	~	.030*	.029*	
NCARNES4 NQ15	2.46	2.45	2.50	2.33	2.50	2.50	2.63	2.44	2.31			2.41	2.38	2.55	2.48	2.10	2.47	2.42	
p stat_(*=Sig @ p<=.05)		.730	.426	.014*	.371	.358	.000*	~	~	~	~	~	.023*	.001*	.048*	~	.534	.534	
COMPOSITE	2.30	2.33	2.39	2.11	2.42	2.34	2.43	2.72	1.96	x	x	x	2.45	2.24	2.38	2.32	2.12	2.22	2.36
p stat_(*=Sig @ p<=.05)		.235	.175	.001*	.015*	.401	.024*	~	~	~	~	~	.135	.004*	.029*	~	.000*	.304	

GETTING CARE QUICKLY

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	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	
NCARSN4 NQ4	2.70	2.68	2.67	2.67	2.78	2.67	2.73	3.00	2.67			2.75	2.70	2.71	2.70	2.56	2.69	2.74
p stat_(*=Sig @ p<=.05)		.555	.725	.711	.223	.669	.693	~	~	~	~	~	.935	.785	~	~	.576	.577
NAPGET4 NQ6	2.45	2.42	2.52	2.40	2.54	2.37	2.46	2.40	2.24			2.46	2.47	2.47	2.47	2.10	2.49	2.33
p stat_(*=Sig @ p<=.05)		.223	.268	.340	.100	.098	.913	~	~	~	~	~	.701	.609	.171	~	.053	.054
COMPOSITE	2.58	2.55	2.60	2.54	2.66	2.52	2.59	2.70	2.45	x	x	x 2.61	2.59	2.59	2.59	2.33	2.59	2.54
p stat_(*=Sig @ p<=.05)		.452	.753	.508	.137	.290	.798	~	~	~	~	~	.817	.698	.340	~	.561	.546

HOW WELL DOCTORS COMMUNICATE

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV ILND	AMER PAC ALSK	OTH#	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NDREXPL4 NQ32	2.71	2.70	2.70	2.74	2.71	2.70	2.89	2.86	2.52			2.55	2.68	2.76	2.74	2.37	2.71	2.70
p stat_(*=Sig @ p<=.05)		.743	.799	.509	.955	.751	0.000*	~	~	~	~	~	~.212	.040*	.007*		~.805	.804
NDRLSTN4 NQ33	2.74	2.73	2.75	2.70	2.78	2.71	2.84	3.00	2.81			2.65	2.67	2.82	2.77	2.37	2.76	2.66
p stat_(*=Sig @ p<=.05)		.809	.828	.419	.184	.531	.007*	~	~	~	~	~	~.014*	.000*	.000*		~.113	.113
NDRESPU4 NQ34	2.82	2.79	2.84	2.78	2.84	2.82	2.92	3.00	2.76			2.80	2.79	2.87	2.84	2.60	2.83	2.79
p stat_(*=Sig @ p<=.05)		.156	.604	.331	.595	.977	.001*	~	~	~	~	~	~.167	.019*	.009*		~.468	.468
NDRTMEN4 NQ37	2.49	2.50	2.51	2.39	2.57	2.47	2.77	2.33	2.43			2.65	2.30	2.68	2.52	2.07	2.48	2.52
p stat_(*=Sig @ p<=.05)		.644	.653	.080	.100	.772	.000*	~	~	~	~	~	~.000*	.000*	.007*		~.540	.540
COMPOSITE	2.69	2.68	2.70	2.65	2.72	2.67	2.85	2.80	2.63	x	x	x 2.66	2.61	2.78	2.72	2.35	2.69	2.67
p stat_(*=Sig @ p<=.05)		.901	.904	.684	.645	.863	.070	~	~	~	~	~	~.138	.052	.089		~.822	.821

CUSTOMER SERVICE

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NPBCLCS4 NQ50	2.30	2.30	2.37	2.10	2.37	2.36	2.48	2.71	1.89			2.43	2.30	2.28	2.30	2.17	2.31	2.26
p stat_(*=Sig @ p<=.05)		.911	~	.025*	.402	.495	~	~	~	~	~	~	.991	.658	~	~	.645	.645
NCSRESP NQ51	2.64	2.62	2.64	2.59	2.72	2.62	2.80	3.00	2.67			2.14	2.66	2.61	2.63	2.67	2.66	2.59
p stat_(*=Sig @ p<=.05)		.410	~	.436	.233	.774	~	~	~	~	~	~	.609	.491	~	~	.509	.509
COMPOSITE	2.47	2.46	2.51	2.34	2.54	2.49	2.64	2.86	2.28	x	x	x 2.29	2.48	2.44	2.46	2.42	2.49	2.43
p stat_(*=Sig @ p<=.05)		.840	~	.388	.604	.895	~	~	~	~	~	~	.901	.757	~	~	.761	.763

SHARED DECISION MAKING

			AGE				RACE						ETHNICITY	HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	WHTE AMER IAN	NATV HAW/ PAC ILND	AMER IND/ 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	2.44	2.22	2.46	2.39	2.38	1.00	2.60			2.43	2.30	2.45	2.40	2.17	2.25	2.66	
p stat_(*=Sig @ p<=.05)	.621		~	~	~	.929	~	~	~	~	~	~	.293	.342	~	~	.003*	.003*	
NNRXBST NQ13	2.64	2.60	2.47	2.77	2.75	2.56	2.64	3.00	2.60			2.43	2.54	2.73	2.66	2.33	2.64	2.65	
p stat_(*=Sig @ p<=.05)	.375		~	~	~	.374	~	~	~	~	~	~	.135	.161	~	~	.940	.940	
COMPOSITE	2.51	2.51	2.45	2.50	2.60	2.48	2.51	2.00	2.60	x	x	x	2.43	2.42	2.59	2.53	2.25	2.44	2.65
p stat_(*=Sig @ p<=.05)	.909		~	~	~	.722	~	~	~	~	~	~	.229	.270	~	~	.128	.130	

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV ILND	AMER ALSK	OTH#	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NEZMDEQ NQ20	2.41	2.28	2.83	2.25	2.38	2.27	1.75	3.00	3.00			1.50	2.75	2.09	2.56	2.00	2.50	2.31	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTHP NQ23	2.22	2.12	2.50	2.24	2.00	2.24	1.79	1.00	3.00			1.00	2.35	2.18	2.29	2.00	2.30	2.16	
p stat_(*=Sig @ p<=.05)		.186	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTC NQ26	2.21	2.11	2.14	2.17	2.09	2.33	2.10	2.67				1.75	2.18	2.25	2.24	1.90	2.11	2.26	
p stat_(*=Sig @ p<=.05)		.166	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.28	2.17	2.49	2.22	2.16	2.28	1.88	2.22	3.00	x	x	x	1.42	2.43	2.17	2.36	1.97	2.30	2.24
p stat_(*=Sig @ p<=.05)		.038*	~	~	~	.992	~	~	~	~	~	~	~	.040*	.047*	~	~	.732	.456

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER	AS-IAN	NATV HAW/PAC ILND ##	AMER IND/ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
PRBSEE4 Q46	70%	75%	73%	58%	75%	76%	78%	100%	40%				100%	71%	74%	71%	73%	57%	83%
CARNES4 Q15	89%	88%	91%	84%	90%	91%	95%	89%	90%				85%	86%	92%	90%	74%	89%	87%
AVERAGE	79.57	81.59	81.99	71.01	82.53	83.47	86.20	94.44	64.83	x	x	x	92.59	78.27	83.06	80.49	73.76	73.39	85.23

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER	AS-IAN	NATV HAW/PAC ILND ##	AMER IND/ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
CARSN4 Q4	90%	92%	89%	91%	93%	87%	93%	100%	100%				92%	91%	91%	91%	88%	90%	91%
APGET4 Q6	86%	84%	90%	85%	86%	83%	86%	70%	80%				85%	87%	86%	87%	67%	87%	80%
AVERAGE	87.89	88.10	89.41	88.28	89.66	84.78	89.61	85.00	90.00	x	x	x	88.14	88.96	88.79	88.88	77.08	88.52	85.61

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	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		
DREXPL4 Q32	93%	93%	94%	95%	92%	92%	100%	100%	86%			85%	93%	95%	95%	80%	93%	93%	
DRLSTN4 Q33	95%	95%	95%	95%	96%	92%	97%	100%	95%			90%	94%	97%	96%	83%	95%	92%	
DRESPU4 Q34	96%	96%	96%	96%	97%	96%	99%	100%	95%			95%	96%	97%	97%	87%	96%	94%	
DRTMEN4 Q37	86%	87%	86%	84%	88%	87%	97%	83%	86%			95%	81%	93%	88%	70%	86%	87%	
AVERAGE	92.5	92.6	92.9	92.4	93.2	91.8	98.3	95.8	90.5	x	x	x	91.3	90.7	95.6	93.7	80.0	92.8	91.5

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER	AS-IAN	NATV HAW/PAC ILND ##	AMER IND/ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
PBCLCS4 Q50	80%	79%	85%	69%	84%	84%	94%	86%	67%			71%	81%	80%	80%	75%	81%	80%
CSRESP Q51	91%	91%	89%	86%	96%	90%	97%	100%	89%			57%	93%	88%	90%	92%	92%	87%
AVERAGE	85.49	85.33	87.39	77.59	89.67	86.89	95.11	92.86	77.78	x	x	x 64.29	86.88	83.61	85.14	83.33	86.14	83.33

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NRXWHY Q11	88%	93%	88%	84%	89%	91%	95%	100%	100%			100%	80%	95%	89%	83%	83%	98%	
NRXWYNT Q12	69%	71%	72%	61%	73%	70%	69%	0%	80%			71%	65%	73%	70%	58%	62%	83%	
RXBST Q13	82%	80%	73%	89%	88%	78%	82%	100%	80%			71%	77%	86%	83%	67%	82%	82%	
AVERAGE	79.9	81.2	77.6	77.8	83.3	79.6	82.0	66.7	86.7	x	x	x	81.0	73.9	84.7	80.5	69.4	75.8	87.8

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
EZMDEQ Q20	86%	74%	100%	75%	88%	82%	75%	100%	100%		50%	100%	73%	94%	67%	88%	85%		
EZTHP Q23	75%	68%	86%	72%	67%	81%	50%	0%	100%		0%	85%	70%	79%	67%	78%	73%		
EZTC Q26	72%	66%	71%	63%	63%	85%	69%	100%			50%	72%	74%	74%	60%	65%	75%		
AVERAGE	77.7	69.4	85.7	69.8	72.2	82.5	64.7	66.7	100	x	x	x	33.3	85.6	72.0	82.5	64.4	76.9	77.6

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
DRTLKU Q38	86%	86%	90%	89%	84%	83%	93%	71%	71%			80%	86%	87%	86%	86%	85%	88%	
DRUNCON Q43	88%	89%	93%	82%	93%	87%	92%	100%	100%			100%	88%	91%	89%	88%	84%	90%	
DRUNFAM Q44	84%	87%	79%	85%	81%	85%	88%	100%	100%			100%	88%	84%	84%	83%	85%	83%	
AVERAGE	85.9	87.3	87.0	85.5	86.3	84.9	90.8	90.5	90.5	x	x	x	93.3	86.9	87.6	86.7	85.9	84.7	87.1

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	HTS TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
HELPCONT Q18	85%	89%	80%	96%	80%	76%	100%	50%	75%			50%	82%	90%	88%	67%	86%	83%	
HLPCOORD Q29	60%	57%	55%	54%	66%	62%	59%	100%	50%			40%	72%	53%	60%	60%	58%	63%	
AVERAGE	72.4	73.0	67.6	74.9	72.9	69.3	79.5	75.0	62.5	x	x	x	45.0	76.9	71.9	74.2	63.3	71.8	73.0

INDEX OF ADULT TABLES

PAGE QUESTION TITLE

1. INTRODUCTION

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

2. YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

3. YOUR PERSONAL DOCTOR

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

4. GETTING HEALTH CARE FROM SPECIALISTS

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

PAGE QUESTION TITLE

5. YOUR HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. ADDITIONAL QUESTIONS

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

5. ACCESS TO DENTAL CARE

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

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

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

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

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

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

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

PAGE QUESTION TITLE

8. RATINGS

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

9. COMPOSITES

94 GETTING NEEDED CARE
95 GETTING CARE QUICKLY
96 HOW WELL DOCTORS COMMUNICATE
97 CUSTOMER SERVICE
98 SHARED DECISION MAKING

10. GLOBAL PROPORTION COMPOSITES

99 GETTING NEEDED CARE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
100 GETTING CARE QUICKLY (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
101 HOW WELL DOCTORS COMMUNICATE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
102 CUSTOMER SERVICE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
103 SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

INDEX OF CHILD TABLES

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

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

3. SPECIALIZED SERVICES

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

PAGE QUESTION TITLE

4. YOUR CHILD'S PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

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

6. YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

PAGE QUESTION TITLE

7. PRESCRIPTION MEDICINES

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

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

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

7. ACCESS TO DENTAL CARE

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

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

7. ADDITIONAL QUESTIONS

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

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

8. ABOUT YOUR CHILD AND YOU

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

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

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

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

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

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

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

91 Q78 WHAT IS YOUR AGE?

92 Q79 ARE YOU MALE OR FEMALE?

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

94 Q81 HOW ARE YOU RELATED TO THE CHILD?

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

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

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

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

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

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

PAGE QUESTION TITLE

9. RATINGS

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

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

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

104 NQ54 RATING OF CHILD'S HEALTH PLAN

10. COMPOSITES

105 GETTING NEEDED CARE

106 GETTING CARE QUICKLY

107 HOW WELL DOCTORS COMMUNICATE

108 CUSTOMER SERVICE

109 SHARED DECISION MAKING
110 ACCESS TO SPECIALIZED SERVICES

11. GLOBAL PROPORTION COMPOSITES

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

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

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

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

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks   

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

Yes → *Go to Question 1*
 No

↓ **START HERE** ↓

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

- Yes → *Go to Question 3*
- No

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

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

0 1 2 3 4 5 6 7 8 9 10

Worst Health Care Possible Best Health Care Possible

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

- Never
- Sometimes
- Usually
- Always

YOUR PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 24*

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 23*

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

- Never
- Sometimes
- Usually
- Always

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

0 1 2 3 4 5 6 7 8 9 10

Worst Personal Doctor Possible Best Personal Doctor Possible



GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
 No → *Go to Question 28*

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

- Never
 Sometimes
 Usually
 Always

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

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

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

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

YOUR HEALTH PLAN

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

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

- Yes
 No → *Go to Question 30*

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 33*

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 35*



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

- Never
- Sometimes
- Usually
- Always

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

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

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

- Yes
- No → *Go to Question 35c*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 35e*

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

- Never
- Sometimes
- Usually
- Always

ADDITIONAL QUESTIONS

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

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

- Yes
- No → *Go to Question 35i*

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

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

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

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

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

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

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

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

- Yes
- No → *Go to Question 35l*



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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

ACCESS TO DENTAL CARE

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

- Yes
- No

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

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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor



37. In general, how would you rate your overall mental or emotional health?
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
38. Have you had either a flu shot or flu spray in the nose since July 1, 2015?
- Yes
 - No
 - Don't know
39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
- Every day
 - Some days
 - Not at all → *Go to Question 43*
 - Don't know → *Go to Question 43*
40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
- Never
 - Sometimes
 - Usually
 - Always
41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
- Never
 - Sometimes
 - Usually
 - Always

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



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

- Yes
- No → **Go to Question 50**

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

- Yes
- No

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

- Yes
- No → **Go to Question 52**

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

- Yes
- No

52. What is your age?

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

53. Are you male or female?

- Male
- Female

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

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

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

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

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

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

57. Did someone help you complete this survey?

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

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

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

THANK YOU

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

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

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



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

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

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

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

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

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

- Yes → *Go to Question 3*
- No

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

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

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

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

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

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

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

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

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

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

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

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



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

- Yes
- No

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

- Yes
- No

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No

SPECIALIZED SERVICES

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

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

- Yes
- No → *Go to Question 22*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 25*



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 28*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 30*

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

- Yes
- No

YOUR CHILD'S PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 45*

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

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

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

- Never
- Sometimes
- Usually
- Always



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

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



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

- Yes
- No

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

- Yes
- No

GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
- No → **Go to Question 49**

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

- Never
- Sometimes
- Usually
- Always

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

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

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

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

YOUR CHILD'S HEALTH PLAN

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

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

- Yes
- No → **Go to Question 52**

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

- Never
- Sometimes
- Usually
- Always



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 54**

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

- Never
- Sometimes
- Usually
- Always

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

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

PRESCRIPTION MEDICINES

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

- Yes
- No → **Go to Question 57a**

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

ACCESS TO DENTAL CARE

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

- Yes
- No

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

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



ADDITIONAL QUESTIONS

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

- Yes
- No → *Go to Question 58*

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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No

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

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



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

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

78. What is your age?

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

79. Are you male or female?

- Male
- Female

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

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

81. How are you related to the child?

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

82. Did someone help you complete this survey?

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

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

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

THANK YOU

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

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

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







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

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

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

INSTRUCCIONES PARA EL CUESTIONARIO

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

Marca
Correcta 

Marca
Incorrecta   

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

Sí → *Pase a la Pregunta 1*
 No

↓ **COMIENCE AQUI** ↓

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

Sí → *Pase a la pregunta 3*
 No

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

LA ATENCIÓN MÉDICA QUE USTED RECIBIÓ EN LOS ÚLTIMOS 6 MESES

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

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

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



13. 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 a toda la atención médica que 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					

14. En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir la atención médica, las pruebas o el tratamiento que usted necesitaba?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre

SU DOCTOR PERSONAL

15. El doctor personal es aquel a quien usted va si necesita un chequeo, quiere pedir consejo sobre un problema de salud o si se enferma o lastima. ¿Tiene usted un doctor personal?
- Sí
 - No → *Pase a la pregunta 24*
16. En los últimos 6 meses, ¿cuántas veces fue a ver a su doctor personal para recibir atención médica para usted mismo?
- Ninguna vez → *Pase a la pregunta 23*
 - 1 vez
 - 2
 - 3
 - 4
 - 5 a 9
 - 10 veces o más
17. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le explicó las cosas de una manera fácil de entender?
- Nunca
 - A veces
 - La mayoría de las veces
 - Siempre

18. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le escuchó con atención?

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

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

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

20. En los últimos 6 meses, ¿con qué frecuencia su doctor personal pasó suficiente tiempo con usted?

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

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

- Sí
- No → *Pase a la pregunta 23*

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

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

23. 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 a su doctor personal?

<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					



LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

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

- Sí
- No → **Pase a la pregunta 28**

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

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

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

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

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

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

SU PLAN DE SALUD

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

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

- Sí
- No → **Pase a la pregunta 30**

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

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

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

- Sí
- No → **Pase a la pregunta 33**

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

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

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

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

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

- Sí
- No → **Pase a la pregunta 35**



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

↓ **COMIENCE AQUI** ↓

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

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

- Sí ➔ *Pase a la pregunta 3*
- No

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

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

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

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

Sí
 No → *Pase a la pregunta 5*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

Sí
 No → *Pase a la pregunta 7*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

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

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

Sí
 No

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

SERVICIOS ESPECIALIZADOS

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

- Sí
- No → *Pase a la pregunta 22*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 25*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 28*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 30*

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

- Sí
- No

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

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

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 37*

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

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

EL DOCTOR PERSONAL DE SU NIÑO

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

- Sí
- No → *Pase a la pregunta 45*

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

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

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

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



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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 41*

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

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

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

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