



Umpqua Health Alliance
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2016



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METHODOLOGY

Introduction

This banner book report summarizes the results of the 2016 CAHPS® Medicaid survey of Umpqua Health Alliance members. Umpqua Health Alliance 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	
	Umpqua Health Alliance	Overall	Umpqua Health Alliance	Overall
**First mailing - sent	900	17100	900	17100
*First mailing - usable survey returned	177	3058	103	2302
Second mailing - sent	669	13527	702	14026
*Second mailing - usable survey returned	58	1118	57	1027
*Phone - usable surveys	96	1495	97	2309
Total - usable surveys	331	5671	257	5638
†Ineligible: According to population criteria‡	19	431	11	323
†Ineligible: Deceased	1	38	0	2
†Ineligible: Mentally or physically unable to complete survey	14	166	0	0
†Ineligible: Language barrier	0	78	1	81
Incorrect address AND incorrect phone number	64	915	55	878
Refusal/Returned survey blank	39	871	54	905
Nonresponse - Unavailable by mail or phone	432	8930	522	9273
Adjusted Response Rate	38.2%	34.6%	28.9%	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	185 43.5%	141 42.6%	-0.93%
Female	240 56.5%	190 57.4%	0.93%
18-24	86 20.2%	31 9.4%	-10.87%
25-34	122 28.7%	47 14.2%	-14.51%
35-44	86 20.2%	63 19.0%	-1.20%
45-54	70 16.5%	73 22.1%	5.58%
55-64	48 11.3%	98 29.6%	18.31%
65-74	6 1.4%	11 3.3%	1.91%
75 or Older	7 1.6%	8 2.4%	0.77%

Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	263 51.3%	129 50.2%	-1.07%
Female	250 48.7%	128 49.8%	1.07%
<3	115 22.4%	46 17.9%	-4.52%
4-7	130 25.3%	62 24.1%	-1.22%
8-12	138 26.9%	84 32.7%	5.78%
13 or older	130 25.3%	65 25.3%	-0.05%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	FE- MALE	MALE	
Q1 YES	327 100%	5577 100%	27 100%	45 100%	61 100%	65 100%	95 100%	17 100%	198 100%	~	~	~	~	~	14 100%	13 100%	292 100%	212 100%	93 100%	133 100%	176 100%
NOT ANSWERED	4	94			1		2	1	4							4	2	2	1	3	
VALID CASES	327	5577	27	45	61	65	95	17	198					14	13	292	212	93	133	176	
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%	

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?

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILLND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE			
Q3 YES	131 41%	2267 41%	11 41%~	19 44%~	23 37%	28 44%	37 40%	9 50%~	81 42%	~	~	~	~	~	9 64%~	5 38%~	121 42%~	77 37%*	48 52%*	49 37%	78 45%
NO	185 59%	3221 59%	16 59%~	24 56%~	39 63%	35 56%	56 60%	9 50%~	113 58%	~	~	~	~	~	5 36%~	8 62%~	168 58%~	131 63%*	45 48%*	82 63%	96 55%
NOT ANSWERED	15	183		2		2	4		8								7	6	2	3	5
VALID CASES	316	5488	27	43	62	63	93	18	194						14	13	289	208	93	131	174
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202						14	13	296	214	95	134	179
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

Q4 IN THE LAST 6 MONTHS, WHEN YOU NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOU GET CARE AS SOON AS YOU NEEDED?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	UHAL	OHP	18	25	35	45	55	65	BLCK	AS-	NATV	AMER					EX &			
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	IAN	HAW/	IND/	ALSK	MUL-	HIS-	NOT	VERY	FAIR	FE-	
ADLT	ADLT	24	34	44	54	64	OVER	WHTE	#	##	###	###	###	TI	IC	IC	GOOD	POOR	MALE	MALE
Q4 NEVER	3	61			1		1	1	2					1		3	1	1		3
	3%	3%	~	~	5%~	~	3%~	11%~	3%~	~	~	~	~	~ 14%~	~	3%~	1%~	2%~	~	4%~
SOMETIMES	18	267	2	4	5	5	1	1	9					2		17	10	7	5	13
	15%	13%	18%~	25%~	24%~	19%~	3%~	11%~	12%~	~	~	~	~	~ 29%~	~	16%~	14%~	17%~	12%~	18%~
USUALLY	25	526	1	5	4	8	5		15					1	1	22	12	10	8	15
	21%	26%	9%~	31%~	19%~	31%~	16%~	~	21%~	~	~	~	~	~ 14%~	25%~	20%~	17%~	24%~	19%~	21%~
ALWAYS	71	1196	8	7	11	13	25	7	47					3	3	67	47	24	29	42
	61%	58%	73%~	44%~	52%~	50%~	78%~	78%~	64%~	~	~	~	~	~ 43%~	75%~	61%~	67%~	57%~	69%~	58%~
#ALWAYS + USUALLY (NET)	96	1723	9	12	15	21	30	7	62					4	4	89	59	34	37	57
	82%	84%	82%~	75%~	71%~	81%~	94%~	78%~	85%~	~	~	~	~	~ 57%~	100%~	82%~	84%~	81%~	88%~	78%~
TOP BOX SCORE	71	1196	8	7	11	13	25	7	47					3	3	67	47	24	29	42
	61%	58%	73%~	44%~	52%~	50%~	78%~	78%~	64%~	~	~	~	~	~ 43%~	75%~	61%~	67%~	57%~	69%~	58%~
NOT ANSWERED	14	187		3	2	2	5		8					2	1	12	7	6	7	5
VALID CASES	117	2050	11	16	21	26	32	9	73					7	4	109	70	42	42	73
NUMBER OF RESPONDENTS	131	2237	11	19	23	28	37	9	81					9	5	121	77	48	49	78
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q5																					
YES	214 68%	3682 67%	13 48%~	32 74%~	37 60%	44 69%	67 72%	16 89%~	144 73%*	~	~	~	~	~	11 79%~	7 58%~	199 69%~	131 63%*	77 82%*	75 57%*	133 76%*
NO	101 32%	1794 33%	14 52%~	11 26%~	25 40%	20 31%	26 28%	2 11%~	52 27%*	~	~	~	~	~	3 21%~	5 42%~	91 31%~	77 37%*	17 18%*	56 43%*	42 24%*
NOT ANSWERED	16	196		2		1	4		6							1	6	6	1	3	4
VALID CASES	315	5475	27	43	62	64	93	18	196					14	12	290	208	94	131	175	
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%	

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		
	UHAL TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND PAC #	AMER ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE
Q6 NEVER	8 4%	120 4%	1 8%	1 3%	2 6%	4 7%	5 4%	5	~	~	~	~	2 25%	2	8 5%	6 5%	2 3%	3 5%	5 4%	
SOMETIMES	41 22%	637 19%	5 42%	6 20%	8 25%	12 30%	7 12%*	1 7%	~	~	~	~	2 25%	1 17%	37 21%	20 18%	19 27%	12 19%	27 22%	
USUALLY	56 29%	905 27%	1 8%	12 40%	11 34%	13 33%	13 23%	4 27%	~	~	~	~	2 25%	1 17%	53 30%	31 27%	21 30%	15 23%	38 31%	
ALWAYS	85 45%	1691 50%	5 42%	11 37%	11 34%	15 38%	33 58%*	10 67%	~	~	~	~	2 25%	4 67%	79 45%	56 50%	29 41%	34 53%	51 42%	
#ALWAYS + USUALLY (NET)	141 74%	2596 77%	6 50%	23 77%	22 69%	28 70%	46 81%	14 93%	~	~	~	~	4 50%	5 83%	132 75%	87 77%	50 70%	49 77%	89 74%	
TOP BOX SCORE	85 45%	1691 50%	5 42%	11 37%	11 34%	15 38%	33 58%*	10 67%	~	~	~	~	2 25%	4 67%	79 45%	56 50%	29 41%	34 53%	51 42%	
NOT ANSWERED	24	330	1	2	5	4	10	1					3	1	22	18	6	11	12	
VALID CASES	190	3353	12	30	32	40	57	15					8	6	177	113	71	64	121	
NUMBER OF RESPONDENTS	214	3683	13	32	37	44	67	16					11	7	199	131	77	75	133	
	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q5 = YES]

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND NATV ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	16	17%*	36%*	20%*
Q7 NONE	85 27%	1469 27%	7 26%~	12 27%~	25 40%*	15 24%	22 23%	2 11%~	45 23%*	~	~	~	~	~	14%~	4 31%~	77 26%~	63 30%	16 17%*	47 36%*	35 20%*
1 TIME	68 21%	947 17%	6 22%~	8 18%~	12 19%	12 19%	27 29%	2 11%~	47 24%	~	~	~	~	~	29%~	4 8%~	66 23%~	49 23%	16 17%	29 22%	38 21%
2	53 17%	900 17%	10 37%~	8 18%~	8 13%	10 16%	14 15%	2 11%~	35 18%	~	~	~	~	~	14%~	2 23%~	49 17%~	39 18%	14 15%	22 17%	30 17%
3	34 11%	659 12%	1 4%~	5 11%~	5 8%	8 13%	7 7%	6 33%~	21 11%	~	~	~	~	~	21%~	3 8%~	29 10%~	18 9%	13 14%	11 8%	21 12%
4	31 10%	465 9%	1 4%~	3 7%~	9 15%	7 11%	8 9%	2 11%~	23 12%	~	~	~	~	~	7%~	1 ~	31 11%~	18 9%	12 13%	5 4%*	25 14%*
5 TO 9	28 9%	673 12%*	2 7%~	6 13%~	3 5%	5 8%	9 10%	2 11%~	18 9%	~	~	~	~	~	~	2 15%~	25 9%~	16 8%	11 12%	8 6%	19 11%
10 OR MORE TIMES	18 6%	305 6%	~	3 7%~	~	6 10%	7 7%	2 11%~	10 5%	~	~	~	~	~	14%~	2 15%~	15 5%~	8 4%	10 11%*	9 7%	9 5%
NOT ANSWERED	14	254				2	3		3								4	3	3	3	2
VALID CASES	317	5417	27	45	62	63	94	18	199						14	13	292	211	92	131	177
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202						14	13	296	214	95	134	179
	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?

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q8 #YES	144 63%	2759 72%*	8 40%~	25 76%~	22 61%~	32 68%~	41 58%	13 81%~	95 63%	~	~	~	~	~	7 58%~	5 56%~	134 64%~	88 60%	49 66%	58 71%	83 59%
NO	84 37%	1087 28%*	12 60%~	8 24%~	14 39%~	15 32%~	30 42%	3 19%~	55 37%	~	~	~	~	~	5 42%~	4 44%~	77 36%~	58 40%	25 34%	24 29%	58 41%
NOT ANSWERED	4	93			1	1	1		4							4	2	2	2	1	
VALID CASES	228	3846	20	33	36	47	71	16	150						12	9	211	146	74	82	141
NUMBER OF RESPONDENTS	232 100%	3939 100%	20 100%	33 100%	37 100%	48 100%	72 100%	16 100%	154 100%						12 100%	9 100%	215 100%	148 100%	76 100%	84 100%	142 100%

[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?

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q9 YES	105 47%	2168 56%*	6 30%~	14 42%~	18 50%~	27 59%~	30 44%	7 44%~	70 48%	~	~	~	~	~	7 58%~	3 33%~	97 47%~	63 43%	38 54%	37 47%	65 46%
NO	119 53%	1687 44%*	14 70%~	19 58%~	18 50%~	19 41%~	38 56%	9 56%~	77 52%	~	~	~	~	~	5 42%~	6 67%~	110 53%~	83 57%	32 46%	42 53%	75 54%
NOT ANSWERED	8	84			1	2	4		7								8	2	6	5	2
VALID CASES	224	3855	20	33	36	46	68	16	147						12	9	207	146	70	79	140
NUMBER OF RESPONDENTS	232	3939	20	33	37	48	72	16	154						12	9	215	148	76	84	142
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

Q10 DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT TO TAKE A MEDICINE?

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q10 #YES	99 95%	1919 93%	5 83%	14 100%	17 100%	25 93%	28 93%	7 100%	67 96%	~	~	~	~	~	5 83%	3 100%	91 95%	60 97%	36 95%	36 100%	60 92%
NO	5 5%	152 7%	1 17%	~	~	2 7%	2 7%	~	3 4%	~	~	~	~	~	1 17%	~	5 5%	2 3%	2 5%	~	5 8%
NOT ANSWERED	23	379			2	4	7		10						1		13	6	9	9	4
VALID CASES	104	2072	6	14	17	27	30	7	70						6	3	96	62	38	36	65
NUMBER OF RESPONDENTS	127 100%	2451 100%	6 100%	14 100%	19 100%	31 100%	37 100%	7 100%	80 100%						7 100%	3 100%	109 100%	68 100%	47 100%	45 100%	69 100%

[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?

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q11 #YES	77 75%	1506 73%	3 50%~	12 86%~	13 81%~	20 74%~	20 69%~	6 86%~	50 72%~	~	~	~	~	~	2 40%~	3 100%~	69 73%~	45 74%~	28 76%~	25 71%~	49 77%~
NO	25 25%	555 27%	3 50%~	2 14%~	3 19%~	7 26%~	9 31%~	1 14%~	19 28%~	~	~	~	~	~	3 60%~	25 27%~	16 26%~	9 24%~	10 29%~	15 23%~	
NOT ANSWERED	3	53			2		1		1						2	3	2	1	2	1	
VALID CASES	102	2061	6	14	16	27	29	7	69						5	3	94	61	37	35	64
NUMBER OF RESPONDENTS	105 100%	2114 100%	6 100%	14 100%	18 100%	27 100%	30 100%	7 100%	70 100%						7 100%	3 100%	97 100%	63 100%	38 100%	37 100%	65 100%

[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?

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q12 #YES	71 70%	1561 76%	3 50%~	13 93%~	11 69%~	16 59%~	19 66%~	7 100%~	48 70%~	~	~	~	~	~	2 40%~	2 67%~	66 70%~	46 75%~	22 59%~	25 71%~	44 69%~
NO	31 30%	492 24%	3 50%~	1 7%~	5 31%~	11 41%~	10 34%~	~	21 30%~	~	~	~	~	~	3 60%~	1 33%~	28 30%~	15 25%~	15 41%~	10 29%~	20 31%~
NOT ANSWERED	3	61			2		1		1						2		3	2	1	2	1
VALID CASES	102	2053	6	14	16	27	29	7	69						5	3	94	61	37	35	64
NUMBER OF RESPONDENTS	105	2114	6	14	18	27	30	7	70						7	3	97	63	38	37	65
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILLND #	AMER IND/ ALSK #	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE		
Q13 WORST HEALTH CARE POSSIBLE		27 0.7%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01	2 0.9%	7 0.2%	~	~	~	1 2%	1 1%	~	1 0.7%	~	~	~	~	~	2 1%	1 0.7%	1 1%	~	2 1%	
02	6 3%	49 1%	~	~	2 6%	2 4%	2 3%	~	3 2%	~	~	~	~	1 8%	1 13%	5 2%	3 2%	2 3%	6 4%*	
03	11 5%	78 2%*	~	1 3%	3 8%	3 6%	4 6%	~	5 3%	~	~	~	~	2 17%	~	10 5%	5 3%	6 8%	5 6%	6 4%
04	4 2%	87 2%	~	1 3%	~	3 6%	~	~	1 0.7%	~	~	~	~	1 8%	~	4 2%	1 0.7%	3 4%	1 1%	3 2%
05	25 11%	281 7%	2 10%	7 22%	5 14%	4 9%	6 9%	~	18 12%	~	~	~	~	2 17%	~	24 11%	14 10%	9 13%	9 11%	15 11%
06	11 5%	233 6%	2 10%	~	1 3%	2 4%	3 4%	1 6%	5 3%	~	~	~	~	2 17%	~	9 4%	4 3%	5 7%	2 2%	7 5%
07	36 16%	502 13%	5 25%	9 28%	5 14%	6 13%	7 10%	3 19%	23 15%	~	~	~	~	1 8%	2 25%	32 15%	26 18%	9 13%	13 16%	22 16%
08	48 21%	866 23%	4 20%	8 25%	8 22%	13 28%	10 14%	4 25%	34 23%	~	~	~	~	2 17%	2 25%	45 21%	32 22%	15 21%	16 20%	31 22%
09	40 18%	651 17%	4 20%	4 13%	7 19%	7 15%	14 20%	4 25%	33 22%*	~	~	~	~	~	~	40 19%	27 18%	13 18%	18 22%	22 16%
BEST HEALTH CARE POSSIBLE	43 19%	1054 27%*	3 15%	2 6%	5 14%	6 13%	23 33%*	4 25%	27 18%	~	~	~	~	1 8%	3 38%	39 19%	33 23%*	9 13%	18 22%	25 18%
#8-10 (NET)	131 58%	2571 67%*	11 55%	14 44%	20 56%	26 55%	47 67%	12 75%	94 63%*	~	~	~	~	3 25%	5 63%	124 59%	92 63%*	37 51%	52 63%	78 56%

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				
	UHAL 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/ LLND	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)	83 37%	1705 44%*	7 35%~	6 19%~	12 33%~	13 28%~	37 53%*	8 50%~	60 40%	~	~	~	~	~	8 38%~	3 38%~	79 41%	22 31%	60 44%	22 34%	36 44%	47 34%
NOT ANSWERED	6	105		1	1	1	2		4						1	5	2	4	2	3		
VALID CASES	226	3834	20	32	36	47	70	16	150					12	8	210	146	72	82	139		
NUMBER OF RESPONDENTS	232 100%	3939 100%	20 100%	33 100%	37 100%	48 100%	72 100%	16 100%	154 100%					12 100%	9 100%	215 100%	148 100%	76 100%	84 100%	142 100%		
MEAN	7.43	7.91	7.75	7.03	7.11	6.96	7.86	8.44	7.64					5.58	7.75	7.46	7.75	6.94	7.77	7.27		
p stat_(*=Sig @ p<=.05)		.000*	~	~	~	~	.068	~	.065	~	~	~	~	~	~	~	~	.006*	.030*	.076	.156	

[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	
	UHAL TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL-OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR	VERY POOR	MALE	FE-MALE
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q14 NEVER	6	112		1	2		3		3					2		6	5	1	1	5
	3%	3%	~	3%~	6%~	~	4%	~	2%	~	~	~	~	17%~	~	3%~	3%	1%	1%	4%
SOMETIMES	59	652	4	10	14	15	14	1	34					5	3	54	30	27	18	40
	26%	17%*	20%~	30%~	39%~	31%~	20%	6%~	23%	~	~	~	~	42%~	33%~	25%~	20%*	36%*	22%	28%
USUALLY	68	1292	5	18	6	18	13	6	47					3	3	62	46	20	23	43
	30%	34%	25%~	55%~	17%~	38%~	18%*	38%~	31%	~	~	~	~	25%~	33%~	29%~	31%	27%	28%	30%
ALWAYS	95	1764	11	4	14	15	41	9	67					2	3	90	66	26	41	53
	42%	46%	55%~	12%~	39%~	31%~	58%*	56%~	44%	~	~	~	~	17%~	33%~	42%~	45%	35%	49%	38%
#ALWAYS + USUALLY (NET)	163	3056	16	22	20	33	54	15	114					5	6	152	112	46	64	96
	71%	80%*	80%~	67%~	56%~	69%~	76%	94%~	75%	~	~	~	~	42%~	67%~	72%~	76%*	62%*	77%	68%
TOP BOX SCORE	95	1764	11	4	14	15	41	9	67					2	3	90	66	26	41	53
	42%	46%	55%~	12%~	39%~	31%~	58%*	56%~	44%	~	~	~	~	17%~	33%~	42%~	45%	35%	49%	38%
NOT ANSWERED	4	119			1		1		3							3	1	2	1	1
VALID CASES	228	3820	20	33	36	48	71	16	151					12	9	212	147	74	83	141
NUMBER OF RESPONDENTS	232	3939	20	33	37	48	72	16	154					12	9	215	148	76	84	142
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILLND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q15 YES	252 79%	4350 80%	19 70%~	35 78%~	44 71%	55 85%	77 80%	15 83%~	162 81%	~	~	~	~	~	10 71%~	9 69%~	235 79%~	162 76%	82 86%*	95 71%*	149 84%*
NO	68 21%	1094 20%	8 30%~	10 22%~	18 29%	10 15%	19 20%	3 17%~	39 19%	~	~	~	~	~	4 29%~	4 31%~	61 21%~	51 24%	13 14%*	39 29%*	29 16%*
NOT ANSWERED	11	228						1	1									1			1
VALID CASES	320	5443	27	45	62	65	96	18	201						14	13	296	213	95	134	178
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%						14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND PAC ###	AMER IND/ ALSK NATV ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q16 NONE	54 22%	890 22%	6 32%~	7 21%~	13 32%~	7 13%*	20 27%	29 18%	~	~	~	~	~	~	3 33%~	50 22%~	44 28%*	9 12%*	29 32%*	24 17%*
1 TIME	60 25%	1017 25%	6 32%~	9 26%~	10 24%~	12 23%	21 29%	1 7%~	47 30%*	~	~	~	~	2 22%~	59 26%~	41 26%~	17 22%	22 24%	37 26%	
2	48 20%	826 20%	4 21%~	6 18%~	10 24%~	10 19%	14 19%	2 13%~	30 19%	~	~	~	~	2 22%~	44 22%~	32 20%~	14 21%	15 17%	30 21%	
3	27 11%	578 14%	1 5%~	3 9%~	2 5%~	9 17%	3 4%*	8 53%~	16 10%	~	~	~	~	4 44%~	1 11%~	25 11%~	14 9%	12 16%	8 9%	18 13%
4	20 8%	309 7%	~	1 3%~	5 12%~	6 12%	5 7%	2 13%~	17 11%*	~	~	~	~	~	~	20 9%~	9 6%	10 13%	5 6%	14 10%
5 TO 9	24 10%	401 10%	2 11%~	4 12%~	1 2%~	6 12%	8 11%	2 13%~	16 10%	~	~	~	~	~	1 11%~	20 9%~	12 8%	11 14%	9 10%	14 10%
10 OR MORE TIMES	8 3%	98 2%	~	4 12%~	~	2 4%	2 3%	~	2 1%*	~	~	~	~	1 11%~	2 22%~	6 3%~	4 3%	4 5%	2 2%	6 4%
NOT ANSWERED	11	232	~	1	3	3	4	~	5	~	~	~	~	1	11	6	5	5	6	
VALID CASES	241	4118	19	34	41	52	73	15	157	~	~	~	~	9	224	156	77	90	143	
NUMBER OF RESPONDENTS	252	4350	19	35	44	55	77	15	162	~	~	~	~	10	235	162	82	95	149	
	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	
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	OTHR ###	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR	POOR	MALE	FE-MALE
Q17 NEVER	3 2%	58 2%	~	~	~	2%	4%	~0.8%	~	~	~	~	~	11%	~	3%	~	3%	~	3%
SOMETIMES	19 10%	230 7%	~	11%	4%	20%	9%	7%	10%	~	~	~	~	11%	~	11%	7%	16%	7%	13%
USUALLY	42 23%	675 21%	1%	7%	10%	10%	19%	13%	21%	~	~	~	~	44%	17%	22%	18%	30%	25%	21%
ALWAYS	121 65%	2229 70%	12%	17%	17%	25%	36%	80%	68%	~	~	~	~	33%	83%	65%	75%*	51%*	69%	64%
#ALWAYS + USUALLY (NET)	163 88%	2905 91%	13%	24%	27%	35%	46%	93%	89%	~	~	~	~	78%	100%	87%	93%*	81%*	93%	85%*
TOP BOX SCORE	121 65%	2229 70%	12%	17%	17%	25%	36%	80%	68%	~	~	~	~	33%	83%	65%	75%*	51%*	69%	64%
NOT ANSWERED	2	27						1							1	1	1			
VALID CASES	185	3193	13	27	28	45	53	15	127					9	6	173	111	67	61	119
NUMBER OF RESPONDENTS	187 100%	3220 100%	13 100%	27 100%	28 100%	45 100%	53 100%	15 100%	128 100%					9 100%	6 100%	174 100%	112 100%	68 100%	61 100%	119 100%

[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			
	UHAL	OHP	18	25	35	45	55	65	BLCK	AS-	NATV	AMER				NOT	EX &					
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	IAN	HAW/	IND/	ALSK	MUL-	HIS-	HIS-	VERY	GOOD	FAIR	FE-		
ADLT	ADLT	24	34	44	54	64	OVER	WHTE	#	##	###	###	###	TI	IC	IC	GOOD	POOR	MALE	MALE		
Q18 NEVER	5 3%	63 2%	~	2 7%	~	2 5%	1 2%	~	2 2%	~	~	~	~	~	11%	~	5 3%	1 0.9%	3 5%	~	5 4%*	
SOMETIMES	23 13%	266 8%	~	2 7%	5 18%	8 18%	6 11%	1 7%	15 12%	~	~	~	~	~	33%	~	22 13%	13 12%	8 12%	3 5%*	19 16%*	
USUALLY	45 24%	675 21%	31%	4 30%	8 21%	6 27%	12 23%	12 20%	3 22%	~	~	~	~	~	22%	3 50%	41 24%	23 21%	22 33%*	18 30%	27 23%	
ALWAYS	111 60%	2196 69%*	69%	9 56%	15 56%	17 61%	22 50%	34 64%	11 73%	81 64%	~	~	~	~	~	33%	3 50%	104 60%	74 67%*	33 50%*	40 66%	67 57%
#ALWAYS + USUALLY (NET)	156 85%	2872 90%	100%	13 85%	23 82%	23 77%	34 87%	46 93%	14 87%	109 87%	~	~	~	~	~	56%	6 100%	145 84%	97 87%	55 83%	58 95%*	94 80%*
TOP BOX SCORE	111 60%	2196 69%*	69%	9 56%	15 56%	17 61%	22 50%	34 64%	11 73%	81 64%	~	~	~	~	~	33%	3 50%	104 60%	74 67%*	33 50%*	40 66%	67 57%
NOT ANSWERED	3	19				1			2								2	1	2		1	
VALID CASES	184	3201	100%	13	27	28	44	53	15	126					9	6	172	111	66	61	118	
NUMBER OF RESPONDENTS	187	3220	100%	13	27	28	45	53	15	128					9	6	174	112	68	61	119	
	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	
	UHAL TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q19 NEVER	3	78		1		1	1		1					1		3	1	1		3
	2%	2%	~	4%~	~	2%~	2%	~	0.8%	~	~	~	~	13%~	~	2%~	0.9%	2%	~	3%~
SOMETIMES	19	205		4	2	6	5	2	11					3		19	11	8	5	14
	10%	6%	~	15%~	7%~	14%~	10%	13%~	9%	~	~	~	~	38%~	~	11%~	10%	12%	8%	12%
USUALLY	37	539	1	5	6	12	10	2	26					2	2	34	16	20	16	20
	20%	17%	8%~	19%~	21%~	28%~	19%	13%~	21%	~	~	~	~	25%~	33%~	20%~	14%*	31%*	26%	17%
ALWAYS	123	2374	12	17	20	24	36	11	87					2	4	114	83	36	40	79
	68%	74%	92%~	63%~	71%~	56%~	69%	73%~	70%	~	~	~	~	25%~	67%~	67%~	75%*	55%*	66%	68%
#ALWAYS + USUALLY (NET)	160	2913	13	22	26	36	46	13	113					4	6	148	99	56	56	99
	88%	91%	100%~	81%~	93%~	84%~	88%	87%~	90%	~	~	~	~	50%~	100%~	87%~	89%	86%	92%	85%
TOP BOX SCORE	123	2374	12	17	20	24	36	11	87					2	4	114	83	36	40	79
	68%	74%	92%~	63%~	71%~	56%~	69%	73%~	70%	~	~	~	~	25%~	67%~	67%~	75%*	55%*	66%	68%
NOT ANSWERED	5	24				2	1		3					1		4	1	3		3
VALID CASES	182	3196	13	27	28	43	52	15	125					8	6	170	111	65	61	116
NUMBER OF RESPONDENTS	187	3220	13	27	28	45	53	15	128					9	6	174	112	68	61	119
	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	
	UHAL	OHP	18	25	35	45	55	65	BLCK	NATV	AMER					EX &				
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	AS-	HAW/	IND/	ALSK	MUL-	NOT	VERY	FAIR	FE-		
ADLT	ADLT	24	34	44	54	64	OVER	WHTE	AFR-	IAN	ILND	NATV	OTHR	TI	PAN-	PAN-	GOOD	POOR	MALE	MALE
									#	##	###	###	###		IC	IC	GOOD	POOR		
Q20 NEVER	5	89		2		2	1		2					3		5	2	2	1	4
	3%	3%	~	7%~	~	5%~	2%	~	2%	~	~	~	~	33%~	~	3%~	2%	3%	2%	3%
SOMETIMES	23	317		2	2	12	6	1	12					2	1	22	10	13	5	18
	13%	10%	~	7%~	7%~	27%~	11%	7%~	10%	~	~	~	~	22%~	17%~	13%~	9%	20%*	8%	15%
USUALLY	60	782	5	10	10	13	15	6	46					1	2	56	34	25	24	35
	33%	24%*	38%~	37%~	36%~	30%~	28%	43%~	37%	~	~	~	~	11%~	33%~	33%~	31%	38%	39%	30%
ALWAYS	94	2009	8	13	16	17	31	7	65					3	3	88	64	26	31	60
	52%	63%*	62%~	48%~	57%~	39%~	58%	50%~	52%	~	~	~	~	33%~	50%~	51%~	58%*	39%*	51%	51%
#ALWAYS + USUALLY (NET)	154	2790	13	23	26	30	46	13	111					4	5	144	98	51	55	95
	85%	87%	100%~	85%~	93%~	68%~	87%	93%~	89%*	~	~	~	~	44%~	83%~	84%~	89%*	77%	90%	81%
TOP BOX SCORE	94	2009	8	13	16	17	31	7	65					3	3	88	64	26	31	60
	52%	63%*	62%~	48%~	57%~	39%~	58%	50%~	52%	~	~	~	~	33%~	50%~	51%~	58%*	39%*	51%	51%
NOT ANSWERED	5	24				1		1	3							3	2	2		2
VALID CASES	182	3196	13	27	28	44	53	14	125					9	6	171	110	66	61	117
NUMBER OF RESPONDENTS	187	3220	13	27	28	45	53	15	128					9	6	174	112	68	61	119
	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?

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q21 YES	112 61%	2002 63%	5 38%~	14 52%~	20 74%~	28 62%~	31 60%	11 73%~	74 59%	~	~	~	~	~	6 75%~	5 83%~	103 60%~	61 55%*	47 70%	31 52%	78 66%
NO	71 39%	1173 37%	8 62%~	13 48%~	7 26%~	17 38%~	21 40%	4 27%~	52 41%	~	~	~	~	~	2 25%~	1 17%~	68 40%~	49 45%*	20 30%	29 48%	40 34%
NOT ANSWERED	4	45			1		1		2						1		3	2	1	1	1
VALID CASES	183	3175	13	27	27	45	52	15	126						8	6	171	110	67	60	118
NUMBER OF RESPONDENTS	187 100%	3220 100%	13 100%	27 100%	28 100%	45 100%	53 100%	15 100%	128 100%						9 100%	6 100%	174 100%	112 100%	68 100%	61 100%	119 100%

[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		
UHAL 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	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE			
Q22 NEVER	10 9%	115 6%	2 ~ 14%	3 15%	3 11%	2 7%	7 10%	~	~	~	~	~	~	10 10%	4 7%	6 13%	10 13%			
SOMETIMES	20 18%	272 14%	4 ~ 29%	6 30%	6 22%	2 7%	1 9%	13 18%	~	~	~	~	2 33%	1 20%	18 18%	12 20%	7 15%	3 10%	16 21%	
USUALLY	30 28%	568 30%	1 25%	3 21%	3 15%	8 30%	12 40%	3 27%	21 29%	~	~	~	~	3 50%	1 20%	29 29%	13 22%	16 35%	10 34%	20 26%
ALWAYS	49 45%	925 49%	3 75%	5 36%	8 40%	10 37%	14 47%	7 64%	32 44%	~	~	~	~	1 17%	3 60%	43 43%	30 51%	17 37%	16 55%	31 40%
#ALWAYS + USUALLY (NET)	79 72%	1493 79%	4 100%	8 57%	11 55%	18 67%	26 87%	10 91%	53 73%	~	~	~	~	4 67%	4 80%	72 72%	43 73%	33 72%	26 90%	51 66%
TOP BOX SCORE	49 45%	925 49%	3 75%	5 36%	8 40%	10 37%	14 47%	7 64%	32 44%	~	~	~	~	1 17%	3 60%	43 43%	30 51%	17 37%	16 55%	31 40%
NOT ANSWERED	3	69	1			1	1		1						3	2	1	2	1	
VALID CASES	109	1881	4	14	20	27	30	11	73				6	5	100	59	46	29	77	
NUMBER OF RESPONDENTS	112	1950	5	14	20	28	31	11	74				6	5	103	61	47	31	78	
	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		
	UHAL TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND PAC ##	AMER ALSK ##	OTHR ##	MULTI #	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q23 WORST PERSONAL DOCTOR POSSIBLE	2 0.8%	21 0.5%	~	~	1 2%	1 2%	~	~	~	~	~	~	~	1 11%	2 ~0.9%	1 ~0.7%	~	~	~	2 1%
01	2 0.8%	38 0.9%	~	1 3%	~	1 2%	~	1 ~0.7%	~	~	~	~	~	~	2 ~0.9%	1 ~0.7%	1 1%	~	~	2 1%
02	3 1%	42 1%	~	~	~	1 2%	2 3%	1 ~0.7%	~	~	~	~	~	~	3 ~1%	1 ~0.7%	2 3%	1 1%	2 1%	
03	10 4%	61 2%*	~	1 3%	2 5%	3 6%	3 4%	1 7%	8 5%	~	~	~	~	1 ~11%	10 ~5%	4 3%	6 8%	2 2%	8 6%	
04	10 4%	88 2%	~	1 3%	2 5%	4 8%	2 3%	1 7%	6 4%	~	~	~	~	1 ~11%	10 ~5%	5 3%	4 5%	3 3%	7 5%	
05	18 8%	212 5%	1 6%	5 16%	2 5%	4 8%	6 8%	~	12 8%	~	~	~	~	1 ~11%	1 13%	17 8%	12 8%	6 8%	10 11%	7 5%
06	18 8%	181 4%	2 12%	3 9%	5 12%	5 9%	2 3%*	1 7%	9 6%	~	~	~	~	1 ~11%	2 25%	16 7%	15 10%*	3 4%	5 6%	13 9%
07	16 7%	352 9%	2 12%	2 6%	2 5%	4 8%	6 8%	~	14 9%*	~	~	~	~	~	1 13%	15 7%	10 7%	6 8%	7 8%	9 6%
08	43 18%	703 17%	3 18%	5 16%	10 24%	9 17%	14 20%	2 13%	26 17%	~	~	~	~	1 ~11%	42 ~19%	27 18%	15 19%	18 20%	25 18%	
09	42 18%	736 18%	3 18%	6 19%	7 17%	9 17%	12 17%	2 13%	29 19%	~	~	~	~	~	1 13%	38 17%	23 15%	18 23%	13 15%	26 19%
BEST PERSONAL DOCTOR POSSIBLE	72 31%	1648 40%*	6 35%	8 25%	11 26%	12 23%	24 34%	8 53%	47 31%	~	~	~	~	3 ~33%	3 38%	66 30%	51 34%	18 23%	30 34%	39 28%
#8-10 (NET)	157 67%	3087 76%*	12 71%	19 59%	28 67%	30 57%	50 70%	12 80%	102 67%	~	~	~	~	4 ~44%	4 50%	146 66%	101 67%	51 65%	61 69%	90 64%

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			
	UHAL 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/ LLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
9-10 (NET)	114 48%	2384 58%*	9 53%~	14 44%~	18 43%~	21 40%	36 51%	10 67%~	76 50%	~	~	~	~	~	33%~	4 50%~	104 47%~	74 49%	36 46%	43 48%	65 46%
NOT ANSWERED	16	266	2	3	2	2	6		9					1	1	14	12	3	6	9	
VALID CASES	236	4084	17	32	42	53	71	15	153					9	8	221	150	79	89	140	
NUMBER OF RESPONDENTS	252 100%	4350 100%	19 100%	35 100%	44 100%	55 100%	77 100%	15 100%	162 100%					10 100%	9 100%	235 100%	162 100%	82 100%	95 100%	149 100%	
MEAN	7.75	8.33	8.35	7.47	7.64	7.15	7.96	8.47	7.86					6.22	7.87	7.70	7.92	7.48	7.98	7.56	
p stat_(*=Sig @ p<=.05)		.000*	~	~	~.056	.375	~	.393	~	~	~	~	~	~	~	~	~.174	.220	.239	.110	

[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?

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q24 YES	125 40%	2150 40%	3 11%~	17 38%~	26 42%	22 35%	47 49%*	8 44%~	84 42%	~	~	~	~	~	5 36%~	6 46%~	117 40%~	67 32%*	55 59%*	41 31%*	82 46%*
NO	190 60%	3272 60%	24 89%~	28 62%~	36 58%	41 65%	48 51%*	10 56%~	115 58%	~	~	~	~	~	9 64%~	7 54%~	176 60%~	144 68%*	39 41%*	90 69%*	96 54%*
NOT ANSWERED	16	249				2	2		3								3	3	1	3	1
VALID CASES	315	5422	27	45	62	63	95	18	199						14	13	293	211	94	131	178
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%						14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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	
	UHAL	OHP	18	25	35	45	55	65	BLCK	AS-	NATV	AMER					EX &			
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	IAN	HAW/	IND/	ALSK	MUL-	HIS-	NOT	VERY	GOOD	FAIR	FE-
ADLT	ADLT	24	34	44	54	64	OVER	WHTE	AMER	ILND	NATV	OTHR	TI	IC	IC	GOOD	POOR	MALE	MALE	
Q25 NEVER	9	123	1	1	3	2	2	4							8	6	3	3	6	
	7%	6%	33%~	6%~	12%~	9%~	5%~	5%~	~	~	~	~	~	~	7%~	10%	5%	8%~	8%~	
SOMETIMES	28	379	1	3	7	7	9	1	19					1	1	27	11	17	11	17
	23%	19%	33%~	19%~	27%~	32%~	20%~	13%~	23%~	~	~	~	~	20%~	17%~	24%~	17%	31%	28%~	22%~
USUALLY	25	576		5	7	3	7	1	17					2		24	14	9	7	16
	21%	29%*	~	31%~	27%~	14%~	16%~	13%~	21%~	~	~	~	~	40%~	~	21%~	22%	16%	18%~	20%~
ALWAYS	59	938	1	7	9	10	26	6	41					2	5	54	32	26	19	40
	49%	46%	33%~	44%~	35%~	45%~	59%~	75%~	51%~	~	~	~	~	40%~	83%~	48%~	51%	47%	48%~	51%~
#ALWAYS + USUALLY (NET)	84	1514	1	12	16	13	33	7	58					4	5	78	46	35	26	56
	69%	75%	33%~	75%~	62%~	59%~	75%~	88%~	72%~	~	~	~	~	80%~	83%~	69%~	73%	64%	65%~	71%~
TOP BOX SCORE	59	938	1	7	9	10	26	6	41					2	5	54	32	26	19	40
	49%	46%	33%~	44%~	35%~	45%~	59%~	75%~	51%~	~	~	~	~	40%~	83%~	48%~	51%	47%	48%~	51%~
NOT ANSWERED	4	70		1			3	3							4	4		1	3	
VALID CASES	121	2016	3	16	26	22	44	8	81					5	6	113	63	55	40	79
NUMBER OF RESPONDENTS	125	2086	3	17	26	22	47	8	84					5	6	117	67	55	41	82
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q24 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	UHAL	OHP	18	25	35	45	55	65	BLCK	AS-	NATV	AMER					EX &			
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	IAN	HAW/	IND/	ALSK	MUL-	HIS-	NOT	VERY	FAIR	FE-	
ADLT	ADLT	24	34	44	54	64	OVER	WHTE	AMER	ILND	NATV	OTHR	TI	IC	IC	GOOD	POOR	MALE	MALE	
Q26																				
NONE	7	110	1	1	2	3		3					1		6	2	5	2	5	
	6%	5%	33%~	~	4%~	9%~	7%~	4%~	~	~	~	~	~	20%~	~	5%~	3%	9%	5%~	6%~
1 SPECIALIST	59	1016	2	13	15	5	20	3	43				1	2	57	41	18	17	41	
	49%	50%	67%~	81%~	58%~	23%~	47%~	38%~	54%~	~	~	~	~	20%~	33%~	51%~	66%*	33%*	44%~	52%~
2	40	508		3	6	9	17	4	25				2	3	36	14	24	14	25	
	33%	25%	~	19%~	23%~	41%~	40%~	50%~	31%~	~	~	~	~	40%~	50%~	32%~	23%*	44%*	36%~	32%~
3	10	258			4	4	1	1	5				1	1	9	3	6	4	6	
	8%	13%	~	~	15%~	18%~	2%~	13%~	6%~	~	~	~	~	20%~	17%~	8%~	5%	11%	10%~	8%~
4	3	69				1	2		3						3	2	1	2	1	
	3%	3%	~	~	~	5%~	5%~	~	4%~	~	~	~	~	~	3%~	3%	2%	5%~	1%~	
5 OR MORE SPECIALISTS	1	55				1			1						1		1		1	
	0.8%	3%*	~	~	~	5%~	~	~	1%~	~	~	~	~	~	~0.9%~	~	2%	~	1%~	
NOT ANSWERED	5	71		1			4		4						5	5		2	3	
VALID CASES	120	2015	3	16	26	22	43	8	80				5	6	112	62	55	39	79	
NUMBER OF RESPONDENTS	125	2086	3	17	26	22	47	8	84				5	6	117	67	55	41	82	
	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						ETHNIC- ITY	HEALTH STATUS		GENDER	
	UHAL 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 ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE
Q27 WORST SPECIALIST POSSIBLE	1 0.9%	19 1%	~	~	~	~	3%	1	~	~	~	~	~	~	1	1	1	1
01	1 0.9%	7 0.4%	~	~	~	5%	~	1	~	~	~	~	~	~	1	1	~	1
02		19 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	2 2%	32 2%	~	~	~	5%	3%	1	~	~	~	~	~	~	2	2	4%	3%
04	2 2%	32 2%	~	~	~	~	5%	1	~	~	~	~	~	~	2	2	4%	6%
05	1 0.9%	67 4%	~	~	4%	~	~	1	~	~	~	~	~	~	1	1	2%	3%
06	7 6%	73 4%	~	12%	12%	10%	~	5	~	~	~	~	~	~	7	5	8%	4%
07	11 10%	158 8%	~	19%	8%	5%	5%	2	~	~	~	~	25%	1	10	6	8%	11%
08	13 12%	318 17%	1	3	3	1	4	1	~	~	~	~	25%	1	2	11	7	12%
09	16 14%	355 19%	~	6%	8%	20%	21%	8	~	~	~	~	~	1	15	8	14%	16%
BEST SPECIALIST POSSIBLE	57 51%	797 42%	50%	44%	56%	50%	54%	4	~	~	~	~	50%	2	3	54	32	56%
#8-10 (NET)	86 77%	1470 78%	100%	69%	76%	75%	85%	6	~	~	~	~	75%	3	6	80	47	75%

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			
	UHAL TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILLND ###	AMER IND/PAC/ALSK ##	OTHR ##	MULTI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
9-10 (NET)	73 66%	1152 61%	1 50%~	8 50%~	16 64%~	14 70%~	29 74%~	5 63%~	51 68%~	~	~	~	~	~	2 50%~	4 67%~	69 66%~	40 68%	31 63%~	22 61%~	51 69%~
NOT ANSWERED	2	16					1		2							2	1	1		1	
VALID CASES	111	1878	2	16	25	20	39	8	75					4	6	104	59	49	36	74	
NUMBER OF RESPONDENTS	113 100%	1894 100%	2 100%	16 100%	25 100%	20 100%	40 100%	8 100%	77 100%					4 100%	6 100%	106 100%	60 100%	50 100%	37 100%	74 100%	
MEAN	8.62	8.45	9.00	8.50	8.76	8.35	8.69	8.88	8.61					8.75	9.17	8.61	8.81	8.37	8.56	8.68	
p stat_(*=Sig @ p<=.05)		.364	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~.289	~	~	~	

[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?

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILLND ###	AMER IND/ ALSK NATV ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q28 YES	43 14%	1069 20%*	2 7%~	10 23%~	8 13%	7 11%	12 13%	2 12%~	21 11%	~	~	~	~	~	2 14%~	1 8%~	41 14%~	27 13%	13 14%	9 7%*	31 18%*
NO	270 86%	4323 80%*	25 93%~	34 77%~	54 87%	57 89%	82 87%	15 88%~	175 89%	~	~	~	~	~	12 86%~	12 92%~	250 86%~	183 87%	81 86%	122 93%*	145 82%*
NOT ANSWERED	18	279		1		1	3	1	6							5	4	1	3	3	
VALID CASES	313	5392	27	44	62	64	94	17	196						14	13	291	210	94	131	176
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%						14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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?

	UHAL TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & GOOD POOR	MALE	FE- MALE	
Q29 NEVER	8 20%	102 11%		1 ~ 10%	1 13%		3 ~ 30%	1 50%	6 29%	~	~	~	~	~	~	7 ~ 18%	5 19%	2 18%	1 12%	5 17%
SOMETIMES	18 44%	354 37%	1 50%	3 30%	5 63%	4 57%	4 40%	1 50%	9 43%	~	~	~	~	1 ~100%	18 ~ 46%	13 48%	3 27%	5 62%	13 43%	
USUALLY	10 24%	333 35%		3 ~ 30%	2 25%	3 43%	2 20%		6 29%	~	~	~	~	~	1 ~100%	9 23%	6 22%	4 36%	1 12%	8 27%
ALWAYS	5 12%	171 18%	1 50%	3 30%			1 ~ 10%			~	~	~	~	~	~	5 ~ 13%	3 11%	2 18%	1 12%	4 13%
#ALWAYS + USUALLY (NET)	15 37%	504 52%	1 50%	6 60%	2 25%	3 43%	3 30%		6 29%	~	~	~	~	~	1 ~100%	14 36%	9 33%	6 55%	2 25%	12 40%
TOP BOX SCORE	5 12%	171 18%	1 50%	3 30%			1 ~ 10%			~	~	~	~	~	~	5 ~ 13%	3 11%	2 18%	1 12%	4 13%
NOT ANSWERED	2	35					2						1		2		2		1	1
VALID CASES	41	961	2	10	8	7	10	2	21				1	1	39	27	11		8	30
NUMBER OF RESPONDENTS	43	996	2	10	8	7	12	2	21				2	1	41	27	13		9	31
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%		100%	100%

[ASKED IF Q28 = YES]

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q30 YES	56 18%	1502 28%*	3 11%~	13 30%~	9 15%	8 13%	16 17%	6 33%~	33 17%	~	~	~	~	~	2 ~ 14%~	2 15%~	53 18%~	43 20%	12 13%	19 15%	36 20%
NO	258 82%	3866 72%*	24 89%~	31 70%~	52 85%	56 87%	79 83%	12 67%~	165 83%	~	~	~	~	~	12 ~ 86%~	11 85%~	240 82%~	168 80%	81 87%	112 85%	141 80%
NOT ANSWERED	17	303		1	1	1	2		4								3	3	2	3	2
VALID CASES	314	5368	27	44	61	64	95	18	198						14	13	293	211	93	131	177
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%						14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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	
	UHAL TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE
									#	##	###	###	###	TI						
Q31 NEVER	3 5%	56 4%	~	~	22%~	~	~	17%~	3%~	~	~	~	~	~	~	6%~	7%~	~	6%~	6%~
SOMETIMES	12 22%	267 20%	~	31%~	33%~	25%~	20%~	~	19%~	~	~	~	~	~	~	23%~	24%~	17%~	22%~	22%~
USUALLY	18 33%	405 30%	33%~	31%~	22%~	38%~	40%~	17%~	41%~	~	~	~	~	50%~	~	33%~	26%~	50%~	28%~	33%~
ALWAYS	22 40%	624 46%	67%~	38%~	22%~	38%~	40%~	67%~	38%~	~	~	~	~	50%~	100%~	38%~	43%~	33%~	44%~	39%~
#ALWAYS + USUALLY (NET)	40 73%	1029 76%	100%~	69%~	44%~	75%~	80%~	83%~	78%~	~	~	~	~	100%~	100%~	71%~	69%~	83%~	72%~	72%~
TOP BOX SCORE	22 40%	624 46%	67%~	38%~	22%~	38%~	40%~	67%~	38%~	~	~	~	~	50%~	100%~	38%~	43%~	33%~	44%~	39%~
NOT ANSWERED	1	48					1		1							1	1		1	
VALID CASES	55	1351	3	13	9	8	15	6	32					2	2	52	42	12	18	36
NUMBER OF RESPONDENTS	56	1399	3	13	9	8	16	6	33					2	2	53	43	12	19	36
	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			
	UHAL	OHP	18	25	35	45	55	65	BLCK	NATV	AMER					NOT	EX &					
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	AS-	HAW/	IND/	ALSK	MUL-	HIS-	HIS-	VERY	GOOD	FAIR		FE-	
ADLT	ADLT	24	34	44	54	64	OVER	WHTE	#	##	###	###	###	TI	IC	IC	GOOD	POOR	&	&	MALE	MALE
Q32 NEVER	1	18			1											1	1				1	
	2%	1%	~	~	11%	~	~	~	~	~	~	~	~	~	~	2%	2%	~	~	~	6%	~
SOMETIMES	5	102		1	2	1	1		2						5	4	1				2	3
	9%	8%	~	8%	22%	13%	7%	~	6%	~	~	~	~	~	10%	10%	8%	~	~	~	11%	8%
USUALLY	15	291	2	5	1	1	4	2	10					1	15	12	3				5	10
	27%	21%	67%	38%	11%	13%	27%	33%	31%	~	~	~	~	50%	~	29%	29%	25%	~	~	28%	28%
ALWAYS	34	946	1	7	5	6	10	4	20					1	2	31	25	8			10	23
	62%	70%	33%	54%	56%	75%	67%	67%	62%	~	~	~	~	50%	100%	60%	60%	67%	~	~	56%	64%
#ALWAYS + USUALLY (NET)	49	1237	3	12	6	7	14	6	30					2	2	46	37	11			15	33
	89%	91%	100%	92%	67%	88%	93%	100%	94%	~	~	~	~	100%	100%	88%	88%	92%	~	~	83%	92%
TOP BOX SCORE	34	946	1	7	5	6	10	4	20					1	2	31	25	8			10	23
	62%	70%	33%	54%	56%	75%	67%	67%	62%	~	~	~	~	50%	100%	60%	60%	67%	~	~	56%	64%
NOT ANSWERED	1	41					1		1							1	1				1	
VALID CASES	55	1358	3	13	9	8	15	6	32					2	2	52	42	12			18	36
NUMBER OF RESPONDENTS	56	1399	3	13	9	8	16	6	33					2	2	53	43	12			19	36
	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		
UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
Q33 YES	107 34%	1713 32%	8 30%~	22 50%~	25 40%	19 31%	22 23%*	9 50%~	52 26%*	~	~	~	~	~	4 29%~	4 31%~	101 35%~	70 33%	35 38%	45 35%	59 34%
NO	205 66%	3590 68%	19 70%~	22 50%~	37 60%	43 69%	72 77%*	9 50%~	146 74%*	~	~	~	~	10 71%~	9 69%~	188 65%~	141 67%	57 62%	85 65%	117 66%	
NOT ANSWERED	19	368	1		3	3		4								7	3	3	4	3	
VALID CASES	312	5303	27	44	62	62	94	18	198				14	13	289	211	92	130	176		
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%				14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%		

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	
	UHAL TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	OTHR ###	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
PQ34 NEVER	4 1%	82 2%	1 4%~	1 2%~	2 3%	~	~	1 0.5%	~	~	~	~	~	~	~	4 1%	3 1%	1 1%	1 0.8%	3 2%
SOMETIMES	23 7%	286 5%	3 11%~	6 14%~	5 8%	1 2%*	7 8%	13 7%	~	~	~	~	~	~	~	22 8%~	15 7%	7 8%	8 6%	14 8%
USUALLY	41 13%	671 13%	3 11%~	9 20%~	7 11%	8 13%	8 9%	5 29%~	16 8%*	~	~	~	~	2 15%~	1 8%~	39 14%~	26 12%	15 16%	15 12%	24 14%
ALWAYS	239 78%	4198 80%	20 74%~	28 64%~	48 77%	52 85%	76 84%	12 71%~	165 85%*	~	~	~	~	11 85%~	11 92%~	220 77%~	164 79%	68 75%	102 81%	134 77%
#ALWAYS + USUALLY (NET)	280 91%	4868 93%	23 85%~	37 84%~	55 89%	60 98%*	84 92%	17 100%~	181 93%	~	~	~	~	13 100%~	12 100%~	259 91%~	190 91%	83 91%	117 93%	158 90%
TOP BOX SCORE	239 78%	4198 80%	20 74%~	28 64%~	48 77%	52 85%	76 84%	12 71%~	165 85%*	~	~	~	~	11 85%~	11 92%~	220 77%~	164 79%	68 75%	102 81%	134 77%
NOT ANSWERED	5	86				1	3	1	3					1	1	4	3	1	4	1
VALID CASES	307	5236	27	44	62	61	91	17	195					13	12	285	208	91	126	175
NUMBER OF RESPONDENTS	312 100%	5322 100%	27 100%	44 100%	62 100%	62 100%	94 100%	18 100%	198 100%					14 100%	13 100%	289 100%	211 100%	92 100%	130 100%	176 100%

[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		
	UHAL TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ PAC ILND NATV ##	AMER ALSK OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
Q35 WORST HEALTH PLAN POSSIBLE	3 1%	41 0.8%	~	1 2%	~	1 2%	1 1%	~	1 0.5%	~	~	~	~	~	1 8%	1 0.4%	2 1%	1 1%	3 2%	~
01	3 1%	47 0.9%	~	~	2 3%	~	1 1%	~	3 2%	~	~	~	~	~	~	3 1%	3 1%	~	3 2%	~
02	4 1%	52 1%	~	~	1 2%	2 3%	1 1%	~	2 1%	~	~	~	~	~	~	4 1%	2 1%	2 2%	~	4 2%
03	10 3%	102 2%	1 4%	1 2%	5 8%	2 3%	1 1%	~	3 2%	~	~	~	~	1 8%	1 8%	9 3%	3 1%*	7 8%*	3 2%	7 4%
04	12 4%	122 2%	~	1 2%	2 3%	6 10%	3 3%	~	6 3%	~	~	~	~	~	~	11 4%	7 3%	5 6%	3 2%	8 5%
05	37 12%	466 9%	4 15%	5 12%	7 12%	10 16%	10 11%	1 6%	28 15%	~	~	~	~	1 8%	~	37 13%	27 13%	10 11%	19 15%	18 11%
06	27 9%	327 6%	1 4%	5 12%	5 8%	8 13%	7 8%	1 6%	19 10%	~	~	~	~	1 8%	2 15%	25 9%	16 8%	11 12%	10 8%	17 10%
07	31 10%	646 13%	5 19%	7 17%	7 12%	1 2%*	9 10%	1 6%	15 8%	~	~	~	~	2 17%	~	30 11%	18 9%	12 13%	10 8%	20 12%
08	61 20%	1048 21%	5 19%	11 26%	11 18%	14 23%	16 18%	4 25%	36 19%	~	~	~	~	4 33%	1 8%	59 21%	42 21%	17 19%	25 20%	36 21%
09	38 13%	797 16%	2 8%	4 10%	8 13%	7 11%	12 13%	4 25%	26 14%	~	~	~	~	1 8%	3 23%	34 12%	30 15%	8 9%	15 12%	22 13%
BEST HEALTH PLAN POSSIBLE	72 24%	1383 27%	8 31%	7 17%	12 20%	10 16%	28 31%	5 31%	48 26%	~	~	~	~	2 17%	5 38%	63 23%	52 26%	16 18%	35 28%	35 21%
#8-10 (NET)	171 57%	3229 64%*	15 58%	22 52%	31 52%	31 51%	56 63%	13 81%	110 59%	~	~	~	~	7 58%	9 69%	156 57%	124 61%*	41 46%*	75 61%	93 55%

Continued

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
	UHAL TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILLND ###	AMER IND/PAC/ALSK ##	OTHR ##	MULTI-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
9-10 (NET)	110 37%	2180 43%*	10 38%~	11 26%~	20 33%	17 28%	40 45%	9 56%~	74 40%	~	~	~	~	~	25%~	3 62%~	8 35%~	97 41%*	82 27%*	24 41%	50 34%	57 34%
NOT ANSWERED	33	640	1	3	2	4	8	2	15						2		20	12	6	11	9	
VALID CASES	298	5031	26	42	60	61	89	16	187						12	13	276	202	89	123	170	
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%						14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%	
MEAN	7.39	7.78	7.77	7.26	7.02	6.79	7.74	8.50	7.49						7.42	7.69	7.37	7.56	6.89	7.57	7.25	
p stat_(*=Sig @ p<=.05)		.002*	~	~	.193	.031*	.091	~	.349	~	~	~	~	~	~	~	~	.079	.017*	.275	.216	

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		
	UHAL TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILLND #	AMER IND/ALSK #	OTHR #	MUL-TI #	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE
Q35A YES	37 12%	663 12%	~	3 7%	7 11%	9 14%	15 16%	2 12%	23 12%	~	~	~	~	2 14%	1 8%	34 12%	14 7%*	21 23%*	12 9%	24 14%
NO	277 88%	4665 88%	100%	27 93%	42 89%	55 86%	55 84%	80 88%	15 88%	~	~	~	~	12 86%	12 92%	258 88%	198 93%*	72 77%*	120 91%	153 86%
NOT ANSWERED	17	342				1	2	1	5						4	2	2	2	2	2
VALID CASES	314	5329	27	45	62	64	95	17	197					14	13	292	212	93	132	177
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTH R	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
								WHTE	#	##	###	###	###	TI	IC	IC				
Q35B NEVER	14 40%	127 21%	2 ~100%	4 ~57%	5 ~56%	3 ~21%	9 ~43%							1 ~100%	12 38%	3 25%	11 52%	5 42%	9 41%	
SOMETIMES	4 11%	93 16%				3 ~21%	3 ~14%								3 ~9%		3 ~14%	2 17%	1 5%	
USUALLY	7 20%	141 24%		2 ~29%	1 11%	3 21%	1 50%	4 19%					1 ~50%		7 ~22%	4 33%	2 10%	1 8%	6 27%	
ALWAYS	10 29%	234 39%		1 ~14%	3 33%	5 36%	1 50%	5 24%					1 ~50%		10 ~31%	5 42%	5 24%	4 33%	6 27%	
#ALWAYS + USUALLY (NET)	17 49%	375 63%		3 ~43%	4 44%	8 57%	2 100%	9 43%					2 ~100%		17 ~53%	9 75%	7 33%	5 42%	12 55%	
TOP BOX SCORE	10 29%	234 39%		1 ~14%	3 33%	5 36%	1 50%	5 24%					1 ~50%		10 ~31%	5 42%	5 24%	4 33%	6 27%	
NOT ANSWERED	2	32	1			1	2								2	2			2	
VALID CASES	35	595	2	7	9	14	2	21					2	1	32	12	21	12	22	
NUMBER OF RESPONDENTS	37	627	3	7	9	15	2	23					2	1	34	14	21	12	24	
	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	
	UHAL 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/ ILLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE
Q35C YES	49 16%	814 15%	2 7%	3 7%	11 18%	10 17%	18 19%	4 24%	33 17%	~	~	~	~	3 ~ 21%	1 8%	44 15%	23 11%*	24 26%*	19 15%	29 17%
NO	258 84%	4498 85%	25 93%	41 93%	50 82%	50 83%	76 81%	13 76%	157 83%	~	~	~	~	11 ~ 79%	12 92%	241 85%	183 89%*	67 74%*	111 85%	143 83%
NOT ANSWERED	24	359		1	1	5	3	1	12						11	8	4	4	7	
VALID CASES	307	5312	27	44	61	60	94	17	190					14	13	285	206	91	130	172
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	& FAIR & POOR	MALE	FE- MALE
			#	##	##	##	##	##	#	##	##	##	##	##	#	##	#	##	#	##
Q35D NEVER	16 34%	169 23%	2 67%	5 45%	5 50%	4 24%	12 39%	~	~	~	~	~	1 33%	1 100%	13 31%	5 23%	11 46%	7 39%	9 32%	
SOMETIMES	3 6%	128 17%	1 33%	~	~	1 6%	1 3%	~	~	~	~	~	~	2 5%	~	2 8%	1 6%	1 4%		
USUALLY	14 30%	197 26%	2 100%	4 36%	2 20%	5 29%	1 33%	7 23%	~	~	~	~	1 33%	14 33%	9 41%	5 21%	4 22%	10 36%		
ALWAYS	14 30%	251 34%	~	2 18%	3 30%	7 41%	2 67%	11 35%	~	~	~	~	1 33%	13 31%	8 36%	6 25%	6 33%	8 29%		
#ALWAYS + USUALLY (NET)	28 60%	448 60%	2 100%	6 55%	5 50%	12 71%	3 100%	18 58%	~	~	~	~	2 67%	27 64%	17 77%	11 46%	10 56%	18 64%		
TOP BOX SCORE	14 30%	251 34%	~	2 18%	3 30%	7 41%	2 67%	11 35%	~	~	~	~	1 33%	13 31%	8 36%	6 25%	6 33%	8 29%		
NOT ANSWERED	2	29				1 1	1 2							2	1		1 1			
VALID CASES	47	745	2	3	11	10	17	3	31				3	1	42	22	24	18	28	
NUMBER OF RESPONDENTS	49	774	2	3	11	10	18	4	33				3	1	44	23	24	19	29	
	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?

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35E YES	172 55%	2942 55%	12 44%~	21 47%~	31 50%	38 59%	54 57%	12 67%~	110 56%	~	~	~	~	~	10 71%~	3 23%~	164 56%~	99 47%*	69 73%*	60 45%*	108 61%*
NO	143 45%	2408 45%	15 56%~	24 53%~	31 50%	26 41%	40 43%	6 33%~	88 44%	~	~	~	~	~	4 29%~	10 77%~	129 44%~	111 53%*	26 27%*	73 55%*	68 39%*
NOT ANSWERED	16	321				1	3		4								3	4		1	3
VALID CASES	315	5350	27	45	62	64	94	18	198						14	13	293	210	95	133	176
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%						14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35F																				
NO EFFORT AT ALL	7 4%	101 4%	2 ~ 10%	1 ~ 3%	4 ~ 8%	3 ~ 3%						1 ~ 10%		7 ~ 4%	3 ~ 3%	4 ~ 6%	2 ~ 3%	5 ~ 5%		
A LITTLE EFFORT WAS MADE	15 9%	195 7%	1 8%	5 ~ 24%	4 ~ 14%	1 ~ 11%	8 ~ 7%					1 ~ 10%		14 ~ 9%	9 ~ 9%	6 ~ 9%	5 ~ 9%	10 ~ 10%		
SOME EFFORT WAS MADE	54 32%	696 25%*	4 ~ 33%	8 ~ 38%	9 ~ 31%	14 ~ 38%	3 ~ 29%	34 ~ 31%				4 ~ 40%		2 ~ 67%	51 ~ 32%	27 ~ 28%	27 ~ 41%	14 ~ 24%	39 ~ 37%	
A LOT OF EFFORT WAS MADE	91 54%	1801 64%*	7 ~ 58%	6 ~ 29%	15 ~ 52%	19 ~ 51%	32 ~ 62%	9 ~ 75%	63 ~ 58%			4 ~ 40%		1 ~ 33%	87 ~ 55%	58 ~ 60%	29 ~ 44%*	37 ~ 64%	51 ~ 49%*	
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	145 87%	2497 89%	11 ~ 92%	14 ~ 67%	24 ~ 83%	33 ~ 89%	47 ~ 90%	12 ~ 100%	97 ~ 90%			8 ~ 80%		3 ~ 100%	138 ~ 87%	85 ~ 88%	56 ~ 85%	51 ~ 88%	90 ~ 86%	
TOP BOX SCORE	91 54%	1801 64%*	7 ~ 58%	6 ~ 29%	15 ~ 52%	19 ~ 51%	32 ~ 62%	9 ~ 75%	63 ~ 58%			4 ~ 40%		1 ~ 33%	87 ~ 55%	58 ~ 60%	29 ~ 44%*	37 ~ 64%	51 ~ 49%*	
NOT ANSWERED	5	82		2	1	2		2						5	2	3	2	3		
VALID CASES	167	2794	12	21	29	37	52	12	108			10		3	159	97	66	58	105	
NUMBER OF RESPONDENTS	172	2876	12	21	31	38	54	12	110			10		3	164	99	69	60	108	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%	100%	100%	100%	100%	100%	

[ASKED IF Q35E = YES]

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35G																				
NO EFFORT AT ALL	8 5%	101 4%	1 ~	2 5%~	1 7%~	4 3%~	4 8%	4 ~	~	~	~	~	~	1 10%~	8 ~	5 5%~	3 5%	2 4%	6 6%	
A LITTLE EFFORT WAS MADE	16 10%	226 8%	5 ~	5 24%~	5 18%~	1 14%~	1 2%*	11 ~	~	~	~	~	~	1 10%~	1 33%~	14 9%~	8 8%	8 13%	3 5%	13 13%
SOME EFFORT WAS MADE	51 31%	717 26%	5 42%~	8 38%~	7 25%~	15 42%~	11 22%	4 33%~	28 26%	~	~	~	~	4 40%~	1 33%~	49 31%~	23 24%*	28 44%*	19 33%	31 30%
A LOT OF EFFORT WAS MADE	89 54%	1741 63%*	7 58%~	7 33%~	14 50%~	15 42%~	35 69%*	8 67%~	64 60%	~	~	~	~	4 40%~	1 33%~	85 54%~	60 62%*	25 39%*	33 58%	53 51%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	140 85%	2458 88%	12 100%~	15 71%~	21 75%~	30 83%~	46 90%	12 100%~	92 86%	~	~	~	~	8 80%~	2 67%~	134 86%~	83 86%	53 83%	52 91%	84 82%*
TOP BOX SCORE	89 54%	1741 63%*	7 58%~	7 33%~	14 50%~	15 42%~	35 69%*	8 67%~	64 60%	~	~	~	~	4 40%~	1 33%~	85 54%~	60 62%*	25 39%*	33 58%	53 51%
NOT ANSWERED	8	91			3	2	3		3							8	3	5	3	5
VALID CASES	164	2785	12	21	28	36	51	12	107					10	3	156	96	64	57	103
NUMBER OF RESPONDENTS	172	2876	12	21	31	38	54	12	110					10	3	164	99	69	60	108
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35H NO EFFORT AT ALL	13 8%	190 7%	3 ~ 14%	5 ~ 17%	2 ~ 5%	3 ~ 6%	7 ~ 7%	~	~	~	~	~	1 ~ 11%	~	12 ~ 8%	7 ~ 7%	6 ~ 9%	3 5%	10 9%	
A LITTLE EFFORT WAS MADE	21 13%	238 9%	2 17%	3 14%	5 17%	5 13%	4 8%	1 9%	13 12%	~	~	~	~	1 ~ 11%	20 ~ 13%	12 13%	9 14%	8 14%	12 11%	
SOME EFFORT WAS MADE	51 31%	749 27%	3 25%	7 33%	6 21%	15 39%	16 31%	4 36%	29 27%	~	~	~	~	5 ~ 56%	2 67%	48 30%	24 25%	26 39%	16 28%	35 33%
A LOT OF EFFORT WAS MADE	81 49%	1596 58%	7 58%	8 38%	13 45%	16 42%	29 56%	6 55%	57 54%	~	~	~	~	2 ~ 22%	1 33%	78 49%	53 55%	25 38%	30 53%	49 46%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	132 80%	2345 85%	10 83%	15 71%	19 66%	31 82%	45 87%	10 91%	86 81%	~	~	~	~	7 ~ 78%	3 100%	126 80%	77 80%	51 77%	46 81%	84 79%
TOP BOX SCORE	81 49%	1596 58%	7 58%	8 38%	13 45%	16 42%	29 56%	6 55%	57 54%	~	~	~	~	2 ~ 22%	1 33%	78 49%	53 55%	25 38%	30 53%	49 46%
NOT ANSWERED	6	103		2		2	1	4					1		6	3	3	3	2	
VALID CASES	166	2773	12	21	29	38	52	11	106					9	3	158	96	66	57	106
NUMBER OF RESPONDENTS	172	2876	12	21	31	38	54	12	110					10	3	164	99	69	60	108
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35I YES	100 32%	1870 35%	8 30%~	13 29%~	17 28%	23 37%	30 32%	8 47%~	66 34%	~	~	~	~	~	43%~	1 8%~	98 34%~	61 29%	35 38%	28 21%*	71 41%*
NO	211 68%	3406 65%	19 70%~	32 71%~	44 72%	39 63%	64 68%	9 53%~	130 66%	~	~	~	~	~	57%~	8 92%~	191 66%~	148 71%	57 62%	103 79%*	103 59%*
NOT ANSWERED	20	394			1	3	3	1	6							7	5	3	3	5	
VALID CASES	311	5277	27	45	61	62	94	17	196					14	13	289	209	92	131	174	
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%	

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?

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35J #YES	82 86%	1588 89%	7 88%	11 85%	12 80%	19 86%	26 93%	7 88%	53 87%	~	~	~	~	~	5 83%	82 88%	53 90%	28 82%	23 85%	59 88%	
NO	13 14%	204 11%	1 12%	2 15%	3 20%	3 14%	2 7%	1 12%	8 13%	~	~	~	~	~	1 17%	1 100%	11 12%	6 10%	6 18%	4 15%	8 12%
NOT ANSWERED	5	60			2	1	2		5							5	2	1	1	4	
VALID CASES	95	1792	8	13	15	22	28	8	61						6	1	93	59	34	27	67
NUMBER OF RESPONDENTS	100	1852	8	13	17	23	30	8	66						6	1	98	61	35	28	71
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35I = YES]

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q35K #YES	75 79%	1484 84%	7 88%~	9 69%~	9 60%~	18 82%~	26 93%~	5 63%~	50 82%~	~	~	~	~	~	4 67%~	74 80%~	48 81%~	25 74%~	19 76%~	55 80%~	
NO	20 21%	292 16%	1 12%~	4 31%~	6 40%~	4 18%~	2 7%~	3 38%~	11 18%~	~	~	~	~	~	2 33%~	1 100%~	19 20%~	11 19%~	9 26%~	6 24%~	14 20%~
NOT ANSWERED	5	76			2	1	2		5							5	2	1	3	2	
VALID CASES	95	1776	8	13	15	22	28	8	61						6	1	93	59	34	25	69
NUMBER OF RESPONDENTS	100	1852	8	13	17	23	30	8	66						6	1	98	61	35	28	71
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35I = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTH R	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
									#	##	##	##	##	TI	IC	IC				
Q35L NEVER	48 16%	692 13%	2 8%	7 17%	8 13%	14 22%	15 17%	1 6%	22 12%*	~	~	~	~	~ 29%	4 31%	41 15%	26 13%	18 19%	25 20%	22 13%
SOMETIMES	42 14%	623 12%	2 8%	7 17%	12 20%	11 17%	8 9%	2 12%	22 12%	~	~	~	~	~ 14%	2 23%	37 13%	24 12%	18 19%	15 12%	27 16%
USUALLY	74 24%	1195 23%	5 19%	9 21%	17 28%	15 23%	20 22%	7 41%	53 28%	~	~	~	~	~ 29%	2 15%	71 25%	52 26%	22 23%	33 26%	39 23%
ALWAYS	139 46%	2698 52%*	17 65%	19 45%	23 38%	25 38%	46 52%	7 41%	94 49%	~	~	~	~	~ 29%	4 31%	133 47%	101 50%	37 39%	55 43%	82 48%
#ALWAYS + USUALLY (NET)	213 70%	3894 75%	22 85%	28 67%	40 67%	40 62%	66 74%	14 82%	147 77%*	~	~	~	~	~ 57%	6 46%	204 72%	153 75%*	59 62%*	88 69%	121 71%
TOP BOX SCORE	139 46%	2698 52%*	17 65%	19 45%	23 38%	25 38%	46 52%	7 41%	94 49%	~	~	~	~	~ 29%	4 31%	133 47%	101 50%	37 39%	55 43%	82 48%
NOT ANSWERED	28	462	1	3	2		8	1	11						14	11			6	9
VALID CASES	303	5209	26	42	60	65	89	17	191					14	13	282	203	95	128	170
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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	
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	MUL-OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
								WHTE												
Q35M ALWAYS	186%	3106%	28%~	3~	55%	48%	425%~	126%	~	~	~	~	~	17%	~	136%	55%	97%	95%	
USUALLY	155%	2705%	14%~	511%~	~	35%	66%	105%	~	~	~	~	~	8%~	5%~	84%	78%	75%	85%	
SOMETIMES	5719%	95218%	312%~	1023%~	915%	1829%*	1314%	3518%	~	~	~	~	321%~	18%~	520%~	3014%*	2628%*	2217%	3420%	
NEVER	21470%	369771%	2077%~	2966%~	4780%	3759%*	7075%	850%~	~	~	~	~	1071%~	1185%~	19669%~	15775%*	5559%*	9070%	12170%	
#NEVER + SOMETIMES (NET)	27189%	464989%	2388%~	3989%~	5695%*	5587%	8389%	1275%~	~	~	~	~	1393%~	1292%~	25289%~	18790%	8187%	11288%	15590%	
TOP BOX SCORE	21470%	369771%	2077%~	2966%~	4780%	3759%*	7075%	850%~	~	~	~	~	1071%~	1185%~	19669%~	15775%*	5559%*	9070%	12170%	
NOT ANSWERED	27	442	1	1	3	2	4	2	10						13	6	2	6	7	
VALID CASES	304	5229	26	44	59	63	93	16	192					14	13	283	208	93	128	172
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
								WHTE	#	##	###	###	###	TI	IC	IC	GOOD	POOR		
Q35N ALWAYS	2 0.7%	79 2%	~	~	~	~	2%~	1 0.5%	~	~	~	~	~	~	2 ~0.7%	2 1%~	1 ~0.8%	1 0.6%		
USUALLY	7 2%	129 2%	~	2%~	2%~	5%	2%	4 2%	~	~	~	~	~	1 8%~	6 ~2%~	3 1%	3 3%	2 2%	5 3%	
SOMETIMES	53 17%	739 14%	2 8%~	7 16%~	8 13%	13 21%	18 19%	5 33%~	37 19%	~	~	~	~	3 23%~	2 15%~	50 18%~	30 14%	23 25%*	20 16%	32 19%
NEVER	243 80%	4276 82%	24 92%~	36 82%~	51 85%	47 75%	71 76%	10 67%~	150 78%	~	~	~	~	9 69%~	11 85%~	225 80%~	174 83%*	67 72%*	105 82%	134 78%
#NEVER + SOMETIMES (NET)	296 97%	5015 96%	26 100%~	43 98%~	59 98%	60 95%	89 96%	15 100%~	187 97%	~	~	~	~	12 92%~	13 100%~	275 97%~	204 98%	90 97%	125 98%	166 97%
TOP BOX SCORE	243 80%	4276 82%	24 92%~	36 82%~	51 85%	47 75%	71 76%	10 67%~	150 78%	~	~	~	~	9 69%~	11 85%~	225 80%~	174 83%*	67 72%*	105 82%	134 78%
NOT ANSWERED	26	448	1	1	2	2	4	3	10					1	13	5	2	6	7	
VALID CASES	305	5223	26	44	60	63	93	15	192					13	13	283	209	93	128	172
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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					
	UHAL TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MULTI- TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE	
Q350 ALWAYS	1 0.3%	62 1%*	~	~	~	~	1%	~	~	~	~	~	~	~	~	1	1	~	~	1	~0.6%
USUALLY	13 4%	77 1%*	1 4%	2 5%	1 2%	4 6%	4 4%	1 6%	~	~	~	~	~	3 21%	~	13 5%	8 4%	4 4%	4 3%	9 5%	~
SOMETIMES	36 12%	505 10%	~	7 16%	8 14%	12 19%	6 6%*	3 19%	~	~	~	~	~	3 21%	~	34 12%	19 9%*	17 18%*	13 10%	23 13%	~
NEVER	256 84%	4589 88%	25 96%	35 80%	50 85%	47 75%	83 88%	12 75%	~	~	~	~	~	8 57%	13 100%	236 83%	182 87%	73 78%	110 87%	141 81%	~
#NEVER + SOMETIMES (NET)	292 95%	5094 97%	25 96%	42 95%	58 98%	59 94%	89 95%	15 94%	~	~	~	~	~	11 79%	13 100%	270 95%	201 96%	90 96%	123 97%	164 94%	~
TOP BOX SCORE	256 84%	4589 88%	25 96%	35 80%	50 85%	47 75%	83 88%	12 75%	~	~	~	~	~	8 57%	13 100%	236 83%	182 87%	73 78%	110 87%	141 81%	~
NOT ANSWERED	25	438	1	1	3	2	3	2	~	~	~	~	~	~	~	12	4	1	7	5	~
VALID CASES	306	5233	26	44	59	63	94	16	~	~	~	~	~	14	13	284	210	94	127	174	~
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	~	~	~	~	~	14	13	296	214	95	134	179	~
	100%	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	100%	100%	100%	100%	100%	100%	100%	100%

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q35P																						
#YES DEFINITELY	178 59%	3547 69%*	21 81%~	22 51%~	36 61%	32 51%	57 63%	9 53%~	119 62%	~	~	~	~	~	29%~	4 75%~	9 59%~	167 66%*	136 46%*	42 60%	74 60%	103 60%
YES SOMEWHAT	91 30%	1203 23%*	4 15%~	16 37%~	19 32%	22 35%	23 26%	6 35%~	54 28%	~	~	~	~	~	43%~	6 17%~	2 31%~	88 26%*	53 42%*	38 30%	37 30%	52 30%
NO	32 11%	417 8%	1 4%~	5 12%~	4 7%	9 14%	10 11%	2 12%~	18 9%	~	~	~	~	~	29%~	4 8%~	1 9%~	26 9%~	18 9%	11 12%	13 10%	18 10%
NOT ANSWERED	30	503	1	2	3	2	7	1	11							1	15	7	4	10	6	
VALID CASES	301	5168	26	43	59	63	90	17	191						14	12	281	207	91	124	173	
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%						14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%	

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?

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35Q YES	179 58%	2983 57%	15 56%~	30 67%~	33 56%	30 46%*	60 63%	9 53%~	119 60%	~	~	~	~	~	7 50%~	6 46%~	169 58%~	130 61%	49 52%	75 57%	102 58%
NO	132 42%	2289 43%	12 44%~	15 33%~	26 44%	35 54%*	35 37%	8 47%~	79 40%	~	~	~	~	~	7 50%~	7 54%~	121 42%~	83 39%	46 48%	57 43%	73 42%
NOT ANSWERED	20	399			3		2	1	4							6	1			2	4
VALID CASES	311	5272	27	45	59	65	95	17	198						14	13	290	213	95	132	175
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202						14	13	296	214	95	134	179
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND PAC #	AMER ALSK NATV ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE
Q35R NEVER	61 42%	917 37%	3 23%~	13 48%~	11 55%~	10 36%~	19 40%~	3 38%~	32 43%	~	~	~	~	3 38%~	3 50%~	52 39%~	41 40%~	19 45%~	26 42%	33 41%
SOMETIMES	28 19%	468 19%	5 38%~	4 15%~	1 5%~	7 25%~	9 19%~	2 25%~	11 15%	~	~	~	~	1 13%~	1 17%~	27 20%~	17 17%~	11 26%~	8 13%	20 25%
USUALLY	21 14%	470 19%	2 15%~	3 11%~	3 15%~	4 14%~	7 15%~	2 25%~	14 19%	~	~	~	~	2 25%~	2 15%~	20 16%~	16 16%~	5 12%~	10 16%	11 14%
ALWAYS	35 24%	619 25%	3 23%~	7 26%~	5 25%~	7 25%~	12 26%~	1 13%~	17 23%	~	~	~	~	2 25%~	2 33%~	33 25%~	28 27%~	7 17%~	18 29%	17 21%
#ALWAYS + USUALLY (NET)	56 39%	1089 44%	5 38%~	10 37%~	8 40%~	11 39%~	19 40%~	3 38%~	31 42%	~	~	~	~	4 50%~	2 33%~	53 40%~	44 43%~	12 29%~	28 45%	28 35%
TOP BOX SCORE	35 24%	619 25%	3 23%~	7 26%~	5 25%~	7 25%~	12 26%~	1 13%~	17 23%	~	~	~	~	2 25%~	2 33%~	33 25%~	28 27%~	7 17%~	18 29%	17 21%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	163	2730	14	17	40	35	46	10	123					6	6	156	111	49	68	93
NOT ANSWERED	23	467		1	2	2	4		5						1	8	1	4	4	5
VALID CASES	145	2474	13	27	20	28	47	8	74					8	6	132	102	42	62	81
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q36 EXCELLENT	27 9%	556 10%	8 30%~	3 7%~	8 13%	3 5%	5 5%	13 7%	~	~	~	~	~	1 8%~	1 8%~	25 9%~	27 13%~	~	11 8%	16 9%
VERY GOOD	73 24%	1282 24%	12 44%~	11 24%~	15 25%	9 14%*	20 21%	5 31%~	47 24%	~	~	~	~	4 31%~	3 23%~	67 23%~	73 34%~	~	34 26%	38 22%
GOOD	114 37%	1849 35%	6 22%~	22 49%~	25 42%	17 27%	36 38%	8 50%~	78 40%	~	~	~	~	4 31%~	5 38%~	108 38%~	114 53%*	~	50 38%	63 36%
FAIR	66 21%	1201 23%	1 4%~	9 20%~	8 13%	20 32%*	24 25%	3 19%~	41 21%	~	~	~	~	3 23%~	3 23%~	62 22%~	66 69%~	~	24 18%	41 24%
POOR	29 9%	406 8%	~	~	4 7%	14 22%*	10 11%	17 9%	~	~	~	~	~	1 8%~	1 8%~	26 9%~	29 31%~	~	12 9%	16 9%
#EXCELLENT + VERY GOOD + GOOD (NET)	214 69%	3686 70%	26 96%~	36 80%~	48 80%*	29 46%*	61 64%	13 81%~	138 70%	~	~	~	~	9 69%~	9 69%~	200 69%~	214 100%~	~	95 73%	117 67%
NOT ANSWERED	22	377			2	2	2	2	6					1		8			3	5
VALID CASES	309	5294	27	45	60	63	95	16	196					13	13	288	214	95	131	174
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q37																					
EXCELLENT	55 18%	956 18%	7 26%~	6 14%~	13 21%	7 11%	19 20%	1 6%~	31 16%	~	~	~	~	~	21%~	1 8%~	52 18%~	47 22%*	7 7%*	25 19%	28 16%
VERY GOOD	76 24%	1444 27%	7 26%~	17 39%~	15 25%	10 16%*	19 20%	8 44%~	47 24%	~	~	~	~	~	21%~	1 8%~	73 25%~	66 31%*	10 11%*	33 25%	43 24%
GOOD	94 30%	1591 30%	8 30%~	10 23%~	21 34%	19 30%	32 34%	4 22%~	66 34%	~	~	~	~	~	21%~	5 38%~	88 30%~	69 32%	23 24%	37 28%	57 32%
FAIR	63 20%	1030 19%	5 19%~	8 18%~	9 15%	19 30%	17 18%	4 22%~	39 20%	~	~	~	~	~	36%~	4 31%~	58 20%~	24 11%*	37 39%*	24 18%	37 21%
POOR	24 8%	303 6%	~	3 7%~	3 5%	9 14%	8 8%	1 6%~	14 7%	~	~	~	~	~	~	2 15%~	20 7%~	7 3%*	17 18%*	13 10%	11 6%
#EXCELLENT + VERY GOOD + GOOD (NET)	225 72%	3991 75%	22 81%~	33 75%~	49 80%	36 56%*	70 74%	13 72%~	144 73%	~	~	~	~	~	64%~	9 54%~	213 73%~	182 85%*	40 43%*	95 72%	128 73%
NOT ANSWERED	19	348		1	1	1	2		5								5	1	1	2	3
VALID CASES	312	5323	27	44	61	64	95	18	197						14	13	291	213	94	132	176
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202						14	13	296	214	95	134	179
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q38 #YES	91 30%	1949 37%*	7 28%~	5 12%~	16 26%	21 33%	26 28%	14 82%~	63 33%	~	~	~	~	~	4 31%~	4 31%~	84 29%~	57 27%	33 35%	32 25%	57 33%
NO	215 70%	3261 63%*	18 72%~	37 88%~	45 74%	43 67%	68 72%	3 18%~	130 67%	~	~	~	~	~	9 69%~	9 69%~	201 71%~	152 73%	60 65%	97 75%	116 67%
DON'T KNOW	5	134	2	2			1		3					1		5	4	1	3	2	
NOT ANSWERED	20	327		1	1	1	2	1	6							6	1	1	2	4	
VALID CASES	306	5210	25	42	61	64	94	17	193						13	13	285	209	93	129	173
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%						14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q39 EVERY DAY	81 26%	1034 20%*	5 19%~	15 33%~	15 25%	23 36%	22 24%	1 6%~	46 24%	~	~	~	~	~	4 29%~	3 25%~	77 27%~	47 22%*	33 35%*	43 33%*	38 22%*
SOME DAYS	40 13%	461 9%*	2 8%~	6 13%~	5 8%	9 14%	15 16%	2 11%~	26 13%	~	~	~	~	~	2 14%~	2 17%~	38 13%~	26 12%	14 15%	15 12%	24 14%
NOT AT ALL	188 61%	3773 72%*	19 73%~	24 53%~	40 67%	32 50%	56 60%	15 83%~	123 63%	~	~	~	~	~	8 57%~	7 58%~	175 60%~	136 65%*	48 51%*	71 55%	114 65%
DON'T KNOW	1	42			1											1		1		1	
NOT ANSWERED	21	360	1		1	1	4		7								6	4		4	3
VALID CASES	309	5269	26	45	60	64	93	18	195						14	12	290	209	95	129	176
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202						14	13	296	214	95	134	179
	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?

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE
Q40 NEVER	35 29%	477 30%	4 57%	5 24%	5 26%	9 28%	12 32%	18 25%	~	~	~	~	~	3 50%	3 60%	31 27%	23 32%	11 23%	16 28%	19 31%
SOMETIMES	31 26%	309 20%	1 14%	6 29%	5 26%	10 31%	9 24%	18 25%	~	~	~	~	~	1 17%	1 20%	30 26%	17 24%	14 30%	16 28%	15 24%
USUALLY	22 18%	270 17%	1 14%	3 14%	4 21%	4 12%	10 27%	17 24%	~	~	~	~	~	1 17%	~	22 19%	13 18%	9 19%	12 21%	10 16%
ALWAYS	32 27%	513 33%	1 14%	7 33%	5 26%	9 28%	6 16%	3 100%	19 26%	~	~	~	~	1 17%	1 20%	31 27%	19 26%	13 28%	13 23%	18 29%
#ALWAYS + USUALLY (NET)	54 45%	782 50%	2 29%	10 48%	9 47%	13 41%	16 43%	3 100%	36 50%	~	~	~	~	2 33%	1 20%	53 46%	32 44%	22 47%	25 44%	28 45%
TOP BOX SCORE	32 27%	513 33%	1 14%	7 33%	5 26%	9 28%	6 16%	3 100%	19 26%	~	~	~	~	1 17%	1 20%	31 27%	19 26%	13 28%	13 23%	18 29%
NOT ANSWERED	1	25			1											1	1		1	
VALID CASES	120	1569	7	21	19	32	37	3	72					6	5	114	72	47	57	62
NUMBER OF RESPONDENTS	121	1594	7	21	20	32	37	3	72					6	5	115	73	47	58	62
	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	
	UHAL 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 #	NATV AS- IAN ##	AMER HAW/ IND/ PAC ALSK ##	ILND NATV ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q41 NEVER	68 57%	796 51%	7 100%~	11 52%~	13 65%~	19 59%~	17 47%~	1 33%~	41 57%~	~	~	~	~	2 33%~	3 60%~	64 56%~	44 60%~	23 50%~	34 59%~	34 56%~
SOMETIMES	30 25%	318 20%	~	7 33%~	4 20%~	8 25%~	10 28%~	1 33%~	18 25%~	~	~	~	~	2 33%~	1 20%~	29 25%~	19 26%~	11 24%~	13 22%~	17 28%~
USUALLY	10 8%	179 11%	~	1 5%~	2 10%~	1 3%~	6 17%~	~	5 7%~	~	~	~	~	1 17%~	1 20%~	9 8%~	6 8%~	4 9%~	8 14%*	2 3%*
ALWAYS	12 10%	266 17%*	~	2 10%~	1 5%~	4 13%~	3 8%~	1 33%~	8 11%~	~	~	~	~	1 17%~	~	12 11%~	4 5%~	8 17%~	3 5%~	8 13%~
#ALWAYS + USUALLY (NET)	22 18%	445 29%*	~	3 14%~	3 15%~	5 16%~	9 25%~	1 33%~	13 18%~	~	~	~	~	2 33%~	1 20%~	21 18%~	10 14%~	12 26%~	11 19%~	10 16%~
TOP BOX SCORE	12 10%	266 17%*	~	2 10%~	1 5%~	4 13%~	3 8%~	1 33%~	8 11%~	~	~	~	~	1 17%~	~	12 11%~	4 5%~	8 17%~	3 5%~	8 13%~
NOT ANSWERED	1	34					1									1		1		1
VALID CASES	120	1560	7	21	20	32	36	3	72					6	5	114	73	46	58	61
NUMBER OF RESPONDENTS	121	1594	7	21	20	32	37	3	72					6	5	115	73	47	58	62
	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			
	UHAL 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 #	NATV AS- IAN ##	AMER HAW/ IND/ PAC ALSK ##	ILND NATV ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE MALE	FE- MALE
Q42 NEVER	77 65%	888 57%	7 100%	11 52%	14 74%	21 66%	24 69%	46 64%	~	~	~	~	~	3 50%	3 60%	73 65%	46 65%	30 65%	38 67%	39 65%
SOMETIMES	21 18%	301 19%	~	5 24%	2 11%	7 22%	6 17%	1 33%	13 18%	~	~	~	~	1 17%	2 40%	19 17%	14 20%	7 15%	10 18%	11 18%
USUALLY	9 8%	175 11%	~	1 5%	2 11%	1 3%	4 11%	1 33%	6 8%	~	~	~	~	1 17%	~	9 8%	6 8%	3 7%	6 11%	3 5%
ALWAYS	11 9%	191 12%	~	4 19%	1 5%	3 9%	1 3%	1 33%	7 10%	~	~	~	~	1 17%	~	11 10%	5 7%	6 13%	3 5%	7 12%
#ALWAYS + USUALLY (NET)	20 17%	367 24%	~	5 24%	3 16%	4 13%	5 14%	2 67%	13 18%	~	~	~	~	2 33%	~	20 18%	11 15%	9 20%	9 16%	10 17%
TOP BOX SCORE	11 9%	191 12%	~	4 19%	1 5%	3 9%	1 3%	1 33%	7 10%	~	~	~	~	1 17%	~	11 10%	5 7%	6 13%	3 5%	7 12%
NOT ANSWERED	3	39			1		2									3	2	1	1	2
VALID CASES	118	1555	7	21	19	32	35	3	72					6	5	112	71	46	57	60
NUMBER OF RESPONDENTS	121 100%	1594 100%	7 100%	21 100%	20 100%	32 100%	37 100%	3 100%	72 100%					6 100%	5 100%	115 100%	73 100%	47 100%	58 100%	62 100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
UHAL	OHP	18	25	35	45	55	65		BLCK	NATV	AMER					NOT	EX &				
TOT	TOT	TO	TO	TO	TO	TO	AND	WHTE	OR	HAW/	IND/	ALS	MUL-	HIS-	HIS-	VERY	GOOD	FAIR	MALE	FE-	
ADLT	ADLT	24	34	44	54	64	OVER	#	AFR-	AS-	PAC	NATV	OTH	PAN-	PAN-	GOOD	POOR	&	&	MALE	MALE
								#	AMER	IAN	ILND	NATV	THR	IC	IC	GOOD	POOR				
Q43																					
YES	78	1073	4	4	4	18	36	10	48					4	1	73	45	31	36	40	
	25%	20%*	15%~	9%~	7%*	29%	38%*	67%~	25%	~	~	~	~	~ 29%~	8%~	26%~	21%*	34%*	28%	23%	
NO	228	4210	23	40	57	45	58	5	145					10	12	213	165	61	93	134	
	75%	80%*	85%~	91%~	93%*	71%	62%*	33%~	75%	~	~	~	~	~ 71%~	92%~	74%~	79%*	66%*	72%	77%	
DON'T KNOW	4	36		1		1		2	3							4	2	2	2	2	
NOT ANSWERED	21	352				1	1	3	1	6						6	2	1	3	3	
VALID CASES	306	5283	27	44	61	63	94	15	193					14	13	286	210	92	129	174	
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q44 YES	30 11%	481 10%	18 ~	25 7%	35 3	45 6	55 27%*	65 10%	18 10%	~	~	~	~	~	2 15%	2 17%	28 10%	10 5%*	20 24%*	13 11%	17 10%
NO	255 89%	4399 90%	27 100%	38 93%	51 94%	41 73%*	80 90%	17 100%	160 90%	~	~	~	~	~	11 85%	10 83%	239 90%	190 95%*	63 76%*	106 89%	147 90%
DON'T KNOW	25	432		3	7	8	6	1	18						1	1	23	12	10	13	12
NOT ANSWERED	21	359		1	1	1	2		6								6	2	2	2	3
VALID CASES	285	4880	27	41	54	56	89	17	178						13	12	267	200	83	119	164
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%						14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q45 YES	102 33%	1760 33%	3 11%~	7 16%~	12 20%*	25 40%	43 45%*	11 65%~	61 31%	~	~	~	~	~	5 36%~	3 23%~	96 33%~	61 29%*	39 42%*	48 36%	53 30%
NO	207 67%	3528 67%	24 89%~	37 84%~	49 80%*	38 60%	52 55%*	6 35%~	134 69%	~	~	~	~	~	9 64%~	10 77%~	193 67%~	151 71%*	54 58%*	84 64%	121 70%
NOT ANSWERED	22	383		1	1	2	2	1	7								7	2	2	2	5
VALID CASES	309	5288	27	44	61	63	95	17	195						14	13	289	212	93	132	174
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%						14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ##	OTHR ###	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
Q46.1	UHAL TOT ADLT	18	25	35	45	55	65													
	OHP TOT ADLT	24	34	44	54	64	OVER													
YES	70	1193	1	4	6	16	34	8	47					2	4	63	35	33	28	41
	21%	21%	4%~	9%~	10%*	25%	35%*	44%~	23%	~	~	~	~	~ 14%~	31%~	21%~	16%*	35%*	21%	23%
NO	261	4478	26	41	56	49	63	10	155					12	9	233	179	62	106	138
	79%	79%	96%~	91%~	90%*	75%	65%*	56%~	77%	~	~	~	~	~ 86%~	69%~	79%~	84%*	65%*	79%	77%
VALID CASES	331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179
	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		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ##	OTHR ###	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE		
Q46.2	UHAL TOT ADLT	18	25	35	45	55	65														
YES	OHP TOT ADLT	94	1634	2	5	10	22	40	13	65			2	5	85	47	45	48	44		
		28%	29%	7%~	11%~	16%*	34%	41%*	72%~	32%*	~	~	~	~	14%~	38%~	29%~	22%*	47%*	36%*	25%
NO	OHP TOT ADLT	237	4037	25	40	52	43	57	5	137			12	8	211	167	50	86	135		
		72%	71%	93%~	89%~	84%*	66%	59%*	28%~	68%*	~	~	~	~	86%~	62%~	71%~	78%*	53%*	64%*	75%
VALID CASES	OHP TOT ADLT	331	5671	27	45	62	65	97	18	202			14	13	296	214	95	134	179		
NUMBER OF RESPONDENTS		331	5671	27	45	62	65	97	18	202			14	13	296	214	95	134	179		
		100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	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		
UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE
Q46.3 YES	59 18%	883 16%	1 4%	7 16%	7 11%	15 23%	23 24%	6 33%	33 16%	~	~	~	~	~	5 36%	58 20%	36 17%	21 22%	27 20%	32 18%
NO	272 82%	4788 84%	26 96%	38 84%	55 89%	50 77%	74 76%	12 67%	169 84%	~	~	~	~	9 64%	13 100%	238 80%	178 83%	74 78%	107 80%	147 82%
VALID CASES	331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE
Q47.1 YES	16 5%	231 4%	~	1 2%	1 2%	4 6%	6 6%	4 22%	4 2%*	~	~	~	~	3 21%	~	16 5%	11 5%	5 5%	8 6%	8 4%
NO	315 95%	5440 96%	27 100%	44 100%	61 98%	61 98%	91 94%	14 78%	198 98%*	~	~	~	~	11 79%	13 100%	280 95%	203 95%	90 95%	126 94%	171 96%
VALID CASES	331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ##	OTHR ###	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE
Q47.2	UHAL TOT ADLT	18	25	35	45	55	65												
	OHP TOT ADLT	20	220	1	2	3	10	4	14				3		20	13	7	7	13
YES		6%	4%	~ 2%	~ 3%	5%	10%	22%	7%	~	~	~	~ 21%	~	~ 7%	6%	7%	5%	7%
		311	5451	27	44	60	62	87	14	188			11	13	276	201	88	127	166
NO		94%	96%	100%	~ 98%	~ 97%	95%	90%	78%	93%	~	~	~ 79%	~ 100%	~ 93%	~ 94%	93%	95%	93%
		331	5671	27	45	62	65	97	18	202			14	13	296	214	95	134	179
VALID CASES		331	5671	27	45	62	65	97	18	202			14	13	296	214	95	134	179
NUMBER OF RESPONDENTS		100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	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		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/ALSK ##	OTHR ###	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
Q47.3 YES	15 5%	243 4%	2 ~	1 4%~	4 2%	6 6%	2 11%~	7 3%	~	~	~	~	~	1 7%~	~	15 5%~	5 2%*	10 11%*	7 5%	8 4%
NO	316 95%	5428 96%	27 100%~	43 96%~	61 98%	61 94%	91 94%	16 89%~	195 97%	~	~	~	~	13 ~	13 100%~	281 95%~	209 98%*	85 89%*	127 95%	171 96%
VALID CASES	331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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	
UHAL 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	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q47.4 YES	54 16%	955 17%	5 ~ 11%	6 ~ 10%	14 22%	24 25%*	5 28%~	33 16%	~	~	~	~	3 ~ 21%	2 15%	49 17%	28 13%*	26 27%*	23 17%	30 17%		
NO	277 84%	4716 83%	27 100%~	40 89%~	56 90%	51 78%	73 75%*	13 72%~	169 84%	~	~	~	~	11 ~ 79%	11 85%	247 83%	186 87%*	69 73%*	111 83%	149 83%	
VALID CASES	331	5671	27	45	62	65	97	18	202				14	13	296	214	95	134	179		
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%				14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%		

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q48 YES	102 33%	1695 32%	2 8%	13 29%	20 32%	23 36%	34 35%	9 50%	65 33%	~	~	~	~	~	8 57%	5 38%	94 32%	48 23%*	53 57%*	37 28%	64 36%
NO	210 67%	3585 68%	24 92%	32 71%	42 68%	41 64%	62 65%	9 50%	134 67%	~	~	~	~	~	6 43%	8 62%	200 68%	163 77%*	40 43%*	95 72%	114 64%
NOT ANSWERED	19	392	1			1	1		3								2	3	2	2	1
VALID CASES	312	5279	26	45	62	64	96	18	199						14	13	294	211	93	132	178
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%						14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q49 YES	84 88%	1392 87%	1 50%~	9 90%~	18 90%~	20 91%~	28 87%~	8 89%~	51 85%~	~	~	~	~	~	7 88%~	5 100%~	77 88%~	36 80%~	47 94%~	30 86%~	54 90%~
NO	12 13%	208 13%	1 50%~	1 10%~	2 10%~	2 9%~	4 13%~	1 11%~	9 15%~	~	~	~	~	~	1 12%~	~	11 13%~	9 20%~	3 6%~	5 14%~	6 10%~
NOT ANSWERED	6	69		3		1	2		5								6	3	3	2	4
VALID CASES	96	1600	2	10	20	22	32	9	60						8	5	88	45	50	35	60
NUMBER OF RESPONDENTS	102	1669	2	13	20	23	34	9	65						8	5	94	48	53	37	64
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q48 = YES]

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q50 YES	191 61%	3271 62%	7 26%~	23 51%~	31 50%	45 69%	69 73%*	16 89%~	124 62%	~	~	~	~	~	10 71%~	6 46%~	183 62%~	111 53%*	75 80%*	71 53%*	119 67%*
NO	122 39%	2030 38%	20 74%~	22 49%~	31 50%	20 31%	26 27%*	2 11%~	76 38%	~	~	~	~	~	4 29%~	7 54%~	112 38%~	100 47%*	19 20%*	62 47%*	59 33%*
NOT ANSWERED	18	369					2		2								1	3	1	1	1
VALID CASES	313	5302	27	45	62	65	95	18	200						14	13	295	211	94	133	178
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%						14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q51 YES	176 95%	2939 94%	6 86%~	21 91%~	30 97%~	42 93%~	64 96%~	13 100%~	112 93%*	~	~	~	~	~	9 ~100%	6 ~100%	168 ~94%	101 94%	70 95%	64 93%	112 97%
NO	10 5%	176 6%	1 14%~	2 9%~	1 3%~	3 7%~	3 4%	~	9 7%*	~	~	~	~	~	~	~	10 6%~	6 6%	4 5%	5 7%	4 3%
NOT ANSWERED	5	111						2 3	3						1		5	4	1	2	3
VALID CASES	186	3115	7	23	31	45	67	13	121						9	6	178	107	74	69	116
NUMBER OF RESPONDENTS	191 100%	3226 100%	7 100%	23 100%	31 100%	45 100%	69 100%	16 100%	124 100%						10 100%	6 100%	183 100%	111 100%	75 100%	71 100%	119 100%

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTH R	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
									#	##	###	###	###	TI	IC	IC				
NQ52																				
18 TO 24	30 9%	544 10%	27 100%	~	~	~	~	~	15 7%	~	~	~	~	2 14%	1 8%	26 9%	26 12%*	1 1%	14 10%	13 7%
25 TO 34	48 15%	1042 18%*	~	45 ~100%	~	~	~	~	23 11%	~	~	~	~	1 7%	3 23%	42 14%	36 17%	9 9%	14 10%	31 17%
35 TO 44	66 20%	924 16%	~	~	62 ~100%	~	~	~	38 19%	~	~	~	~	1 7%	3 23%	58 20%	48 22%	12 13%*	27 20%	35 20%
45 TO 54	67 20%	1138 20%	~	~	~	65 ~100%	~	~	44 22%	~	~	~	~	4 29%	2 15%	60 20%	29 14%*	35 37%*	30 22%	34 19%
55 TO 64	101 31%	1472 26%	~	~	~	~	97 ~100%	~	67 33%	~	~	~	~	4 29%	4 31%	93 31%	62 29%	35 37%	43 32%	54 30%
65 TO 74	12 4%	326 6%*	~	~	~	~	12 67%	~	10 5%	~	~	~	~	2 14%	~	12 4%	9 4%	2 2%	3 2%	9 5%
75 OR OLDER	7 2%	225 4%*	~	~	~	~	6 33%	~	5 2%	~	~	~	~	~	~	5 2%	4 2%	1 1%	3 2%	3 2%
VALID CASES	331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

NQ53 ARE YOU MALE OR FEMALE?

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ53	138	2300	14	14	27	30	43	6	85						7	6	124	95	36	134	
MALE	42%	41%	52%~	31%~	44%	46%	44%	33%~	42%	~	~	~	~	~	50%~	46%~	42%~	44%	38%	100%~	~
FEMALE	193	3371	13	31	35	35	54	12	117						7	7	172	119	59	179	
	58%	59%	48%~	69%~	56%	54%	56%	67%~	58%	~	~	~	~	~	50%~	54%~	58%~	56%	62%	~100%~	
VALID CASES	331	5671	27	45	62	65	97	18	202						14	13	296	214	95	134	179
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202						14	13	296	214	95	134	179
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q54																					
8TH GRADE OR LESS	11 4%	328 6%*	~	~	2%	5%	7%	~	3%	~	~	~	~	~	15%~	2%~	3%	5%	7	4	
SOME HIGH SCHOOL BUT DID NOT GRADUATE	51 16%	614 12%*	19%~	13%~	11%	23%	13%	33%~	16%	~	~	~	~	~	23%~	15%~	13%*	24%*	19%	14%	
HIGH SCHOOL GRADUATE OR GED	119 38%	1659 31%*	44%~	56%~	27%*	36%	38%	28%~	40%	~	~	~	~	~	36%~	38%~	39%~	40%	34%	46%*	32%*
SOME COLLEGE OR 2-YEAR DEGREE	107 34%	1998 38%	37%~	29%~	44%	28%	35%	28%~	34%	~	~	~	~	~	50%~	23%~	35%~	35%	32%	24%*	42%*
4-YEAR COLLEGE GRADUATE	15 5%	437 8%*	~	~	10%	8%	3%	6%~	4%	~	~	~	~	~	~	5%~	6%	2%	7	8	
MORE THAN 4-YEAR COLLEGE DEGREE	10 3%	242 5%	~	2%~	6%	~	4%	6%~	2%	~	~	~	~	~	14%~	~	3%~	4%	2%	0.7%*	5%*
NOT ANSWERED	18	392				1	1									2	2	2		1	
VALID CASES	313	5279	27	45	62	64	96	18	202				14	13	294	212	93	134	178		
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202				14	13	296	214	95	134	179		
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	

Q55 ARE YOU OF HISPANIC OR LATINO ORIGIN OR DESCENT?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	OTHR ###	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE
Q55																				
YES HISPANIC OR LATINO	13 4%	668 13%*	1 4%~	3 7%~	3 5%	2 3%	4 4%	~	~	~	~	~	~	~100%~	13	~	9 4%	4 4%	6 5%	7 4%
NO NOT HISPANIC OR LATINO	296 96%	4589 87%*	26 96%~	42 93%~	58 95%	60 97%	92 96%	17 100%~	199 100%~	~	~	~	~	~100%~	14	296 ~100%~	200 96%	88 96%	124 95%	170 96%
NOT ANSWERED	22	413			1	3	1	1	3								5	3	4	2
VALID CASES	309	5258	27	45	61	62	96	17	199					14	13	296	209	92	130	177
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					100%	14 100%	296 100%	214 100%	95 100%	134 100%	179 100%

Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
UHAL	OHP	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q56.1																				
YES	222 67%	3500 62%*	17 63%~	27 60%~	40 65%	49 75%	72 89%~	16 100%~	202 ~	~	~	~	~	13 93%~	7 54%~	212 72%~	151 71%	64 67%	94 70%	127 71%
NO	109 33%	2171 38%*	10 37%~	18 40%~	22 35%	16 25%	2 11%~	2 ~	~	~	~	~	1 7%~	6 46%~	84 28%~	63 29%	31 33%	40 30%	52 29%	
VALID CASES	331	5671	27	45	62	65	97	18	202				14	13	296	214	95	134	179	
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%				14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%	

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 HAW/ ILND ###	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q56.2	UHAL																			
	TOT	117																		
YES	ADLT	2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
	TOT	331	27	45	62	65	97	18	202				14	13	296	214	95	134	179	
NO	ADLT	100%	98%~	100%~	100%~	100%~	100%~	100%~	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%	~100%	
	TOT	331	27	45	62	65	97	18	202				14	13	296	214	95	134	179	
VALID CASES	TOT	331	27	45	62	65	97	18	202				14	13	296	214	95	134	179	
NUMBER OF RESPONDENTS	ADLT	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	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	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q56.3	UHAL TOT ADLT	18	25	35	45	55	65													
	OHP TOT ADLT																			
YES	3	212					2	1					1		3	3		2	1	
	0.9%	4%*	~	~	~	~	2%	6%~	~	~	~	~	7%~	~	1%~	1%~	~	1%	0.6%	
NO	328	5459	27	45	62	65	95	17	202				13	13	293	211	95	132	178	
	99%	96%*	100%~	100%~	100%~	100%~	98%	94%~	100%~	~	~	~	93%~	100%~	99%~	99%	100%~	99%	99%	
VALID CASES	331	5671	27	45	62	65	97	18	202				14	13	296	214	95	134	179	
NUMBER OF RESPONDENTS	331	5671	27	45	62	65	97	18	202				14	13	296	214	95	134	179	
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
UHAL 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 ###	AMER IND/ ALSK NATV ###	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q56.4 YES	2 0.6%	34 0.6%	1 4%	~	~	~	1 1%	~	~	~	~	~	1 7%	2 ~0.7%	2 ~0.9%	~	1 ~0.7%	1 0.6%		
NO	329 99%	5637 99%	26 96%	45 100%	62 100%	65 100%	96 99%	18 100%	202 100%	~	~	~	~	13 93%	13 100%	294 99%	212 99%	95 100%	133 99%	178 99%
VALID CASES	331	5671	27	45	62	65	97	18	202				14	13	296	214	95	134	179	
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%				14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	OTHR ###	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE
Q56.5 YES	17 5%	211 4%	1 4%~	3 7%~	1 2%*	5 8%	6 6%	1 6%~	~	~	~	~	~	11 ~ 79%~	2 15%~	15 5%~	9 4%	7 7%	7 5%	10 6%
NO	314 95%	5460 96%	26 96%~	42 93%~	61 98%*	60 92%	91 94%	17 94%~	202 100%~	~	~	~	~	3 ~ 21%~	11 85%~	281 95%~	205 96%	88 93%	127 95%	169 94%
VALID CASES	331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179
NUMBER OF RESPONDENTS	331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

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-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE		
Q56.6	YES	14 4%	307 5%	1 4%~	1 2%~	3 5%	5 8%	3 3%	1 6%~	~	~	~	~	~	2 14%~	4 31%~	9 3%~	9 4%	4 4%	10 7%*	3 2%*
	NO	317 96%	5364 95%	26 96%~	44 98%~	59 95%	60 92%	94 97%	17 94%~	202 100%~	~	~	~	~	12 86%~	9 69%~	287 97%~	205 96%	91 96%	124 93%*	176 98%*
VALID CASES		331	5671	27	45	62	65	97	18	202					14	13	296	214	95	134	179
NUMBER OF RESPONDENTS		331 100%	5671 100%	27 100%	45 100%	62 100%	65 100%	97 100%	18 100%	202 100%					14 100%	13 100%	296 100%	214 100%	95 100%	134 100%	179 100%

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
Q57 YES	33 14%	630 15%	2 11%~	3 11%~	5 12%~	7 14%	11 14%	5 31%~	30 15%~	~	~	~	~	~	~	2 29%~	30 13%~	23 15%	9 13%	23 23%*	10 7%*
NO	201 86%	3507 85%	17 89%~	24 89%~	38 88%~	44 86%	66 86%	11 69%~	171 85%~	~	~	~	~	12 ~100%~	5 71%~	193 87%~	135 85%	59 87%	75 77%*	124 93%*	
NOT ANSWERED	1	39				1		1							1	1			1		
VALID CASES	234	4137	19	27	43	51	77	16	201				12	7	223	158	68	98	134		
NUMBER OF RESPONDENTS	235	4176	19	27	43	52	77	16	202				12	7	224	159	68	99	134		
	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.

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
Q58.1 YES	14 42%	257 48%	1 50%	3 100%	3 60%	2 29%	3 27%	2 40%	12 40%	~	~	~	~	~	2 100%	12 40%	11 48%	3 33%	10 43%	4 40%
NO	19 58%	281 52%	1 50%	~	2 40%	5 71%	8 73%	3 60%	18 60%	~	~	~	~	~	18 60%	12 52%	6 67%	13 57%	6 60%	
VALID CASES	33	538	2	3	5	7	11	5	30						2	30	23	9	23	10
NUMBER OF RESPONDENTS	33 100%	538 100%	2 100%	3 100%	5 100%	7 100%	11 100%	5 100%	30 100%						2 100%	30 100%	23 100%	9 100%	23 100%	10 100%

[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	
UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
Q58.2 YES	16 48%	220 41%	2 100%	2 67%	2 40%	3 43%	5 45%	2 40%	14 47%	~	~	~	~	~	2 100%	14 47%	13 57%	2 22%	12 52%	4 40%	
NO	17 52%	318 59%	~	1 33%	3 60%	4 57%	6 55%	3 60%	16 53%	~	~	~	~	~	16 53%	10 43%	7 78%	11 48%	6 60%		
VALID CASES	33	538	2	3	5	7	11	5	30						2	30	23	9	23	10	
NUMBER OF RESPONDENTS	33 100%	538 100%	2 100%	3 100%	5 100%	7 100%	11 100%	5 100%	30 100%						2 100%	30 100%	23 100%	9 100%	23 100%	10 100%	

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

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q58.3 YES	12 36%	203	1 ~ 33%	1 ~ 20%	3 ~ 43%	5 ~ 45%	2 ~ 40%	12 40%	~	~	~	~	~	~	12 ~ 40%	6 26%	6 67%	8 35%	4 40%	
NO	21 64%	335	2 ~ 100%	2 ~ 67%	4 ~ 80%	4 ~ 57%	6 ~ 60%	18 60%	~	~	~	~	~	~	2 ~ 100%	18 60%	17 74%	3 33%	15 65%	6 60%
VALID CASES	33	538	2	3	5	7	11	5	30					2	30	23	9	23	10	
NUMBER OF RESPONDENTS	33 100%	538 100%	2 100%	3 100%	5 100%	7 100%	11 100%	5 100%	30 100%					2 100%	30 100%	23 100%	9 100%	23 100%	10 100%	

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ###	AMER IND/ALSK ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE			
Q58.4	UHAL																				
YES	OHP TOT ADLT	79																			
		15%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NO	OHP TOT ADLT	33	459	2	3	5	7	11	5	30				2	30	23	9	23	10		
		100%	85%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%		
VALID CASES	OHP TOT ADLT	33	538	2	3	5	7	11	5	30				2	30	23	9	23	10		
NUMBER OF RESPONDENTS		33	538	2	3	5	7	11	5	30				2	30	23	9	23	10		
		100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%		

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE-MALE	MALE		
Q58.5	YES	2	32	1		1	1								2	2		2			
	6%	6%	~33%	~	~	9%	3%	~	~	~	~	~	~	~	7%	9%	~	~	20%		
	NO	31	506	2	2	5	7	10	5	29					2	28	21	9	23	8	
	94%	94%	~100%	~67%	~100%	~100%	91%	~100%	~97%	~	~	~	~	~	~100%	93%	91%	~100%	~100%	80%	
VALID CASES		33	538	2	3	5	7	11	5	30					2	30	23	9	23	10	
NUMBER OF RESPONDENTS		33	538	2	3	5	7	11	5	30					2	30	23	9	23	10	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

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

NQ13 RATING OF ALL HEALTH CARE

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
NQ13 0-6	59 26%	761 20%*	4 20%~	9 28%~	11 31%~	15 32%~	16 23%	1 6%~	33 22%	~	~	~	~	~	8 67%~	1 13%~	54 26%~	28 19%*	26 36%*	17 21%	39 28%
7-8	84 37%	1368 36%	9 45%~	17 53%~	13 36%~	19 40%~	17 24%*	7 44%~	57 38%	~	~	~	~	~	3 25%~	4 50%~	77 37%~	58 40%	24 33%	29 35%	53 38%
9-10	83 37%	1705 44%*	7 35%~	6 19%~	12 33%~	13 28%~	37 53%*	8 50%~	60 40%	~	~	~	~	~	1 8%~	3 38%~	79 38%~	60 41%	22 31%	36 44%	47 34%
VALID CASES	226	3835	20	32	36	47	70	16	150					12	8	210	146	72	82	139	
NUMBER OF RESPONDENTS	226 100%	3835 100%	20 100%	32 100%	36 100%	47 100%	70 100%	16 100%	150 100%					12 100%	8 100%	210 100%	146 100%	72 100%	82 100%	139 100%	
MEAN	2.11	2.25	2.15	1.91	2.03	1.96	2.30	2.44	2.18					1.42	2.25	2.12	2.22	1.94	2.23	2.06	
p stat_(*=Sig @ p<=.05)		.006*	~	~	~	~	.017*	~	.053	~	~	~	~	~	~	~	~	.005*	.040*	.070	.243

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	OTHR ###	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
NQ23 0-6	63 27%	642 16%*	3 18%~	11 34%~	12 29%~	19 36%	15 21%	3 20%~	37 24%	~	~	~	~	~	5 56%~	3 38%~	60 27%~	39 26%	22 28%	21 24%	41 29%
7-8	59 25%	1053 26%	5 29%~	7 22%~	12 29%~	13 25%	20 28%	2 13%~	40 26%	~	~	~	~	~	1 11%~	1 13%~	57 26%~	37 25%	21 27%	25 28%	34 24%
9-10	114 48%	2378 58%*	9 53%~	14 44%~	18 43%~	21 40%	36 51%	10 67%~	76 50%	~	~	~	~	~	3 33%~	4 50%~	104 47%~	74 49%	36 46%	43 48%	65 46%
VALID CASES	236	4074	17	32	42	53	71	15	153						9	8	221	150	79	89	140
NUMBER OF RESPONDENTS	236 100%	4074 100%	17 100%	32 100%	42 100%	53 100%	71 100%	15 100%	153 100%						9 100%	8 100%	221 100%	150 100%	79 100%	89 100%	140 100%
MEAN	2.22	2.43	2.35	2.09	2.14	2.04	2.30	2.47	2.25						1.78	2.12	2.20	2.23	2.18	2.25	2.17
p stat_(*=Sig @ p<=.05)		.000*	~	~	~.080	.328		~.347	~	~	~	~	~	~	~	~	~.681	.616	.656	.323	

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	UHAL TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
NQ27 0-6	14 13%	249 13%	2 ~ 12%	4 ~ 16%	4 ~ 20%	4 ~ 10%	10 13%	~	~	~	~	~	~	14 ~ 13%	6 10%	8 16%	5 14%	9 12%		
7-8	24 22%	475 25%	1 50%	6 38%	5 20%	2 10%	6 15%	3 38%	14 19%	~	~	~	~	2 50%	2 33%	21 20%	13 22%	10 20%	9 25%	14 19%
9-10	73 66%	1151 61%	1 50%	8 50%	16 64%	14 70%	29 74%	5 63%	51 68%	~	~	~	~	2 50%	4 67%	69 66%	40 68%	31 63%	22 61%	51 69%
VALID CASES	111	1875	2	16	25	20	39	8	75					4	6	104	59	49	36	74
NUMBER OF RESPONDENTS	111 100%	1875 100%	2 100%	16 100%	25 100%	20 100%	39 100%	8 100%	75 100%					4 100%	6 100%	104 100%	59 100%	49 100%	36 100%	74 100%
MEAN	2.53	2.48	2.50	2.38	2.48	2.50	2.64	2.62	2.55					2.50	2.67	2.53	2.58	2.47	2.47	2.57
p stat_(*=Sig @ p<=.05)		.458	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.485	~	~	~

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

NQ35 RATING OF HEALTH PLAN

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ35 0-6	96 32%	1160 23%*	6 23%~	13 31%~	22 37%	29 48%*	24 27%	2 13%~	62 33%	~	~	~	~	~	3 25%~	4 31%~	90 33%~	60 30%	36 40%	38 31%	57 34%
7-8	92 31%	1699 34%	10 38%~	18 43%~	18 30%	15 25%	25 28%	5 31%~	51 27%	~	~	~	~	~	6 50%~	1 8%~	89 32%~	60 30%	29 33%	35 28%	56 33%
9-10	110 37%	2187 43%*	10 38%~	11 26%~	20 33%	17 28%	40 45%	9 56%~	74 40%	~	~	~	~	~	3 25%~	8 62%~	97 35%~	82 41%*	24 27%*	50 41%	57 34%
VALID CASES	298	5046	26	42	60	61	89	16	187						12	13	276	202	89	123	170
NUMBER OF RESPONDENTS	298 100%	5046 100%	26 100%	42 100%	60 100%	61 100%	89 100%	16 100%	187 100%						12 100%	13 100%	276 100%	202 100%	89 100%	123 100%	170 100%
MEAN	2.05	2.20	2.15	1.95	1.97	1.80	2.18	2.44	2.06						2.00	2.31	2.03	2.11	1.87	2.10	2.00
p stat_(*=Sig @ p<=.05)		.001*	~	~	.404	.013*	.074	~	.639	~	~	~	~	~	~	~	~	.062	.013*	.382	.265

GETTING NEEDED CARE

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE			
NPRBSEE4	NQ25	2.18	2.22	1.67	2.19	1.96	2.05	2.34	2.62	2.22			2.20	2.67	2.17	2.24	2.11	2.13	2.22			
p stat_(*=Sig @ p<=.05)		.650	~	~	~	~	~	~	~	~	~	~	~	~	~	.466	.409	~	~			
NCARNES4	NQ14	2.13	2.26	2.35	1.79	1.94	2.00	2.34	2.50	2.20			1.58	2.00	2.14	2.21	1.97	2.27	2.06			
p stat_(*=Sig @ p<=.05)		.011*	~	~	~	~.013*	~	.096	~	~	~	~	~	~	~	.058	.051	.065	.082			
COMPOSITE		2.16	2.24	2.01	1.99	1.95	2.02	2.34	2.56	2.21	x	x	x	x	x	1.89	2.33	2.15	2.22	2.04	2.20	2.14
p stat_(*=Sig @ p<=.05)		.356	~	~	~	~.184	~	.415	~	~	~	~	~	~	~	.339	.399	.762	.769			

GETTING CARE QUICKLY

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
NCARSN4 NQ4	2.43	2.42	2.55	2.19	2.24	2.31	2.72	2.56	2.49					2.00	2.75	2.43	2.51	2.38	2.57	2.36	
p stat_(*=Sig @ p<=.05)		.961	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NAPGET4 NQ6	2.19	2.28	1.92	2.13	2.03	2.08	2.39	2.60	2.23					1.75	2.50	2.19	2.27	2.11	2.30	2.16	
p stat_(*=Sig @ p<=.05)		.129	~	~	~	~.030*	~	~.313	~	~	~	~	~	~	~	~.125	.325	.201	.476		
COMPOSITE	2.31	2.35	2.23	2.16	2.13	2.19	2.55	2.58	2.36	x	x	x	x	x	1.87	2.63	2.31	2.39	2.25	2.43	2.26
p stat_(*=Sig @ p<=.05)		.669	~	~	~	~.165	~	~.482	~	~	~	~	~	~	~	~.337	.678	.401	.547		

HOW WELL DOCTORS COMMUNICATE

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	OTH R ###	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
NDREXPL4 NQ17	2.54	2.61	2.92	2.52	2.57	2.33	2.55	2.73	2.57					2.11	2.83	2.53	2.68	2.31	2.62	2.49	
p stat_(*=Sig @ p<=.05)		.127	~	~	~	~	.883	~	~	~	~	~	~	~	~	~	.001*	.002*	.233	.188	
NDRLSTN4 NQ18	2.45	2.58	2.69	2.41	2.43	2.27	2.51	2.67	2.51					1.89	2.50	2.45	2.54	2.33	2.61	2.36	
p stat_(*=Sig @ p<=.05)		.016*	~	~	~	~	.494	~	~	~	~	~	~	~	~	~	.050*	.110	.027*	.023*	
NDRESPU4 NQ19	2.55	2.65	2.92	2.44	2.64	2.40	2.58	2.60	2.60					1.75	2.67	2.54	2.64	2.42	2.57	2.53	
p stat_(*=Sig @ p<=.05)		.056	~	~	~	~	.789	~	~	~	~	~	~	~	~	~	.047*	.050	.790	.589	
NDRTMEN4 NQ20	2.36	2.50	2.62	2.33	2.50	2.07	2.45	2.43	2.41					1.78	2.33	2.36	2.47	2.17	2.41	2.32	
p stat_(*=Sig @ p<=.05)		.008*	~	~	~	~	.287	~	~	~	~	~	~	~	~	~	.016*	.009*	.522	.334	
COMPOSITE	2.48	2.59	2.79	2.43	2.54	2.27	2.52	2.61	2.52	x	x	x	x	x	1.88	2.58	2.47	2.58	2.31	2.55	2.43
p stat_(*=Sig @ p<=.05)		.421	~	~	~	~	.848	~	~	~	~	~	~	~	~	~	.370	.382	.720	.674	

CUSTOMER SERVICE

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	FE- MALE	MALE	
NPBCLCS4 NQ31	2.13	2.22	2.67	2.08	1.67	2.13	2.20	2.50	2.16					2.50	3.00	2.10	2.12	2.17	2.17	2.11	
p stat_(*=Sig @ p<=.05)		.390	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCSRESP NQ32	2.51	2.61	2.33	2.46	2.22	2.63	2.60	2.67	2.56					2.50	3.00	2.48	2.48	2.58	2.39	2.56	
p stat_(*=Sig @ p<=.05)		.289	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.32	2.42	2.50	2.27	1.94	2.38	2.40	2.58	2.36	x	x	x	x	x	2.50	3.00	2.29	2.30	2.38	2.28	2.33
p stat_(*=Sig @ p<=.05)		.692	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

SHARED DECISION MAKING

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE			
NNRXWHY NQ10																						
p stat_(*=Sig @ p<=.05)		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NNRXWYNT NQ11		2.51	2.46	2.00	2.71	2.63	2.48	2.38	2.71	2.45			1.80	3.00	2.47	2.48	2.51	2.43	2.53			
p stat_(*=Sig @ p<=.05)		.580	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NRXBST NQ12		2.39	2.52	2.00	2.86	2.38	2.19	2.31	3.00	2.39			1.80	2.33	2.40	2.51	2.19	2.43	2.38			
p stat_(*=Sig @ p<=.05)		.132	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
COMPOSITE		2.45	2.49	2.00	2.79	2.50	2.33	2.34	2.86	2.42	x	x	x	x	x	1.80	2.67	2.44	2.49	2.35	2.43	2.45
p stat_(*=Sig @ p<=.05)		.747	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	UHAL 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	
PRBSEE4 Q25	69%	75%	33%	75%	62%	59%	75%	88%	72%					80%	83%	69%	73%	64%	65%	71%	
CARNES4 Q14	71%	80%	80%	67%	56%	69%	76%	94%	75%					42%	67%	72%	76%	62%	77%	68%	
AVERAGE	70.46	77.53	56.67	70.83	58.55	63.92	75.53	90.63	73.55	x	x	x	x	x	60.83	75.00	70.36	74.60	62.90	71.05	69.49

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE		
CARSN4 Q4	82%	84%	82%	75%	71%	81%	94%	78%	85%							57%	100%	82%	84%	81%	88%	78%
APGET4 Q6	74%	77%	50%	77%	69%	70%	81%	93%	78%							50%	83%	75%	77%	70%	77%	74%
AVERAGE	78.13	80.73	65.91	75.83	70.09	75.38	87.23	85.56	81.23	x	x	x	x	x	53.57	91.67	78.11	80.64	75.69	82.33	75.82	

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	FE- MALE	MALE	
DREXPL4 Q17	88%	91%	100%	89%	96%	78%	87%	93%	89%						78%	100%	87%	93%	81%	93%	85%
DRLSTN4 Q18	85%	90%	100%	85%	82%	77%	87%	93%	87%						56%	100%	84%	87%	83%	95%	80%
DRESPU4 Q19	88%	91%	100%	81%	93%	84%	88%	87%	90%						50%	100%	87%	89%	86%	92%	85%
DRTMEN4 Q20	85%	87%	100%	85%	93%	68%	87%	93%	89%						44%	83%	84%	89%	77%	90%	81%
AVERAGE	86.4	89.8	100	85.2	91.1	76.7	87.2	91.5	88.7	x	x	x	x	x	56.9	95.8	85.7	89.6	81.8	92.6	82.8

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

	UHAL TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
PBCLCS4 Q31	73%	76%	100%	69%	44%	75%	80%	83%	78%						100%	100%	71%	69%	83%	72%	72%
CSRESP Q32	89%	91%	100%	92%	67%	88%	93%	100%	94%						100%	88%	88%	92%	83%	92%	
AVERAGE	80.91	83.64	100.0	80.77	55.56	81.25	86.67	91.67	85.94	x	x	x	x	x	x	79.81	78.57	87.50	77.78	81.94	

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	UHAL TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
NRXWHY Q10	95%	93%	83%	100%	100%	93%	93%	100%	96%					83%	100%	95%	97%	95%	100%	92%	
NRXWYNT Q11	75%	73%	50%	86%	81%	74%	69%	86%	72%					40%	100%	73%	74%	76%	71%	77%	
RXBST Q12	70%	76%	50%	93%	69%	59%	66%	100%	70%					40%	67%	70%	75%	59%	71%	69%	
AVERAGE	80.1	80.6	61.1	92.9	83.3	75.3	75.9	95.2	79.2	x	x	x	x	x	54.4	88.9	79.5	82.0	76.6	81.0	79.2

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q1 YES	256 100%	5578 100%	42 100%	64 100%	81 100%	69 100%	126 100%	~	~	~	~	~	~	30 100%	206 100%	231 100%	5 100%	201 100%	55 100%
NOT ANSWERED		1 60			1		1							1		1		1	
VALID CASES	256	5578	42	64	81	69	126							30	206	231	5	201	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%							30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILND NATV ##	AMER IND/ ALSK OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR		NO CCC	CC		
Q3 YES	96 38%	1643 30%*	21 51%~	19 30%	33 42%	23 33%	44 35%	~	~	~	~	~	~	11 ~	77 37%~	85 37%~	2 40%~	72 36%	24 44%
NO	156 62%	3803 70%*	20 49%~	44 70%	46 58%	46 67%	81 65%	~	~	~	~	~	~	19 ~	128 63%~	145 63%~	3 60%~	126 64%	30 56%
NOT ANSWERED	5	191	1	1	3		2								2	2		4	1
VALID CASES	252	5447	41	63	79	69	125							30	205	230	5	198	54
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%							30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK OTHR ##	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q4 NEVER		21 1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	4 4%	109 7%	1 5%~	1 5%~	2 ~ 10%~	1 3%~	~	~	~	~	~	~	2 18%~	2 3%~	3 4%~	1 100%~	2 3%~	2 9%~
USUALLY	19 21%	253 16%	4 20%~	5 26%~	5 17%~	5 24%~	8 21%~	~	~	~	~	~	~	16 ~ 23%~	16 20%~	~	13 19%~	6 26%~
ALWAYS	67 74%	1212 76%	15 75%~	13 68%~	25 83%~	14 67%~	29 76%~	~	~	~	~	~	9 82%~	53 75%~	62 77%~	~	52 78%~	15 65%~
#ALWAYS + USUALLY (NET)	86 96%	1464 92%	19 95%~	18 95%~	30 100%~	19 90%~	37 97%~	~	~	~	~	~	9 82%~	69 97%~	78 96%~	~	65 97%~	21 91%~
TOP BOX SCORE	67 74%	1212 76%	15 75%~	13 68%~	25 83%~	14 67%~	29 76%~	~	~	~	~	~	9 82%~	53 75%~	62 77%~	~	52 78%~	15 65%~
NOT ANSWERED	6	102	1		3	2	6							6	4	1	5	1
VALID CASES	90	1594	20	19	30	21	38						11	71	81	1	67	23
NUMBER OF RESPONDENTS	96	1696	21	19	33	23	44						11	77	85	2	72	24
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR	NO CCC	CCC
Q5 YES	151 61%	3547 65%	29 73%~	40 65%	38 49%*	44 64%	73 58%	~	~	~	~	~	19 ~63%~	121 60%~	136 60%~	5 100%~	106 55%*	45 82%*
Q5 NO	97 39%	1877 35%	11 28%~	22 35%	39 51%*	25 36%	52 42%	~	~	~	~	~	11 ~37%~	81 40%~	92 40%~	~	87 45%*	10 18%*
NOT ANSWERED	9	214	2	2	5		2							5	4		9	
VALID CASES	248	5424	40	62	77	69	125						30	202	228	5	193	55
NUMBER OF RESPONDENTS	257	5638	42	64	82	69	127						30	207	232	5	202	55
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q6 NEVER	3 2%	50 2%		2 ~ 5%~		1 ~ 3%~	1 2%	~	~	~	~	~	1 6%~	2 2%~	2 2%~	1 25%~	3 ~ 7%~	
SOMETIMES	13 9%	468 14%		6 ~ 15%~	4 12%~	3 8%~	7 11%	~	~	~	~	~	12 ~ 11%~	12 10%~		6 6%~	7 17%~	
USUALLY	42 30%	881 27%		8 30%~	9 23%~	11 32%~	14 36%~	17 26%	~	~	~	~	5 ~ 28%~	36 32%~	40 32%~	1 25%~	31 31%~	11 27%~
ALWAYS	82 59%	1910 58%		19 70%~	23 58%~	19 56%~	21 54%~	40 62%	~	~	~	~	12 ~ 67%~	61 55%~	72 57%~	2 50%~	62 63%~	20 49%~
#ALWAYS + USUALLY (NET)	124 89%	2792 84%		27 100%~	32 80%~	30 88%~	35 90%~	57 88%	~	~	~	~	17 ~ 94%~	97 87%~	112 89%~	3 75%~	93 94%~	31 76%~
TOP BOX SCORE	82 59%	1910 58%		19 70%~	23 58%~	19 56%~	21 54%~	40 62%	~	~	~	~	12 ~ 67%~	61 55%~	72 57%~	2 50%~	62 63%~	20 49%~
NOT ANSWERED	11	232		2		4	5	8					1	10	10	1	7	4
VALID CASES	140	3310		27	40	34	39	65					18	111	126	4	99	41
NUMBER OF RESPONDENTS	151 100%	3542 100%		29 100%	40 100%	38 100%	44 100%	73 100%					19 100%	121 100%	136 100%	5 100%	106 100%	45 100%

[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?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILLND ##	AMER IND/ ALSK NATV ##	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q7 NONE	75 30%	1626 30%	10 24%~	13 21%	28 36%	24 35%	38 30%	~	~	~	~	~	~	11 37%~	61 30%~	72 31%~	~	70 36%*	5 9%*
1 TIME	62 25%	1614 30%*	7 17%~	19 31%	21 27%	15 22%	34 27%	~	~	~	~	~	~	6 20%~	52 25%~	59 26%~	~	50 26%	12 22%
2	65 26%	1048 20%*	12 29%~	20 32%	18 23%	15 22%	36 29%	~	~	~	~	~	~	7 23%~	55 27%~	60 26%~	2 40%~	45 23%	20 37%
3	22 9%	512 10%	6 15%~	4 6%	6 8%	6 9%	8 6%	~	~	~	~	~	~	4 13%~	17 8%~	20 9%~	1 20%~	13 7%	9 17%
4	9 4%	232 4%	3 7%~	1 2%	1 1%	4 6%	2 2%	~	~	~	~	~	~	1 3%~	7 3%~	8 3%~	~	6 3%	3 6%
5 TO 9	15 6%	256 5%	3 7%~	5 8%	3 4%	4 6%	8 6%	~	~	~	~	~	~	~	12 6%~	11 5%~	1 20%~	11 6%	4 7%
10 OR MORE TIMES	2 0.8%	57 1%	~	~	1 1%	1 1%	~	~	~	~	~	~	~	1 3%~	~	~	1 20%~	1 0.5%	1 2%
NOT ANSWERED	7	293	1	2	4		1								3	2		6	1
VALID CASES	250	5345	41	62	78	69	126							30	204	230	5	196	54
NUMBER OF RESPONDENTS	257	5638	42	64	82	69	127							30	207	232	5	202	55
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER ALSK OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q8 #YES	118 68%	2462 67%	22 71%~	39 80%~	26 53%~	31 69%~	57 66%	~	~	~	~	~	13 68%~	95 67%~	104 66%~	4 80%~	81 64%~	37 77%~
NO	56 32%	1197 33%	9 29%~	10 20%~	23 47%~	14 31%~	30 34%	~	~	~	~	~	6 32%~	47 33%~	53 34%~	1 20%~	45 36%~	11 23%~
NOT ANSWERED	1	87				1	1							1	1			1
VALID CASES	174	3659	31	49	49	45	87						19	142	157	5	126	48
NUMBER OF RESPONDENTS	175	3746	31	49	50	45	88						19	143	158	5	126	49
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER ALSK OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR	NO CCC	CCC
Q9 NEVER	4 2%	111 3%		1 2%	2 4%	1 2%	2 2%	~	~	~	~	~	~	4 3%	4 3%		4 3%	~
SOMETIMES	15 9%	330 9%	5 16%	1 2%	4 8%	5 11%	7 8%	~	~	~	~	~	2 11%	13 9%	13 8%	2 40%	11 9%	4 8%
USUALLY	42 24%	815 22%	2 6%	17 35%	9 19%	14 31%	24 28%	~	~	~	~	~	2 11%	36 26%	36 23%	2 40%	28 22%	14 29%
ALWAYS	112 65%	2400 66%	24 77%	30 61%	33 69%	25 56%	53 62%	~	~	~	~	~	15 79%	88 62%	103 66%	1 20%	82 66%	30 63%
#ALWAYS + USUALLY (NET)	154 89%	3215 88%	26 84%	47 96%	42 88%	39 87%	77 90%	~	~	~	~	~	17 89%	124 88%	139 89%	3 60%	110 88%	44 92%
TOP BOX SCORE	112 65%	2400 66%	24 77%	30 61%	33 69%	25 56%	53 62%	~	~	~	~	~	15 79%	88 62%	103 66%	1 20%	82 66%	30 63%
NOT ANSWERED	2	90			2		2							2	2		1	1
VALID CASES	173	3656	31	49	48	45	86						19	141	156	5	125	48
NUMBER OF RESPONDENTS	175	3746	31	49	50	45	88						19	143	158	5	126	49
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q10 YES	44 25%	1058 29%	8 26%~	5 10%~	15 31%~	16 36%~	21 24%	~	~	~	~	~	6 32%~	33 23%~	38 24%~	2 40%~	24 19%~	20 43%~
NO	129 75%	2578 71%	23 74%~	44 90%~	34 69%~	28 64%~	65 76%	~	~	~	~	~	13 68%~	108 77%~	118 76%~	3 60%~	102 81%~	27 57%~
NOT ANSWERED	2	110			1	1	2							2	2			2
VALID CASES	173	3636	31	49	49	44	86						19	141	156	5	126	47
NUMBER OF RESPONDENTS	175	3746	31	49	50	45	88						19	143	158	5	126	49
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC		
Q11 #YES	37 88%	931 93%~	6 86%~	5 100%~	12 86%~	14 88%~	16 84%~	~	~	~	~	~	~	6 100%~	27 87%~	33 89%~	1 100%~	18 82%~	19 95%~
NO	5 12%	71 7%~	1 14%~	~	2 14%~	2 13%~	3 16%~	~	~	~	~	~	~	4 13%~	4 11%~	~	4 18%~	1 5%~	
NOT ANSWERED	11	408	2	2	6	1	5							7	5	1	8	3	
VALID CASES	42	1002	7	5	14	16	19							6	31	37	1	22	20
NUMBER OF RESPONDENTS	53 100%	1410 100%	9 100%	7 100%	20 100%	17 100%	24 100%							6 100%	38 100%	42 100%	2 100%	30 100%	23 100%

[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?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHT	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q12 #YES	27 64%	722 71%~	4 57%~	3 60%~	9 64%~	11 69%~	12 63%~	~	~	~	~	~	~	3 50%~	21 68%~	24 65%~	1 100%~	12 55%~	15 75%~
NO	15 36%	300 29%~	3 43%~	2 40%~	5 36%~	5 31%~	7 37%~	~	~	~	~	~	~	3 50%~	10 32%~	13 35%~	~	10 45%~	5 25%~
NOT ANSWERED	2	19	1		1		2								2	1	1	2	
VALID CASES	42	1022	7	5	14	16	19							6	31	37	1	22	20
NUMBER OF RESPONDENTS	44	1041	8	5	15	16	21							6	33	38	2	24	20
	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?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
Q13 #YES	33 80%	804 80%	3 43%	4 80%	12 92%	14 88%	15 79%	~	~	~	~	~	~	6 100%	22 73%	28 78%	1 100%	16 73%	17 89%
NO	8 20%	202 20%	4 57%	1 20%	1 8%	2 13%	4 21%	~	~	~	~	~	~	8 27%	8 22%	8 22%	8 22%	6 27%	2 11%
NOT ANSWERED	3	35	1		2		2							3		2	1	2	1
VALID CASES	41	1006	7	5	13	16	19							6	30	36	1	22	19
NUMBER OF RESPONDENTS	44	1041	8	5	15	16	21							6	33	38	2	24	20
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHTE ##	BLCK OR AFR- AMER IAN ##	AS- IAN ##	NATV HAW/ ILLND NATV ##	AMER IND/ ALSK ##	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC
Q14 WORST HEALTH CARE POSSIBLE		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	2 1%	15 0.4%	1 3%	~	~	1 2%	1 1%	~	~	~	~	~	~	2 1%	2 1%	~	2 2%	~
03	2 1%	17 0.5%	1 3%	~	~	1 2%	~	~	~	~	~	~	1 5%	1 0.7%	2 1%	~	1 0.8%	1 2%
04	2 1%	22 0.6%	~	~	2 4%	~	1 1%	~	~	~	~	~	1 0.7%	1 0.6%	~	~	2 2%	~
05	11 6%	133 4%	3 10%	2 4%	2 4%	4 9%	7 8%	~	~	~	~	~	~	11 8%	11 7%	~	11 9%	~
06	10 6%	105 3%	2 6%	3 6%	1 2%	4 9%	5 6%	~	~	~	~	~	1 5%	9 6%	8 5%	2 40%	5 4%	5 11%
07	13 8%	327 9%	1 3%	3 6%	2 4%	7 16%	6 7%	~	~	~	~	~	1 5%	10 7%	11 7%	~	7 6%	6 13%
08	37 22%	776 21%	8 26%	14 29%	10 22%	5 11%	23 26%	~	~	~	~	~	4 21%	32 23%	35 23%	1 20%	25 20%	12 26%
09	34 20%	815 22%	5 16%	10 21%	13 28%	6 13%	15 17%	~	~	~	~	~	4 21%	27 19%	30 19%	1 20%	28 23%	6 13%
BEST HEALTH CARE POSSIBLE	59 35%	1412 39%	10 32%	16 33%	16 35%	17 38%	29 33%	~	~	~	~	~	8 42%	47 34%	55 35%	1 20%	42 34%	17 36%
#8-10 (NET)	130 76%	3003 83%	23 74%	40 83%	39 85%	28 62%	67 77%	~	~	~	~	~	16 84%	106 76%	120 77%	3 60%	95 77%	35 74%

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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND ##	AMER PAC ALSK NATV ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD FAIR & POOR	NO CCC	CCC
9-10 (NET)	93 55%	2227 61%	15 48%	26 54%	29 63%	23 51%	44 51%	~	~	~	~	~	12 63%	74 53%	85 55%	2 40%	70 57%	23 49%
NOT ANSWERED	5	109		1	4		1							3	3		3	2
VALID CASES	170	3637	31	48	46	45	87						19	140	155	5	123	47
NUMBER OF RESPONDENTS	175 100%	3746 100%	31 100%	49 100%	50 100%	45 100%	88 100%						19 100%	143 100%	158 100%	5 100%	126 100%	49 100%
MEAN	8.33	8.64	8.00	8.56	8.59	8.04	8.30						8.63	8.28	8.35	7.80	8.30	8.40
p stat_(*=Sig @ p<=.05)		.025*	~	~	~	~	.824	~	~	~	~	~	~	~	~	~	~	~

[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		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	T I	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q15 NEVER	4 2%	66 2%	1 3%~	1 2%~	2 ~	2 4%~	2 2%	~	~	~	~	~	~	1 6%~	3 2%~	4 3%~	~	4 3%~	
SOMETIMES	12 7%	356 10%	1 3%~	3 6%~	3 7%~	5 11%~	3 3%	~	~	~	~	~	~	1 6%~	10 7%~	9 6%~	2 40%~	6 5%~	6 13%~
USUALLY	59 35%	1161 32%	7 23%~	16 33%~	22 49%~	14 31%~	39 45%*	~	~	~	~	~	~	2 12%~	53 38%~	53 34%~	2 40%~	43 35%~	16 34%~
ALWAYS	94 56%	2060 57%	22 71%~	28 58%~	20 44%~	24 53%~	43 49%	~	~	~	~	~	~	13 76%~	75 53%~	88 57%~	1 20%~	69 57%~	25 53%~
#ALWAYS + USUALLY (NET)	153 91%	3220 88%	29 94%~	44 92%~	42 93%~	38 84%~	82 94%	~	~	~	~	~	~	15 88%~	128 91%~	141 92%~	3 60%~	112 92%~	41 87%~
TOP BOX SCORE	94 56%	2060 57%	22 71%~	28 58%~	20 44%~	24 53%~	43 49%	~	~	~	~	~	~	13 76%~	75 53%~	88 57%~	1 20%~	69 57%~	25 53%~
NOT ANSWERED	6	104		1	5		1							2	2	4		4	2
VALID CASES	169	3642	31	48	45	45	87							17	141	154	5	122	47
NUMBER OF RESPONDENTS	175	3746	31	49	50	45	88							19	143	158	5	126	49
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	T I	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q16 YES	181 72%	3847 71%	5 13%	46 74%	70 89%*	60 87%*	96 76%	~	~	~	~	~	19 63%	152 73%	169 73%	2 40%	136 70%	45 82%
NO	69 28%	1561 29%	35 88%	16 26%	9 11%*	9 13%*	31 24%	~	~	~	~	~	11 37%	55 27%	63 27%	3 60%	59 30%	10 18%
NOT ANSWERED	7	230	2	2	3													7
VALID CASES	250	5408	40	62	79	69	127						30	207	232	5	195	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
Q17 YES	12 7%	421 11%*	~	5 11%~	4 6%	3 6%	6 7%	~	~	~	~	~	~	9 6%~	9 6%~	8 6%~	4 10%~		
NO	157 93%	3279 89%*	100%~	5 89%~	40 94%	61 94%	51 93%	~	~	~	~	~	~	17 100%~	133 94%~	148 94%~	2 100%~	121 94%~	36 90%~
NOT ANSWERED	12	221		1	5	6	8							2	10	12	7	5	
VALID CASES	169	3699		5	45	65	54							17	142	157	2	129	40
NUMBER OF RESPONDENTS	181	3920		5	46	70	60							19	152	169	2	136	45
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q16 = YES]

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILLND NATV ##	AMER IND/ ALS K ##	MUL- TI ##	HIS- IC ##	NOT HIS- PAN- IC ##	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q18 #YES	11 100%	351 89%~	5 ~100%	3 ~100%	3 ~100%	6 100%~	~	~	~	~	~	~	9 ~100%	9 ~100%	7 ~100%	4 ~100%		
NO		44 11%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NOT ANSWERED	1	4		1											1			
VALID CASES	11	394	5	3	3	6							9	9	7	4		
NUMBER OF RESPONDENTS	12 100%	398 100%	5 100%	4 100%	3 100%	6 100%							9 100%	9 100%	8 100%	4 100%		

[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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q19 YES	15 6%	201 4%	~	10%	8%	4%	8 6%	~	~	~	~	~	2 7%	13 6%	15 6%	5	7 4%*	8 15%*
NO	232 94%	5179 96%	100%~	90%	92%	96%	118 94%	~	~	~	~	~	28 93%	192 94%	216 94%	5 100%	186 96%*	46 85%*
NOT ANSWERED	10	258	2	3	5		1							2	1		9	1
VALID CASES	247	5380	40	61	77	69	126						30	205	231	5	193	54
NUMBER OF RESPONDENTS	257 100%	5638 100%	100%	100%	100%	100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER ALSK	MUL-OTHR	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC	
Q20 NEVER	19	10%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	4	32	~	3	1	1	~	~	~	~	~	1	3	4	2	2		
	27%	16%	~	50%	~	33%	13%	~	~	~	~	50%	23%	27%	29%	25%		
USUALLY	5	40	~	1	3	1	2	~	~	~	~	1	4	5	5	~		
	33%	20%	~	17%	50%	33%	25%	~	~	~	~	50%	31%	33%	71%	~		
ALWAYS	6	107	~	2	3	1	5	~	~	~	~	~	6	6	~	6		
	40%	54%	~	33%	50%	33%	63%	~	~	~	~	~	46%	40%	~	75%		
#ALWAYS + USUALLY (NET)	11	147	~	3	6	2	7	~	~	~	~	1	10	11	5	6		
	73%	74%	~	50%	100%	67%	88%	~	~	~	~	50%	77%	73%	71%	75%		
TOP BOX SCORE	6	107	~	2	3	1	5	~	~	~	~	~	6	6	~	6		
	40%	54%	~	33%	50%	33%	63%	~	~	~	~	~	46%	40%	~	75%		
NOT ANSWERED		9																
VALID CASES	15	198		6	6	3	8					2	13	15	7	8		
NUMBER OF RESPONDENTS	15	207		6	6	3	8					2	13	15	7	8		
	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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q21 #YES	10 67%	166 83%~	~	4 67%~	5 83%~	1 33%~	6 75%~	~	~	~	~	~	1 50%~	9 69%~	10 67%~	~	5 71%~	5 63%~
NO	5 33%	35 17%~	~	2 33%~	1 17%~	2 67%~	2 25%~	~	~	~	~	~	1 50%~	4 31%~	5 33%~	~	2 29%~	3 38%~
NOT ANSWERED		6																
VALID CASES	15	201		6	6	3	8						2	13	15		7	8
NUMBER OF RESPONDENTS	15	207		6	6	3	8						2	13	15		7	8
	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?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q22 YES	16 6%	487 9%	1 3%	5 8%	5 6%	5 7%	10 8%	~	~	~	~	~	~	2 7%	14 7%	14 6%	1 20%	9 5%	7 13%
NO	231 94%	4887 91%	37 97%	57 92%	73 94%	64 93%	115 92%	~	~	~	~	~	~	28 93%	191 93%	216 94%	4 80%	183 95%	48 87%
NOT ANSWERED	10	264	4	2	4		2							2	2			10	
VALID CASES	247	5374	38	62	78	69	125							30	205	230	5	192	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%							30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q23 NEVER	5 33%	64 14%	~	3 60%	1 25%	1 20%	4 44%	~	~	~	~	~	~	5 38%	5 36%	2 25%	3 43%		
SOMETIMES	1 7%	82 18%	~	~	~	1 20%	~	~	~	~	~	~	~	1 8%	1 7%	1 13%	~		
USUALLY	2 13%	105 23%	~	~	1 25%	1 20%	2 22%	~	~	~	~	~	~	2 15%	2 14%	1 13%	1 14%		
ALWAYS	7 47%	198 44%	1 100%	2 40%	2 50%	2 40%	3 33%	~	~	~	~	~	~	2 100%	5 38%	6 43%	1 100%	4 50%	3 43%
#ALWAYS + USUALLY (NET)	9 60%	303 68%	1 100%	2 40%	3 75%	3 60%	5 56%	~	~	~	~	~	~	2 100%	7 54%	8 57%	1 100%	5 63%	4 57%
TOP BOX SCORE	7 47%	198 44%	1 100%	2 40%	2 50%	2 40%	3 33%	~	~	~	~	~	~	2 100%	5 38%	6 43%	1 100%	4 50%	3 43%
NOT ANSWERED	1	21			1	1	1							1		1			
VALID CASES	15	448	1	5	4	5	9							2	13	14	1	8	7
NUMBER OF RESPONDENTS	16	469	1	5	5	5	10							2	14	14	1	9	7
	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			
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALS	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q24 #YES	4	310	1			3	1							1	3	3	1	2	2
	25%	69%	100%	~	~	60%	10%	~	~	~	~	~	~	50%	21%	21%	100%	22%	29%
NO	12	142		5	5	2	9							1	11	11		7	5
	75%	31%	~	100%	100%	40%	90%	~	~	~	~	~	~	50%	79%	79%	~	78%	71%
NOT ANSWERED		17																	
VALID CASES	16	452	1	5	5	5	10							2	14	14	1	9	7
NUMBER OF RESPONDENTS	16	469	1	5	5	5	10							2	14	14	1	9	7
	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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q25 YES	25 10%	692 13%	1 3%	4 6%	8 10%	12 17%*	13 10%	~	~	~	~	~	2 7%	21 10%	20 9%	3 60%	7 4%*	18 33%*
NO	223 90%	4667 87%	39 98%	58 94%	69 90%	57 83%*	113 90%	~	~	~	~	~	28 93%	185 90%	211 91%	2 40%	186 96%*	37 67%*
NOT ANSWERED	9	279	2	2	5		1						1	1			9	
VALID CASES	248	5359	40	62	77	69	126						30	206	231	5	193	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q26 NEVER	2 8%	86 13%	~	~	13%	8%	15%	~	~	~	~	~	~	10%	2	2	14%	1	6%
SOMETIMES	7 28%	135 20%	~	50%	25%	25%	31%	~	~	~	~	~	50%	1	6	7	14%	1	33%
USUALLY	6 24%	147 22%	~	25%	13%	33%	23%	~	~	~	~	~	29%	6	5	1	~	~	33%
ALWAYS	10 40%	290 44%	100%	25%	50%	33%	31%	~	~	~	~	~	50%	1	7	6	2	5	28%
#ALWAYS + USUALLY (NET)	16 64%	437 66%	100%	50%	63%	67%	54%	~	~	~	~	~	50%	1	13	11	3	5	11
TOP BOX SCORE	10 40%	290 44%	100%	25%	50%	33%	31%	~	~	~	~	~	50%	1	7	6	2	5	5
NOT ANSWERED		25																	
VALID CASES	25	658	1	4	8	12	13						2	21	20	3	7	18	
NUMBER OF RESPONDENTS	25	683	1	4	8	12	13						2	21	20	3	7	18	
	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?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE ##	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	MUL- OTHR TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q27 #YES	15 60%	342 52%	1 100%	4 100%	5 63%	5 42%	7 54%	~	~	~	~	~	~	2 100%	11 52%	11 55%	2 67%	5 71%	10 56%
NO	10 40%	320 48%	~	~	3 38%	7 58%	6 46%	~	~	~	~	~	~	10 48%	9 45%	1 33%	2 29%	8 44%	
NOT ANSWERED		21																	
VALID CASES	25	662	1	4	8	12	13							2	21	20	3	7	18
NUMBER OF RESPONDENTS	25	683	1	4	8	12	13							2	21	20	3	7	18
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q28 YES	51 20%	1125 21%	9 23%	14 23%	13 17%	15 22%	25 20%	~	~	~	~	~	5 17%	42 20%	46 20%	1 20%	33 17%*	18 33%*
Q28 NO	198 80%	4219 79%	31 78%	48 77%	65 83%	54 78%	102 80%	~	~	~	~	~	25 83%	165 80%	186 80%	4 80%	161 83%*	37 67%*
Q28 NOT ANSWERED	8	294	2	2	4												8	
VALID CASES	249	5344	40	62	78	69	127						30	207	232	5	194	55
NUMBER OF RESPONDENTS	257	5638	42	64	82	69	127						30	207	232	5	202	55
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILLND NATV ##	AMER IND/ ALS K ##	MUL- TI ##	HIS- IC ##	NOT HIS- PAN- IC ##	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
Q29 #YES	27 54%	616 57%	4 44%~	8 57%~	8 67%~	7 47%~	15 63%~	~	~	~	~	~	~	1 20%~	22 54%~	22 49%~	1 100%~	17 53%~	10 56%~
NO	23 46%	465 43%	5 56%~	6 43%~	4 33%~	8 53%~	9 38%~	~	~	~	~	~	~	4 80%~	19 46%~	23 51%~	~	15 47%~	8 44%~
NOT ANSWERED	1	36			1		1							1	1	1			
VALID CASES	50	1081	9	14	12	15	24							5	41	45	1	32	18
NUMBER OF RESPONDENTS	51 100%	1117 100%	9 100%	14 100%	13 100%	15 100%	25 100%							5 100%	42 100%	46 100%	1 100%	33 100%	18 100%

[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?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALS K ##	MUL- TI ##	HIS- IC ##	NOT HIS- PAN- IC ##	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
Q30 YES	211 86%	4642 88%	37 93%~	57 93%*	65 87%	52 76%*	111 89%	~	~	~	~	~	~	25 83%~	178 88%~	199 87%~	5 100%~	158 83%*	53 98%*
NO	33 14%	640 12%	3 8%~	4 7%*	10 13%	16 24%*	14 11%	~	~	~	~	~	~	5 17%~	25 12%~	30 13%~	~	32 17%*	1 2%*
NOT ANSWERED	13	357	2	3	7	1	2								4	3		12	1
VALID CASES	244	5281	40	61	75	68	125							30	203	229	5	190	54
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%							30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q31 NONE	64 31%	1245 28%	8 22%~	15 26%	27 44%*	14 28%	35 32%	~	~	~	~	~	~	7 30%~	55 31%~	62 32%~	58 37%*	6 12%*	
1 TIME	69 33%	1677 37%	13 35%~	22 39%	16 26%	18 36%	38 35%	~	~	~	~	~	~	8 35%~	58 33%~	65 34%~	2 40%~	52 34%	17 33%
2	39 19%	850 19%	10 27%~	15 26%	7 11%*	7 14%	20 19%	~	~	~	~	~	~	4 17%~	34 19%~	38 20%~	26 17%	13 25%	
3	18 9%	387 9%	2 5%~	2 4%*	8 13%	6 12%	7 6%	~	~	~	~	~	~	2 9%~	15 9%~	16 8%~	1 20%~	7 5%*	11 22%*
4	6 3%	160 4%	2 5%~	1 2%	1 2%	2 4%	2 2%	~	~	~	~	~	~	2 9%~	4 2%~	5 3%~	1 20%~	4 3%	2 4%
5 TO 9	10 5%	163 4%	2 5%~	2 4%	3 5%	3 6%	6 6%	~	~	~	~	~	~	~	9 5%~	8 4%~	1 20%~	8 5%	2 4%
10 OR MORE TIMES		21 0.5%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	5	173			3	2	3							2	3	5	3	2	
VALID CASES	206	4503	37	57	62	50	108							23	175	194	5	155	51
NUMBER OF RESPONDENTS	211	4676	37	57	65	52	111							25	178	199	5	158	53
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ##	AMER IND/ ALSK NATV ##	MUL- TI ##	HIS- IC	HIS- IC	NOT VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q31A ALWAYS		87 3%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
USUALLY	1 0.7%	60 2%	~	1 2%~	~	~	~	~	~	~	~	~	1 ~0.8%	1 ~0.8%	~	~	1 2%~	
SOMETIMES	3 2%	220 7%*	1 3%~	1 2%~	1 ~3%~	~	~	~	~	~	~	~	3 ~2%~	3 2%~	~	2 2%~	1 2%~	
NEVER	138 97%	2850 89%*	28 97%~	40 95%~	35 100%~	35 97%~	73 100%~	~	~	~	~	~	16 ~100%~	116 97%~	128 97%~	5 100%~	95 98%~	43 96%~
#NEVER + SOMETIMES (NET)	141 99%	3070 95%*	29 100%~	41 98%~	35 100%~	36 100%~	73 100%~	~	~	~	~	~	16 ~100%~	119 99%~	131 99%~	5 100%~	97 100%~	44 98%~
TOP BOX SCORE	138 97%	2850 89%*	28 97%~	40 95%~	35 100%~	35 97%~	73 100%~	~	~	~	~	~	16 ~100%~	116 97%~	128 97%~	5 100%~	95 98%~	43 96%~
NOT ANSWERED		23																
VALID CASES	142	3216	29	42	35	36	73						16	120	132	5	97	45
NUMBER OF RESPONDENTS	142	3239	29	42	35	36	73						16	120	132	5	97	45
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER ALSK OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR	NO CCC	CCC	
Q32 NEVER	2 1%	78 2%	~	~	~	6%~	~	~	~	~	~	~	1 6%~	1 0.8%~	1 0.8%~	1 20%~	1 1%~	1 2%~
SOMETIMES	8 6%	156 5%	2 7%~	~	2 6%~	4 11%~	4 5%	~	~	~	~	~	1 6%~	7 6%~	7 5%~	1 20%~	5 5%~	3 7%~
USUALLY	21 15%	485 15%	6 21%~	5 12%~	3 9%~	7 19%~	9 12%	~	~	~	~	~	4 25%~	17 14%~	21 16%~	~	14 14%~	7 16%~
ALWAYS	110 78%	2499 78%	21 72%~	37 88%~	29 85%~	23 64%~	60 82%	~	~	~	~	~	10 63%~	94 79%~	102 78%~	3 60%~	77 79%~	33 75%~
#ALWAYS + USUALLY (NET)	131 93%	2984 93%	27 93%~	42 100%~	32 94%~	30 83%~	69 95%	~	~	~	~	~	14 88%~	111 93%~	123 94%~	3 60%~	91 94%~	40 91%~
TOP BOX SCORE	110 78%	2499 78%	21 72%~	37 88%~	29 85%~	23 64%~	60 82%	~	~	~	~	~	10 63%~	94 79%~	102 78%~	3 60%~	77 79%~	33 75%~
NOT ANSWERED	1	21			1								1	1			1	
VALID CASES	141	3218	29	42	34	36	73						16	119	131	5	97	44
NUMBER OF RESPONDENTS	142	3239	29	42	35	36	73						16	120	132	5	97	45
	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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q33 NEVER	3 2%	35 1%	2 7%~	~	~	1 3%~	1 1%	~	~	~	~	~	1 6%~	2 2%~	2 2%~	1 25%~	2 2%~	1 2%~
SOMETIMES	12 9%	139 4%	3 10%~	2 5%~	3 9%~	4 12%~	4 6%	~	~	~	~	~	2 13%~	10 8%~	11 8%~	1 25%~	6 6%~	6 14%~
USUALLY	19 14%	518 16%	3 10%~	2 5%~	6 17%~	8 24%~	11 15%	~	~	~	~	~	1 6%~	18 15%~	18 14%~	1 25%~	13 13%~	6 14%~
ALWAYS	106 76%	2521 78%	21 72%~	38 90%~	26 74%~	21 62%~	56 78%	~	~	~	~	~	12 75%~	88 75%~	100 76%~	1 25%~	76 78%~	30 70%~
#ALWAYS + USUALLY (NET)	125 89%	3039 95%*	24 83%~	40 95%~	32 91%~	29 85%~	67 93%	~	~	~	~	~	13 81%~	106 90%~	118 90%~	2 50%~	89 92%~	36 84%~
TOP BOX SCORE	106 76%	2521 78%	21 72%~	38 90%~	26 74%~	21 62%~	56 78%	~	~	~	~	~	12 75%~	88 75%~	100 76%~	1 25%~	76 78%~	30 70%~
NOT ANSWERED	2	26				2	1							2	1	1		2
VALID CASES	140	3213	29	42	35	34	72						16	118	131	4	97	43
NUMBER OF RESPONDENTS	142	3239	29	42	35	36	73						16	120	132	5	97	45
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

Q34 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR SHOW RESPECT FOR WHAT YOU HAD TO SAY?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AMER	AS- IAN	NATV ILND	AMER ALSK	MUL- OTHR	HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q34 NEVER	28	0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	12	104	3	2	3	4	4	~	~	~	~	~	1	11	11	1	6	6
	9%	3%*	10%~	5%~	9%~	11%~	5%	~	~	~	~	~	6%~	9%~	8%~	20%~	6%~	14%~
USUALLY	16	398	1	2	6	7	10	~	~	~	~	~	2	14	15	1	10	6
	11%	12%	3%~	5%~	17%~	20%~	14%	~	~	~	~	~	13%~	12%~	11%~	20%~	10%~	14%~
ALWAYS	113	2679	25	38	26	24	59	~	~	~	~	~	13	94	105	3	81	32
	80%	83%	86%~	90%~	74%~	69%~	81%	~	~	~	~	~	81%~	79%~	80%~	60%~	84%~	73%~
#ALWAYS + USUALLY (NET)	129	3077	26	40	32	31	69	~	~	~	~	~	15	108	120	4	91	38
	91%	96%	90%~	95%~	91%~	89%~	95%	~	~	~	~	~	94%~	91%~	92%~	80%~	94%~	86%~
TOP BOX SCORE	113	2679	25	38	26	24	59	~	~	~	~	~	13	94	105	3	81	32
	80%	83%	86%~	90%~	74%~	69%~	81%	~	~	~	~	~	81%~	79%~	80%~	60%~	84%~	73%~
NOT ANSWERED	1	30				1								1	1			1
VALID CASES	141	3209	29	42	35	35	73						16	119	131	5	97	44
NUMBER OF RESPONDENTS	142	3239	29	42	35	36	73						16	120	132	5	97	45
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AMER	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q35 YES	97 69%	2175 68%	1 3%	30 73%	32 91%	34 94%	49 67%	~	~	~	~	~	10 63%	82 68%	90 68%	3 60%	60 62%	37 82%
NO	44 31%	1015 32%	28 97%	11 27%	3 9%	2 6%	24 33%	~	~	~	~	~	6 38%	38 32%	42 32%	2 40%	36 38%	8 18%
NOT ANSWERED	1	49		1														1
VALID CASES	141	3190	29	41	35	36	73						16	120	132	5	96	45
NUMBER OF RESPONDENTS	142	3239	29	42	35	36	73						16	120	132	5	97	45
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	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		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER ALSK OTHR ##	MUL-TI ##	HIS-IC	HIS-PAN-IC	NOT VERY GOOD & POOR	EX & FAIR & POOR	NO CCC	CCC	
Q36 NEVER	1 1%	30 1%		1 3%									1 1%	1 1%		1 3%		
SOMETIMES	9 9%	137 6%	1 100%	1 3%	3 10%	4 12%	4 8%						1 10%	8 10%	8 9%	1 33%	5 8%	4 11%
USUALLY	26 27%	493 23%		8 27%	9 29%	9 26%	16 33%						2 20%	23 28%	24 27%	1 33%	16 27%	10 27%
ALWAYS	60 62%	1509 70%		20 67%	19 61%	21 62%	28 58%						7 70%	49 60%	56 63%	1 33%	38 64%	22 59%
#ALWAYS + USUALLY (NET)	86 90%	2002 92%		28 93%	28 90%	30 88%	44 92%						9 90%	72 89%	80 90%	2 67%	54 92%	32 86%
TOP BOX SCORE	60 62%	1509 70%		20 67%	19 61%	21 62%	28 58%						7 70%	49 60%	56 63%	1 33%	38 64%	22 59%
NOT ANSWERED	1	40			1		1						1	1		1		
VALID CASES	96	2170	1	30	31	34	48						10	81	89	3	59	37
NUMBER OF RESPONDENTS	97	2210	1	30	32	34	49						10	82	90	3	60	37
	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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
							##	##	##	##	##	##						
Q37 NEVER	3 2%	96 3%	1 3%~	1 3%~	1 ~	1 3%~	1 1%	~	~	~	~	~	1 6%~	2 2%~	3 2%~	2 ~	1 2%~	1 2%~
SOMETIMES	12 9%	305 10%	2 7%~	1 3%~	4 11%~	5 14%~	7 10%	~	~	~	~	~	12 ~ 10%~	11 8%~	1 20%~	7 7%~	5 11%~	
USUALLY	36 26%	799 25%	9 31%~	12 30%~	9 26%~	6 17%~	20 27%	~	~	~	~	~	5 31%~	30 25%~	33 25%~	2 40%~	28 29%~	8 18%~
ALWAYS	89 64%	1981 62%	17 59%~	26 65%~	22 63%~	24 67%~	45 62%	~	~	~	~	~	10 63%~	75 63%~	84 64%~	2 40%~	58 61%~	31 69%~
#ALWAYS + USUALLY (NET)	125 89%	2780 87%	26 90%~	38 95%~	31 89%~	30 83%~	65 89%	~	~	~	~	~	15 94%~	105 88%~	117 89%~	4 80%~	86 91%~	39 87%~
TOP BOX SCORE	89 64%	1981 62%	17 59%~	26 65%~	22 63%~	24 67%~	45 62%	~	~	~	~	~	10 63%~	75 63%~	84 64%~	2 40%~	58 61%~	31 69%~
NOT ANSWERED	2	58		2										1	1		2	
VALID CASES	140	3181	29	40	35	36	73						16	119	131	5	95	45
NUMBER OF RESPONDENTS	142 100%	3239 100%	29 100%	42 100%	35 100%	36 100%	73 100%						16 100%	120 100%	132 100%	5 100%	97 100%	45 100%

[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				
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR & POOR	NO CCC	CCC				
Q38 #YES	120 85%	2742 86%	28 97%	37 90%	28 80%	27 75%	61 84%	~	~	~	~	~	~	15 94%	101 84%	114 86%	3 60%	84 88%	36 80%		
NO	21 15%	440 14%	1 3%	4 10%	7 20%	9 25%	12 16%	~	~	~	~	~	~	1 6%	19 16%	18 14%	2 40%	12 13%	9 20%		
NOT ANSWERED	1	57	1																		
VALID CASES	141	3182	29	41	35	36	73														
NUMBER OF RESPONDENTS	142	3239	29	42	35	36	73														
	100%	100%	100%	100%	100%	100%	100%														

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q39 YES	48 34%	1245 39%	15 52%~	14 34%~	8 23%~	11 31%~	21 29%	~	~	~	~	~	6 38%~	39 32%~	44 33%~	1 20%~	32 33%~	16 36%~
Q39 NO	93 66%	1935 61%	14 48%~	27 66%~	27 77%~	25 69%~	52 71%	~	~	~	~	~	10 63%~	81 68%~	88 67%~	4 80%~	64 67%~	29 64%~
NOT ANSWERED	1	59		1														1
VALID CASES	141	3180	29	41	35	36	73						16	120	132	5	96	45
NUMBER OF RESPONDENTS	142	3239	29	42	35	36	73						16	120	132	5	97	45
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q40 NEVER	4 9%	77 7%	1 ~	2 8%	1 29%	10 10%	~	~	~	~	~	~	4 ~ 11%	4 10%	3 ~ 10%	1 8%		
SOMETIMES	7 16%	132 11%	3 21%	3 23%	1 ~ 10%	1 5%	~	~	~	~	~	~	3 50%	3 9%	6 15%	5 16%	2 15%	
USUALLY	14 32%	337 29%	3 21%	4 31%	3 43%	4 40%	9 43%	~	~	~	~	~	14 ~ 40%	14 34%	9 29%	5 38%		
ALWAYS	19 43%	626 53%	8 57%	5 38%	2 29%	4 40%	9 43%	~	~	~	~	~	3 50%	14 40%	17 41%	14 45%	5 38%	
#ALWAYS + USUALLY (NET)	33 75%	962 82%	11 79%	9 69%	5 71%	8 80%	18 86%	~	~	~	~	~	3 50%	28 80%	31 76%	23 74%	10 77%	
TOP BOX SCORE	19 43%	626 53%	8 57%	5 38%	2 29%	4 40%	9 43%	~	~	~	~	~	3 50%	14 40%	17 41%	14 45%	5 38%	
NOT ANSWERED	4	42	1	1	1	1							4	3	1	1	3	
VALID CASES	44	1171	14	13	7	10	21						6	35	41	31	13	
NUMBER OF RESPONDENTS	48	1213	15	14	8	11	21						6	39	44	32	16	
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	

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

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ##	AMER IND/ ALSK ##	MUL- TI ##	OTH R ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q41 WORST PERSONAL DOCTOR POSSIBLE		8 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01		20 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	1 0.5%	19 0.4%	1 3%	~	~	~	~	~	~	~	~	1 4%	~	1 0.5%	~	1 0.7%	~	~
03	2 1%	22 0.5%	1 3%	~	1 2%	~	2 2%	~	~	~	~	~	2 1%	1 0.5%	1 20%	2 1%	~	~
04	5 2%	26 0.6%	~	1 2%	1 2%	3 6%	4 4%	~	~	~	~	~	5 3%	5 3%	~	4 3%	1 2%	~
05	8 4%	122 3%	~	1 2%	4 7%	3 6%	5 5%	~	~	~	~	~	8 5%	7 4%	1 20%	6 4%	2 4%	~
06	11 5%	114 3%	~	2 4%	4 7%	5 10%	9 8%*	~	~	~	~	~	11 6%	11 6%	~	7 5%	4 8%	~
07	14 7%	260 6%	2 5%	2 4%	5 8%	5 10%	6 6%	~	~	~	~	~	3 13%	11 6%	13 7%	1 20%	10 7%	4 8%
08	38 19%	703 16%	6 16%	12 21%	12 20%	8 16%	14 13%*	~	~	~	~	~	3 13%	33 19%	35 18%	1 20%	29 19%	9 18%
09	37 18%	904 20%	11 30%	12 21%	8 14%	6 12%	21 20%	~	~	~	~	~	4 17%	33 19%	37 19%	~	30 20%	7 14%
BEST PERSONAL DOCTOR POSSIBLE	86 43%	2271 51%*	16 43%	26 46%	24 41%	20 40%	46 43%	~	~	~	~	~	12 52%	70 40%	82 43%	1 20%	63 41%	23 46%
#8-10 (NET)	161 80%	3877 87%*	33 89%	50 89%*	44 75%	34 68%*	81 76%	~	~	~	~	~	19 83%	136 79%	154 80%	2 40%	122 80%	39 78%

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		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & POOR	EX & FAIR & POOR	NO CCC	CCC		
9-10 (NET)	123 61%	3175 71%*	27 73%~	38 68%	32 54%	26 52%	67 63%	~	~	~	~	~	~	16 70%~	103 60%~	119 62%~	1 20%~	93 61%	30 60%
NOT ANSWERED	9	208		1	6	2	4							2	5	7		6	3
VALID CASES	202	4468	37	56	59	50	107							23	173	192	5	152	50
NUMBER OF RESPONDENTS	211 100%	4676 100%	37 100%	57 100%	65 100%	52 100%	111 100%							25 100%	178 100%	199 100%	5 100%	158 100%	53 100%
MEAN	8.56	8.91	8.81	8.91	8.37	8.20	8.45							8.83	8.50	8.59	6.60	8.54	8.62
p stat_(*=Sig @ p<=.05)		.005*	~.045*	.332	.094	.335	~	~	~	~	~	~	~	~	~	~	~	~.772	.770

[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		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q42 YES	48 24%	1079 24%	3 8%	15 27%	14 24%	16 32%	26 24%	~	~	~	~	~	~	4 17%	42 24%	42 22%	4 80%	15 10%*	33 66%*
NO	154 76%	3404 76%	34 92%	41 73%	45 76%	34 68%	81 76%	~	~	~	~	~	~	19 83%	131 76%	150 78%	1 20%	137 90%*	17 34%*
NOT ANSWERED	9	193		1	6	2	4							2	5	7		6	3
VALID CASES	202	4483	37	56	59	50	107							23	173	192	5	152	50
NUMBER OF RESPONDENTS	211 100%	4676 100%	37 100%	57 100%	65 100%	52 100%	111 100%							25 100%	178 100%	199 100%	5 100%	158 100%	53 100%

[ASKED IF Q30 = YES]

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q43 #YES	42 87%	932 89%~	2 67%~	14 93%~	12 86%~	14 88%~	22 85%~	~	~	~	~	~	~	4 ~100%~	36 86%~	37 88%~	3 75%~	12 80%~	30 91%~
NO	6 13%	112 11%~	1 33%~	1 7%~	2 14%~	2 13%~	4 15%~	~	~	~	~	~	~	6 ~14%~	5 12%~	1 25%~	3 20%~	3 9%~	
NOT ANSWERED		26																	
VALID CASES	48	1045	3	15	14	16	26							4	42	42	4	15	33
NUMBER OF RESPONDENTS	48	1071	3	15	14	16	26							4	42	42	4	15	33
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE ##	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALS K ##	MUL- TI ##	HIS- IC ##	NOT HIS- PAN- IC ##	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q44 #YES	36 78%	903 87%~	2 67%~	13 87%~	10 77%~	11 73%~	19 73%~	~	~	~	~	~	3 75%~	31 78%~	33 80%~	1 33%~	10 67%~	26 84%~
NO	10 22%	141 13%~	1 33%~	2 13%~	3 23%~	4 27%~	7 27%~	~	~	~	~	~	1 25%~	9 23%~	8 20%~	2 67%~	5 33%~	5 16%~
NOT ANSWERED	2	27				1 1								2	1 1			2
VALID CASES	46	1044	3	15	13	15	26						4	40	41	3	15	31
NUMBER OF RESPONDENTS	48	1071	3	15	14	16	26						4	42	42	4	15	33
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND ##	AMER ALSK NATV ##	IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q45 YES	33 14%	851 16%	6 15%	10 16%	7 9%	10 14%	13 10%	~	~	~	~	~	~	3 10%	27 13%	26 11%	4 80%	21 11%	12 22%
NO	211 86%	4406 84%	33 85%	51 84%	68 91%	59 86%	114 90%	~	~	~	~	~	~	27 90%	180 87%	206 89%	1 20%	168 89%	43 78%
NOT ANSWERED	13	381	3	3	7													13	
VALID CASES	244	5257	39	61	75	69	127							30	207	232	5	189	55
NUMBER OF RESPONDENTS	257	5638	42	64	82	69	127							30	207	232	5	202	55
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS- IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	MUL- OTHR ##	TI ##	HIS- IC	HIS- IC	NOT PAN- & GOOD	PAN- & POOR	NO CCC	CCC
Q46 NEVER	2 6%	36 5%	~	~	~	20%	1 8%	~	~	~	~	~	1 33%	1 4%	1 4%	1 25%	1 5%	1 8%
SOMETIMES	7 22%	163 21%	2 33%	3 30%	1 17%	1 10%	4 33%	~	~	~	~	~	~	7 27%	5 20%	2 50%	5 25%	2 17%
USUALLY	8 25%	221 28%	3 50%	1 10%	1 17%	3 30%	2 17%	~	~	~	~	~	1 33%	5 19%	6 24%	~	6 30%	2 17%
ALWAYS	15 47%	367 47%	1 17%	6 60%	4 67%	4 40%	5 42%	~	~	~	~	~	1 33%	13 50%	13 52%	1 25%	8 40%	7 58%
#ALWAYS + USUALLY (NET)	23 72%	589 75%	4 67%	7 70%	5 83%	7 70%	7 58%	~	~	~	~	~	2 67%	18 69%	19 76%	1 25%	14 70%	9 75%
TOP BOX SCORE	15 47%	367 47%	1 17%	6 60%	4 67%	4 40%	5 42%	~	~	~	~	~	1 33%	13 50%	13 52%	1 25%	8 40%	7 58%
NOT ANSWERED	1	15			1		1							1	1		1	
VALID CASES	32	787	6	10	6	10	12						3	26	25	4	20	12
NUMBER OF RESPONDENTS	33	802	6	10	7	10	13						3	27	26	4	21	12
	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			
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q47 NONE	6 19%	55 7%	1 17%	1 10%	4 ~	4 40%	3 27%	~	~	~	~	~	~	1 33%	4 16%	3 12%	2 50%	4 21%	2 17%
1 SPECIALIST	19 61%	514 65%	5 83%	8 80%	3 60%	3 30%	7 64%	~	~	~	~	~	~	2 67%	15 60%	16 67%	1 25%	13 68%	6 50%
2	5 16%	134 17%	~	~	2 40%	3 30%	~	~	~	~	~	~	~	5 20%	4 17%	1 25%	~	1 5%	4 33%
3		51 6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
4		13 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS	1 3%	19 2%	~	1 10%	~	~	1 9%	~	~	~	~	~	~	1 4%	1 4%	~	~	1 5%	~
NOT ANSWERED	2	16			2		2							2	2			2	
VALID CASES	31	786	6	10	5	10	11							3	25	24	4	19	12
NUMBER OF RESPONDENTS	33	802	6	10	7	10	13							3	27	26	4	21	12
	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?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER ##	AS- IAN ##	NATV ILND ##	AMER HAW/ IND/ PAC ALSK ##	MUL- TI ##	OTH- R ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q48 WORST SPECIALIST POSSIBLE		7 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01		4 0.5%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02		6 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03		5 0.6%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
04		6 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
05		29 4%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
06	2 8%	32 4%~	~	1 11%~	~	1 17%~	~	~	~	~	~	~	~	2 10%~	2 10%~	~	~	2 20%~	
07	2 8%	59 8%~	1 20%~	~	~	1 17%~	~	~	~	~	~	~	~	2 10%~	2 10%~	~	1 7%~	1 10%~	
08	5 20%	116 16%~	2 40%~	2 22%~	~	1 17%~	2 25%~	~	~	~	~	~	~	4 19%~	3 14%~	1 50%~	4 27%~	1 10%~	
09	8 32%	143 20%~	1 20%~	1 11%~	4 80%~	2 33%~	2 25%~	~	~	~	~	~	~	1 50%~	7 33%~	7 33%~	1 50%~	5 33%~	3 30%~
BEST SPECIALIST POSSIBLE	8 32%	312 43%~	1 20%~	5 56%~	1 20%~	1 17%~	4 50%~	~	~	~	~	~	~	1 50%~	6 29%~	7 33%~	~	5 33%~	3 30%~

Continued

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER ALSK	OTH	MUL- TI	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
#8-10 (NET)	21 84%	570 80%	4 80%	8 89%	5 100%	4 67%	8 100%	~	~	~	~	~	2 100%	17 81%	17 81%	2 100%	14 93%	7 70%
9-10 (NET)	16 64%	455 63%	2 40%	6 67%	5 100%	3 50%	6 75%	~	~	~	~	~	2 100%	13 62%	14 67%	1 50%	10 67%	6 60%
NOT ANSWERED		7																
VALID CASES	25	717	5	9	5	6	8						2	21	21	2	15	10
NUMBER OF RESPONDENTS	25	724	5	9	5	6	8						2	21	21	2	15	10
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%
MEAN	8.72	8.55	8.40	9.00	9.20	8.17	9.25						9.50	8.62	8.71	8.50	8.93	8.40
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER PAC	IND/ ALSK	MUL- OTHR	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q49 YES	37 15%	1347 26%*	8 21%~	14 23%	6 8%*	9 13%	15 12%	~	~	~	~	~	~	5 18%~	30 15%~	33 14%~	2 40%~	24 13%	13 24%
NO	204 85%	3870 74%*	30 79%~	46 77%	68 92%*	60 87%	111 88%	~	~	~	~	~	~	23 82%~	176 85%~	197 86%~	3 60%~	162 87%	42 76%
NOT ANSWERED	16	421	4	4	8	1								2	1	2		16	
VALID CASES	241	5217	38	60	74	69	126							28	206	230	5	186	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%							30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q50 NEVER	1 3%	45 3%	1 13%	~	~	~	~	~	~	~	~	1 3%	1 3%	1 4%	~	~	
SOMETIMES	5 14%	221 17%	4 29%	1 11%	2 13%	~	~	~	~	~	~	4 13%	3 9%	1 5%	3 12%	2 15%	
USUALLY	10 27%	378 29%	1 13%	2 14%	3 50%	4 44%	5 33%	~	~	~	~	1 20%	9 30%	10 30%	5 21%	5 38%	
ALWAYS	21 57%	651 50%	6 75%	8 57%	3 50%	4 44%	8 53%	~	~	~	~	4 80%	16 53%	19 58%	1 50%	15 63%	6 46%
#ALWAYS + USUALLY (NET)	31 84%	1029 79%	7 88%	10 71%	6 100%	8 89%	13 87%	~	~	~	~	5 100%	25 83%	29 88%	1 50%	20 83%	11 85%
TOP BOX SCORE	21 57%	651 50%	6 75%	8 57%	3 50%	4 44%	8 53%	~	~	~	~	4 80%	16 53%	19 58%	1 50%	15 63%	6 46%
NOT ANSWERED		28															
VALID CASES	37	1295	8	14	6	9	15					5	30	33	2	24	13
NUMBER OF RESPONDENTS	37	1323	8	14	6	9	15					5	30	33	2	24	13
	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?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER ALSK ##	MUL- TI ##	HIS- IC	HIS- PAN- IC	NOT VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q51 NEVER		23 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	2 6%	90 7%	13% ~	8% ~	~	~	~	~	~	~	~	~	7% ~	2 6% ~	2 9% ~	2 9% ~	~	
USUALLY	12 33%	268 21%	13% ~	5% 38% ~	1% 17% ~	5% 56% ~	6% 40% ~	~	~	~	~	~	1% 20% ~	11% 37% ~	11% 33% ~	1% 50% ~	6% 26% ~	6% 46% ~
ALWAYS	22 61%	903 70%	75% ~	54% ~	83% ~	44% ~	9% 60% ~	~	~	~	~	~	4% 80% ~	17% 57% ~	20% 61% ~	1% 50% ~	15% 65% ~	7% 54% ~
#ALWAYS + USUALLY (NET)	34 94%	1171 91%	88% ~	92% ~	100% ~	100% ~	15% 100% ~	~	~	~	~	~	5% 100% ~	28% 93% ~	31% 94% ~	2% 100% ~	21% 91% ~	13% 100% ~
TOP BOX SCORE	22 61%	903 70%	75% ~	54% ~	83% ~	44% ~	9% 60% ~	~	~	~	~	~	4% 80% ~	17% 57% ~	20% 61% ~	1% 50% ~	15% 65% ~	7% 54% ~
NOT ANSWERED	1	39		1														1
VALID CASES	36	1284	8	13	6	9	15						5	30	33	2	23	13
NUMBER OF RESPONDENTS	37	1323	8	14	6	9	15						5	30	33	2	24	13
	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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER PAC ALSK	MUL- OTHR	T I	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q52 YES	64 27%	1805 35%*	10 26%~	21 36%	18 25%	15 22%	31 25%	~	~	~	~	~	8 ~ 27%	53 ~ 26%	61 27%~	1 20%~	45 24%	19 35%
NO	175 73%	3343 65%*	29 74%~	38 64%	55 75%	53 78%	95 75%	~	~	~	~	~	22 ~ 73%	151 ~ 74%	168 73%~	4 80%~	140 76%	35 65%
NOT ANSWERED	18	490	3	5	9	1	1							3	3		17	1
VALID CASES	239	5148	39	59	73	68	126						30	204	229	5	185	54
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	T I	HIS- PAN- IC	HIS- PAN- IC	NOT GOOD & FAIR & POOR	EX & VERY GOOD & POOR	NO CCC	CCC	
PQ53 NEVER	5 2%	124 2%	~	2 3%	1 1%	2 3%	2 2%	~	~	~	~	~	~	1 3%	4 2%	4 2%	1 20%	2 1%	3 6%
SOMETIMES	17 7%	397 8%	10%~	4 7%	4 8%	6 4%	8 6%	~	~	~	~	~	~	1 3%	15 7%	17 7%	~	12 7%	5 9%
USUALLY	23 10%	575 11%	10%~	4 12%	7 8%	6 9%	12 10%	~	~	~	~	~	~	3 10%	19 9%	22 10%	~	15 8%	8 15%
ALWAYS	193 81%	3983 78%	79%~	31 78%	45 82%	60 84%	57 83%	~	~	~	~	~	~	25 83%	165 81%	185 81%	4 80%	155 84%*	38 70%*
#ALWAYS + USUALLY (NET)	216 91%	4559 90%	90%~	35 90%	52 90%	66 93%	63 92%	~	~	~	~	~	~	28 93%	184 91%	207 91%	4 80%	170 92%	46 85%
TOP BOX SCORE	193 81%	3983 78%	79%~	31 78%	45 82%	60 84%	57 83%	~	~	~	~	~	~	25 83%	165 81%	185 81%	4 80%	155 84%*	38 70%*
NOT ANSWERED	19	559	3	6	9	1	1							4	4		18	1	
VALID CASES	238	5079	39	58	73	68	126							30	203	228	5	184	54
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%							30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER ALSK OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q54 WORST HEALTH PLAN POSSIBLE	2 0.8%	17 0.3%	~	~	~	2 3%	1 0.8%	~	~	~	~	~	2 1%	2 0.9%	~	2 1%	~	
01	2 0.8%	27 0.5%	~	~	~	2 3%	~	~	~	~	~	1 3%	1 0.5%	2 0.9%	~	1 0.5%	1 2%	
02	2 0.8%	33 0.6%	~	1 2%	~	1 1%	1 0.8%	~	~	~	~	~	2 1%	2 0.9%	~	1 0.5%	1 2%	
03	2 0.8%	44 0.9%	~	~	1 1%	1 1%	2 2%	~	~	~	~	~	2 1%	2 0.9%	~	2 1%	~	
04	6 3%	62 1%	~	2 3%	2 3%	2 3%	1 0.8%	~	~	~	~	~	5 2%	5 2%	~	4 2%	2 4%	
05	18 8%	275 5%	2 5%	3 5%	7 9%	6 9%	11 9%	~	~	~	~	~	1 3%	17 8%	17 7%	1 20%	16 9%	2 4%
06	17 7%	233 5%	~	5 9%	8 11%	4 6%	8 6%	~	~	~	~	~	1 3%	15 7%	16 7%	1 20%	12 6%	5 9%
07	26 11%	496 10%	5 13%	3 5%	11 15%	7 10%	19 15%*	~	~	~	~	~	2 7%	24 12%	25 11%	1 20%	18 10%	8 15%
08	52 22%	982 19%	10 26%	13 22%	19 25%	10 15%	28 22%	~	~	~	~	~	8 27%	44 21%	51 22%	1 20%	37 20%	15 27%
09	39 16%	974 19%	6 15%	10 17%	12 16%	11 16%	20 16%	~	~	~	~	~	5 17%	32 16%	36 16%	~	30 16%	9 16%
BEST HEALTH PLAN POSSIBLE	74 31%	2033 39%*	16 41%	21 36%	15 20%*	22 32%	36 28%	~	~	~	~	~	12 40%	61 30%	72 31%	1 20%	62 34%	12 22%
#8-10 (NET)	165 69%	3988 77%*	32 82%	44 76%	46 61%	43 63%	84 66%	~	~	~	~	~	25 83%	137 67%	159 69%	2 40%	129 70%	36 65%

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		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
9-10 (NET)	113 47%	3007 58%*	22 56%~	31 53%	27 36%*	33 49%	56 44%	~	~	~	~	~	~	17 57%~	93 45%~	108 47%~	1 20%~	92 50%	21 38%
NOT ANSWERED	17	462	3	6	7	1								2	2			17	
VALID CASES	240	5176	39	58	75	68	127							30	205	230	5	185	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%							30 100%	207 100%	232 100%	5 100%	202 100%	55 100%
MEAN	7.99	8.44	8.69	8.28	7.75	7.60	7.97							8.50	7.92	8.00	7.20	8.05	7.78
p stat_(*=Sig @ p<=.05)		.001*	~.202	.191	.132	.882	~	~	~	~	~	~	~	~	~	~	~	~.397	.394

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q55 YES	89 37%	1994 38%	16 41%~	21 35%	23 32%	29 43%	39 31%*	~	~	~	~	~	14 ~ 47%	72 35%~	83 36%~	4 80%~	51 28%*	38 69%*
NO	151 63%	3218 62%	23 59%~	39 65%	50 68%	39 57%	87 69%*	~	~	~	~	~	16 ~ 53%	134 65%~	149 64%~	1 20%~	134 72%*	17 31%*
NOT ANSWERED	17	425	3	4	9	1	1						1				17	
VALID CASES	240	5213	39	60	73	68	126						30	206	232	5	185	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER ALSK OTHR ##	MUL-TI ##	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & POOR	EX & FAIR & POOR	NO CCC	CCC		
Q56 NEVER	3 3%	36 2%	1 6%	1 5%	1 4%	1 3%	~	~	~	~	~	~	3 4%	3 4%	3 6%	~	~		
SOMETIMES	11 12%	176 9%	1 6%	2 10%	4 17%	4 13%	~	~	~	~	~	3 21%	7 10%	9 11%	2 50%	5 10%	6 16%		
USUALLY	23 26%	474 24%	4 25%	5 24%	7 30%	7 24%	~	~	~	~	~	1 7%	22 31%	22 27%	1 25%	12 24%	11 29%		
ALWAYS	52 58%	1301 65%	10 63%	13 62%	11 48%	18 62%	~	~	~	~	~	10 71%	40 56%	49 59%	1 25%	31 61%	21 55%		
#ALWAYS + USUALLY (NET)	75 84%	1775 89%	14 88%	18 86%	18 78%	25 86%	~	~	~	~	~	11 79%	62 86%	71 86%	2 50%	43 84%	32 84%		
TOP BOX SCORE	52 58%	1301 65%	10 63%	13 62%	11 48%	18 62%	~	~	~	~	~	10 71%	40 56%	49 59%	1 25%	31 61%	21 55%		
NOT ANSWERED	29																		
VALID CASES	89	1988	16	21	23	29	39							14	72	83	4	51	38
NUMBER OF RESPONDENTS	89	2017	16	21	23	29	39							14	72	83	4	51	38
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q55 = YES]

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILLND NATV ##	AMER IND/ ALS K ##	MUL- TI ##	HIS- IC ##	NOT HIS- PAN- IC ##	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q57 #YES	42 49%	1177 60%*	9 56%~	7 35%~	9 41%~	17 61%~	18 46%~	~	~	~	~	~	~	10 71%~	31 44%~	38 48%~	3 75%~	19 39%~	23 62%~
NO	44 51%	795 40%*	7 44%~	13 65%~	13 59%~	11 39%~	21 54%~	~	~	~	~	~	~	4 29%~	39 56%~	42 52%~	1 25%~	30 61%~	14 38%~
NOT ANSWERED	3	45		1	1	1									2	3		2	1
VALID CASES	86	1972	16	20	22	28	39							14	70	80	4	49	37
NUMBER OF RESPONDENTS	89 100%	2017 100%	16 100%	21 100%	23 100%	29 100%	39 100%							14 100%	72 100%	83 100%	4 100%	51 100%	38 100%

[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?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALS K ##	MUL- OTHR TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q57A YES	185 78%	4014 79%	22 56%~	51 86%*	59 82%	53 79%	103 83%	~	~	~	~	~	~	19 63%~	164 81%~	181 79%~	3 60%~	137 75%*	48 87%*
NO	52 22%	1085 21%	17 44%~	8 14%*	13 18%	14 21%	21 17%	~	~	~	~	~	~	11 37%~	39 19%~	48 21%~	2 40%~	45 25%*	7 13%*
NOT ANSWERED	20	539	3	5	10	2	3							4	3			20	
VALID CASES	237	5099	39	59	72	67	124							30	203	229	5	182	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%							30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- TI ##	HIS- IC	HIS- IC	NOT VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q57B NEVER	21 22%	667 28%	3 38%~	6 23%~	5 16%~	7 23%~	10 32%~	~	~	~	~	~	~	1 9%~	19 23%~	21 23%~	17 25%~	4 14%~	
SOMETIMES	20 21%	484 20%	4 50%~	3 12%~	7 22%~	6 19%~	9 29%~	~	~	~	~	~	~	4 36%~	16 19%~	19 20%~	1 50%~	12 17%~	8 29%~
USUALLY	29 30%	468 20%*	1 13%~	8 31%~	7 22%~	13 42%~	5 16%~	~	~	~	~	~	~	3 27%~	26 31%~	28 30%~	1 50%~	20 29%~	9 32%~
ALWAYS	27 28%	771 32%	~	9 35%~	13 41%~	5 16%~	7 23%~	~	~	~	~	~	~	3 27%~	22 27%~	25 27%~	~	20 29%~	7 25%~
#ALWAYS + USUALLY (NET)	56 58%	1239 52%	1 13%~	17 65%~	20 63%~	18 58%~	12 39%~	~	~	~	~	~	~	6 55%~	48 58%~	53 57%~	1 50%~	40 58%~	16 57%~
TOP BOX SCORE	27 28%	771 32%	~	9 35%~	13 41%~	5 16%~	7 23%~	~	~	~	~	~	~	3 27%~	22 27%~	25 27%~	~	20 29%~	7 25%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	139	2768	30	33	41	35	93							18	120	135	3	113	26
NOT ANSWERED	21	480	4	5	9	3	3							1	4	4		20	1
VALID CASES	97	2390	8	26	32	31	31							11	83	93	2	69	28
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%							30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL 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-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q57C YES	40 17%	1124 22%*	3 8%~	12 21%	11 15%	14 21%	17 14%	~	~	~	~	~	~	5 18%~	34 17%~	38 17%~	1 20%~	23 13%*	17 31%*
NO	195 83%	3960 78%*	36 92%~	46 79%	60 85%	53 79%	107 86%	~	~	~	~	~	~	23 82%~	171 83%~	190 83%~	4 80%~	157 87%*	38 69%*
NOT ANSWERED	22	553	3	6	11	2	3							2	2	4		22	
VALID CASES	235	5085	39	58	71	67	124							28	205	228	5	180	55
NUMBER OF RESPONDENTS	257	5638	42	64	82	69	127							30	207	232	5	202	55
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC LLND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q57D #YES	35 92%	945 87%	2 67%	11 100%	9 90%	13 93%	16 94%	~	~	~	~	~	~	3 75%	32 94%	34 92%	1 100%	19 90%	16 94%
NO	3 8%	135 13%	1 33%	~	1 10%	1 7%	1 6%	~	~	~	~	~	~	1 25%	2 6%	3 8%	~	2 10%	1 6%
NOT ANSWERED	2	16		1	1									1		1		2	
VALID CASES	38	1081	3	11	10	14	17							4	34	37	1	21	17
NUMBER OF RESPONDENTS	40	1097	3	12	11	14	17							5	34	38	1	23	17
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q57E #YES	33 85%	905 84%~	2 67%~	11 92%~	8 80%~	12 86%~	15 88%~	~	~	~	~	~	~	4 80%~	29 85%~	33 87%~	20 91%~	13 76%~	
NO	6 15%	169 16%~	1 33%~	1 8%~	2 20%~	2 14%~	2 12%~	~	~	~	~	~	~	1 20%~	5 15%~	5 13%~	1 100%~	2 9%~	4 24%~
NOT ANSWERED	1	24				1													1
VALID CASES	39	1073	3	12	10	14	17							5	34	38	1	22	17
NUMBER OF RESPONDENTS	40	1097	3	12	11	14	17							5	34	38	1	23	17
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER ALSK OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q57F NEVER	20	2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	2	5%	94	1	~	1	~	~	~	~	~	~	~	1	1	2	1	1
			9%	33%	~	7%	~	~	~	~	~	~	~	20%	3%	5%	5%	6%
USUALLY	13	34%	257	1	5	2	5	9	~	~	~	~	~	~	13	13	9	4
			24%	33%	42%	22%	36%	53%	~	~	~	~	~	~	39%	34%	41%	25%
ALWAYS	23	61%	704	1	7	7	8	8	~	~	~	~	~	4	19	23	12	11
			66%	33%	58%	78%	57%	47%	~	~	~	~	~	80%	58%	61%	55%	69%
#ALWAYS + USUALLY (NET)	36	95%	960	2	12	9	13	17	~	~	~	~	~	4	32	36	21	15
			89%	67%	100%	100%	93%	100%	~	~	~	~	~	80%	97%	95%	95%	94%
TOP BOX SCORE	23	61%	704	1	7	7	8	8	~	~	~	~	~	4	19	23	12	11
			66%	33%	58%	78%	57%	47%	~	~	~	~	~	80%	58%	61%	55%	69%
NOT ANSWERED	2				2										1		1	1
VALID CASES	38	1074	3	12	9	14	17							5	33	38	22	16
NUMBER OF RESPONDENTS	40	1097	3	12	11	14	17							5	34	38	23	17
	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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC	
Q57G NEVER	2 5%	53 5%	~	~	10%	7%	~	~	~	~	~	~	~	6%	3%	100%	~	12%
SOMETIMES	5 13%	120 11%	33%	18%	~	14%	24%	~	~	~	~	~	25%	12%	14%	~	10%	18%
USUALLY	12 32%	238 22%	33%	45%	40%	14%	41%	~	~	~	~	~	50%	29%	32%	~	48%	12%
ALWAYS	19 50%	662 62%	33%	36%	50%	64%	35%	~	~	~	~	~	25%	53%	51%	~	43%	59%
#ALWAYS + USUALLY (NET)	31 82%	901 84%	67%	82%	90%	79%	76%	~	~	~	~	~	75%	82%	84%	~	90%	71%
TOP BOX SCORE	19 50%	662 62%	33%	36%	50%	64%	35%	~	~	~	~	~	25%	53%	51%	~	43%	59%
NOT ANSWERED	2	23		1	1								1		1			2
VALID CASES	38	1074	3	11	10	14	17						4	34	37	1	21	17
NUMBER OF RESPONDENTS	40	1097	3	12	11	14	17						5	34	38	1	23	17
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57H NEVER		23 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	1 3%	97 9%	~	~	~	1 7%	~	~	~	~	~	~	1 3%	1 3%	~	~	1 6%	
USUALLY	12 31%	214 20%	1 33%	6 50%	1 10%	4 29%	9 53%	~	~	~	~	~	1 20%	11 32%	12 32%	~	9 41%	3 18%
ALWAYS	26 67%	741 69%	2 67%	6 50%	9 90%	9 64%	8 47%	~	~	~	~	~	4 80%	22 65%	25 66%	1 100%	13 59%	13 76%
#ALWAYS + USUALLY (NET)	38 97%	955 89%	3 100%	12 100%	10 100%	13 93%	17 100%	~	~	~	~	~	5 100%	33 97%	37 97%	1 100%	22 100%	16 94%
TOP BOX SCORE	26 67%	741 69%	2 67%	6 50%	9 90%	9 64%	8 47%	~	~	~	~	~	4 80%	22 65%	25 66%	1 100%	13 59%	13 76%
NOT ANSWERED	1	23			1												1	
VALID CASES	39	1074	3	12	10	14	17						5	34	38	1	22	17
NUMBER OF RESPONDENTS	40	1097	3	12	11	14	17						5	34	38	1	23	17
	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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC	
Q58																		
EXCELLENT	111 47%	2143 41%	24 62%~	30 51%	27 37%	30 45%	55 44%	~	~	~	~	~	15 50%~	95 46%~	111 48%~	~	97 53%*	14 25%*
VERY GOOD	83 35%	1856 36%	12 31%~	18 31%	31 43%	22 33%	52 42%*	~	~	~	~	~	7 23%~	76 37%~	83 36%~	~	64 35%	19 35%
GOOD	38 16%	944 18%	2 5%~	10 17%	13 18%	13 19%	16 13%	~	~	~	~	~	7 23%~	31 15%~	38 16%~	~	20 11%*	18 33%*
FAIR	5 2%	237 5%*	1 3%~	1 2%	1 1%	2 3%	2 2%	~	~	~	~	~	1 3%~	4 2%~	~	5 ~100%	1 0.5%	4 7%
POOR		15 0.3%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
#EXCELLENT + VERY GOOD + GOOD (NET)	232 98%	4943 95%*	38 97%~	58 98%	71 99%	65 97%	123 98%	~	~	~	~	~	29 97%~	202 98%~	232 100%~	~	181 99%	51 93%
NOT ANSWERED	20	443	3	5	10	2	2						1				20	
VALID CASES	237	5195	39	59	72	67	125						30	206	232	5	182	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	T I	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & POOR	EX & FAIR & POOR	NO CCC	CCC
Q59																		
EXCELLENT	113 48%	2231 43%	30 77%~	32 54%	26 37%*	25 38%*	55 44%	~	~	~	~	~	15 52%~	97 47%~	112 49%~	1 20%~	105 58%*	8 15%*
VERY GOOD	59 25%	1483 29%	7 18%~	15 25%	24 34%	13 20%	37 29%	~	~	~	~	~	5 17%~	54 26%~	59 26%~	~	48 27%	11 20%
GOOD	39 17%	1030 20%	2 5%~	7 12%	15 21%	15 23%	22 17%	~	~	~	~	~	7 24%~	32 16%~	38 17%~	1 20%~	24 13%*	15 28%*
FAIR	18 8%	368 7%	~	5 8%	4 6%	9 14%	10 8%	~	~	~	~	~	1 3%~	17 8%~	14 6%~	3 60%~	4 2%*	14 26%*
POOR	6 3%	70 1%	~	~	2 3%	4 6%	2 2%	~	~	~	~	~	1 3%~	5 2%~	6 3%~	~	~	6 11%*
#EXCELLENT + VERY GOOD + GOOD (NET)	211 90%	4745 92%	39 100%~	54 92%	65 92%	53 80%*	114 90%	~	~	~	~	~	27 93%~	183 89%~	209 91%~	2 40%~	177 98%*	34 63%*
NOT ANSWERED	22	455	3	5	11	3	1						1	2	3		21	1
VALID CASES	235	5183	39	59	71	66	126						29	205	229	5	181	54
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q60 YES	44 18%	1055 20%	3 8%	8 14%	15 21%	18 27%	15 12%*	~	~	~	~	~	5 17%	38 18%	40 17%	3 60%	7 4%*	37 67%*
NO	194 82%	4144 80%	36 92%	51 86%	58 79%	49 73%	111 88%*	~	~	~	~	~	25 83%	169 82%	192 83%	2 40%	176 96%*	18 33%*
NOT ANSWERED	19	439	3	5	9	2	1										19	
VALID CASES	238	5199	39	59	73	67	126						30	207	232	5	183	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q61 YES	39 91%	796 77%	1 33%	7 88%	14 100%	17 94%	13 93%	~	~	~	~	~	~	5 100%	33 89%	37 93%	2 67%	2 33%	37 100%
NO	4 9%	235 23%	2 67%	1 13%	~	1 6%	1 7%	~	~	~	~	~	~	4 11%	3 8%	1 33%	4 67%	~	
NOT ANSWERED	1	22			1	1								1			1		
VALID CASES	43	1030	3	8	14	18	14							5	37	40	3	6	37
NUMBER OF RESPONDENTS	44	1052	3	8	15	18	15							5	38	40	3	7	37
	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		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q62 YES	37 95%	716 91%~100%	1 ~100%	6 86%~100%	14 ~100%	16 94%~	12 92%~	~	~	~	~	~	~	5 ~100%	31 94%~	35 95%~100%	2 ~100%	37 ~100%	
NO	2 5%	75 9%~	~	1 ~14%	~	1 ~6%	1 8%~	~	~	~	~	~	~	~	2 6%~	2 5%~	~	2 ~100%	~
NOT ANSWERED		15																	
VALID CASES	39	791	1	7	14	17	13							5	33	37	2	2	37
NUMBER OF RESPONDENTS	39 100%	806 100%	1 100%	7 100%	14 100%	17 100%	13 100%							5 100%	33 100%	37 100%	2 100%	2 100%	37 100%

[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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q63 YES	32 14%	788 15%	2 5%	7 12%	12 17%	11 16%	19 15%	~	~	~	~	~	2 7%	30 15%	28 12%	3 60%	5 3%*	27 50%*
NO	205 86%	4394 85%	37 95%	52 88%	60 83%	56 84%	107 85%	~	~	~	~	~	28 93%	176 85%	203 88%	2 40%	178 97%*	27 50%*
NOT ANSWERED	20	456	3	5	10	2	1							1	1		19	1
VALID CASES	237	5182	39	59	72	67	126						30	206	231	5	183	54
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q64 YES	28 88%	637 85%	1 50%	6 86%	10 83%	11 100%	16 84%	~	~	~	~	~	~	2 100%	26 87%	24 86%	3 100%	2 40%	26 96%
NO	4 13%	110 15%	1 50%	1 14%	2 17%	~	3 16%	~	~	~	~	~	~	4 13%	4 14%	~	~	3 60%	1 4%
NOT ANSWERED		19																	
VALID CASES	32	747	2	7	12	11	19							2	30	28	3	5	27
NUMBER OF RESPONDENTS	32 100%	766 100%	2 100%	7 100%	12 100%	11 100%	19 100%							2 100%	30 100%	28 100%	3 100%	5 100%	27 100%

[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		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q65 YES	26 96%	591 96%	1 100%	5 83%	9 100%	11 100%	14 93%	~	~	~	~	~	2 100%	24 96%	23 96%	3 100%	26 100%	
NO	1 4%	26 4%	~	1 17%	~	~	~	~	~	~	~	~	1 4%	1 4%	~	1 100%	~	
NOT ANSWERED	1	7			1	1							1			1		
VALID CASES	27	617	1	6	9	11	15						2	25	24	3	1	26
NUMBER OF RESPONDENTS	28	624	1	6	10	11	16						2	26	24	3	2	26
	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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q66 YES	229%	63912%	25%~	58%	912%	69%	1310%	~	~	~	~	~	27%~	2010%~	188%~	360%~	42%*	1833%*
NO	21691%	454688%	3795%~	5492%	6488%	6191%	11390%	~	~	~	~	~	2893%~	18790%~	21492%~	240%~	17998%*	3767%*
NOT ANSWERED	19	453	3	5	9	2	1											19
VALID CASES	238	5185	39	59	73	67	126						30	207	232	5	183	55
NUMBER OF RESPONDENTS	257	5638	42	64	82	69	127						30	207	232	5	202	55
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q67 YES	18 90%	445 77%	1 50%	5 100%	6 86%	6 100%	10 91%	~	~	~	~	~	2 100%	16 89%	15 88%	3 100%	1 33%	17 100%
NO	2 10%	136 23%	1 50%	~	1 14%	~	1 9%	~	~	~	~	~	~	2 11%	2 12%	~	2 67%	~
NOT ANSWERED	2	22			2		2							2	1		1	1
VALID CASES	20	582	2	5	7	6	11						2	18	17	3	3	17
NUMBER OF RESPONDENTS	22 100%	604 100%	2 100%	5 100%	9 100%	6 100%	13 100%						2 100%	20 100%	18 100%	3 100%	4 100%	18 100%

[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		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q68 YES	17 94%	427 96%	1 100%	4 80%	6 100%	6 100%	9 90%	~	~	~	~	~	~	2 100%	15 94%	14 93%	3 100%	17 100%	
NO	1 6%	17 4%	~	1 20%	~	~	1 10%	~	~	~	~	~	~	1 6%	1 7%	~	1 100%	~	
NOT ANSWERED		6																	
VALID CASES	18	444	1	5	6	6	10							2	16	15	3	1	17
NUMBER OF RESPONDENTS	18 100%	450 100%	1 100%	5 100%	6 100%	6 100%	10 100%							2 100%	16 100%	15 100%	3 100%	1 100%	17 100%

[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		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q69 YES	17 7%	531 10%	1 3%	6 10%	6 8%	4 6%	9 7%	~	~	~	~	~	~	2 7%	15 7%	15 6%	1 20%	10 5%	7 13%
NO	221 93%	4648 90%	38 97%	53 90%	67 92%	63 94%	117 93%	~	~	~	~	~	~	28 93%	192 93%	217 94%	4 80%	173 95%	48 87%
NOT ANSWERED	19	459	3	5	9	2	1											19	
VALID CASES	238	5179	39	59	73	67	126							30	207	232	5	183	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%							30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND ##	AMER IND/ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q70 YES	10	336		2	4	4	4						2	8	9	3	7
	63%	68%	~	40%	67%	100%	44%	~	~	~	~	~	100%	57%	64%	~	33%
NO	6	157	1	3	2		5						6	5	1	6	
	38%	32%	100%	60%	33%	~	56%	~	~	~	~	~	43%	36%	100%	67%	~
NOT ANSWERED	1	8		1									1	1		1	
VALID CASES	16	493	1	5	6	4	9						2	14	14	1	9
NUMBER OF RESPONDENTS	17	501	1	6	6	4	9						2	15	15	1	10
	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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q71 YES	6	293		1	3	2	2						1	5	6		6	
	75%	92%	~	50%	100%	67%	67%	~	~	~	~	~	50%	83%	75%	~	86%	
NO	2	24		1		1	1						1	1	2	1	1	
	25%	8%	~	50%		33%	33%	~	~	~	~	~	50%	17%	25%	100%	14%	
NOT ANSWERED	2	3			1	1	1						2	1		2		
VALID CASES	8	317		2	3	3	3						2	6	8	1	7	
NUMBER OF RESPONDENTS	10	320		2	4	4	4						2	8	9	3	7	
	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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q72 YES	28 12%	736 14%	~	10%	11%	21%*	14 11%	~	~	~	~	~	2 7%	26 13%	26 11%	2 40%	2 1%*	26 48%*
NO	208 88%	4444 86%	39 100%	53 90%	63 89%	53 79%*	111 89%	~	~	~	~	~	28 93%	179 87%	204 89%	3 60%	180 99%*	28 52%*
NOT ANSWERED	21	458	3	5	11	2	2							2	2		20	1
VALID CASES	236	5180	39	59	71	67	125						30	205	230	5	182	54
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALS	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q73 YES	26 96%	628 90%	~	5 83%	8 100%	13 100%	13 93%	~	~	~	~	~	2 100%	24 96%	24 96%	2 100%	26 100%	
NO	1 4%	72 10%	~	1 17%	~	~	1 7%	~	~	~	~	~	~	1 4%	1 4%	1 100%	~	
NOT ANSWERED	1	16				1							1	1	1	1		
VALID CASES	27	700		6	8	13	14						2	25	25	2	1	26
NUMBER OF RESPONDENTS	28 100%	716 100%		6 100%	8 100%	14 100%	14 100%						2 100%	26 100%	26 100%	2 100%	2 100%	26 100%

[ASKED IF Q72 = YES]

NQ74 WHAT IS YOUR CHILD'S AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ74																		
3 YEARS OLD OR LESS	42 16%	971 17%	42 100%~	~	~	~	19 15%	~	~	~	~	~	7 23%~	32 15%	38 16%~	1 20%~	40 20%*	2 4%*
4 TO 7 YEARS OLD	64 25%	1380 24%	~100%~	64 ~	~	~	30 24%	~	~	~	~	~	6 20%~	53 26%	58 25%~	1 20%~	54 27%	10 18%
8 TO 12 YEARS OLD	82 32%	1689 30%	~	~	82 ~100%~	~	42 33%	~	~	~	~	~	10 33%~	63 30%	71 31%~	1 20%~	61 30%	21 38%
13 OR OLDER	69 27%	1597 28%	~	~	~100%~	69 ~	36 28%	~	~	~	~	~	7 23%~	59 29%	65 28%~	2 40%~	47 23%*	22 40%*
VALID CASES	257	5638	42	64	82	69	127						30	207	232	5	202	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

[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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALS	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ75 MALE	131 51%	2948 52%	20 48%	32 50%	43 52%	36 52%	64 50%	~	~	~	~	~	16 53%	106 51%	119 51%	2 40%	98 49%	33 60%
FEMALE	126 49%	2690 48%	22 52%	32 50%	39 48%	33 48%	63 50%	~	~	~	~	~	14 47%	101 49%	113 49%	3 60%	104 51%	22 40%
VALID CASES	257	5638	42	64	82	69	127						30	207	232	5	202	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC	ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q76 HISPANIC OR LATINO	30 13%	2037 40%*	7 18%~	6 10%	10 14%	7 11%	~	~	~	~	~	~	30 ~100%~	29 ~13%~	1 20%~	22 12%	8 15%	
NOT HISPANIC OR LATINO	207 87%	3094 60%*	32 82%~	53 90%	63 86%	59 89%	126 100%~	~	~	~	~	~	207 ~100%~	202 87%~	4 80%~	161 88%	46 85%	
NOT ANSWERED	20	507	3	5	9	3	1							1		19	1	
VALID CASES	237	5131	39	59	73	66	126						30	207	231	5	183	54
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q77.1 YES	151 59%	2548 45%*	24 57%~	35 55%	50 61%	42 61%	127 100%~	~	~	~	~	~	16 ~	134 53%~	147 63%~	2 40%~	121 60%	30 55%
NO	106 41%	3090 55%*	18 43%~	29 45%	32 39%	27 39%	~	~	~	~	~	~	14 ~	73 35%*	85 37%~	3 60%~	81 40%	25 45%
VALID CASES	257	5638	42	64	82	69	127						30	207	232	5	202	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.2	UHAL TOT CHLD																
YES	3 1%	139 2%	1 2%~	1 ~	1 1%	~	~	~	~	~	~	3 1%	3 1%~	1 ~0.5%	2 4%		
NO	254 99%	5499 98%	41 98%~	64 100%~	81 99%	68 100%~	~	~	~	~	~	30 ~100%	204 99%	229 99%~	5 100%	201 100%	53 96%
VALID CASES	257	5638	42	64	82	69	127					30	207	232	5	202	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%					30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL-OTHR ##	MUL-TI ##	HIS-PAN-IC	HIS-PAN-IC	NOT PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q77.3	YES	3 1%	186 3%*	~	2 1%	~	~	~	~	~	~	~	3 1%	3 1%	~	2 1%	1 2%		
	NO	254 99%	5452 97%*	100%~	100%~	100%~	~	~	~	~	~	30 ~100%	204 99%	229 99%	5 100%	200 99%	54 98%		
	VALID CASES	257	5638	100%	100%	100%	100%	100%	100%	100%	100%	30 100%	207 100%	232 100%	5 100%	202 100%	55 100%		
	NUMBER OF RESPONDENTS	257	5638	100%	100%	100%	100%	100%	100%	100%	100%	30 100%	207 100%	232 100%	5 100%	202 100%	55 100%		

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q77.4	UHAL TOT CHLD																	
YES	OHP TOT CHLD	2 0.8%	61 1%		2 2%	~	~	~	~	~	~	2 1%	2 0.9%	~	2 1%	~		
NO		255 99%	5577 99%	42 100%	64 100%	80 98%	69 100%	127 100%	~	~	~	~	30 99%	205 99%	230 99%	5 100%	200 99%	55 100%
VALID CASES		257	5638	42	64	82	69	127					30	207	232	5	202	55
NUMBER OF RESPONDENTS		257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%					30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q77.5 YES	8 3%	168 3%	1 2%~	2 3%	2 2%	3 4%	~	~	~	~	~	~	1 3%~	7 3%	8 3%~	~	6 3%	2 4%
NO	249 97%	5470 97%	41 98%~	62 97%	80 98%	66 96%	127 100%~	~	~	~	~	~	29 97%~	200 97%	224 97%~	5 100%~	196 97%	53 96%
VALID CASES	257	5638	42	64	82	69	127						30	207	232	5	202	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%						30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR		NO CCC	CCC		
Q77.6	UHAL TOT CHLD																	
YES	OHP TOT CHLD	15 6%	486 9%	2 5%	4 6%	3 4%	6 9%	~	~	~	~	~	9 30%	6 3%*	15 6%	9 4%	6 11%	
NO	OHP TOT CHLD	242 94%	5152 91%	40 95%	60 94%	79 96%	63 91%	127 100%	~	~	~	~	21 70%	201 97%*	217 94%	5 100%	193 96%	49 89%
VALID CASES	OHP TOT CHLD	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%					30 100%	207 100%	232 100%	5 100%	202 100%	55 100%
NUMBER OF RESPONDENTS	OHP TOT CHLD	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%					30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

Q78 WHAT IS YOUR AGE?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q78																			
UNDER 18	13 5%	196 4%	1 3%~	5 8%	3 4%	4 6%	12 10%*	~	~	~	~	~	~	12 6%~	12 5%~	~	12 7%	1 2%	
18 TO 24	17 7%	176 3%*	11 28%~	5 8%	1 1%*	~	8 6%	~	~	~	~	~	~	1 3%~	16 8%~	17 7%~	~	14 8%	3 6%
25 TO 34	79 33%	1691 33%	21 54%~	31 53%*	23 32%	4 6%*	40 32%	~	~	~	~	~	~	12 40%~	67 33%~	76 33%~	2 40%~	66 36%	13 24%
35 TO 44	75 32%	2049 40%*	5 13%~	15 25%	28 38%	27 41%	36 29%	~	~	~	~	~	~	12 40%~	62 30%~	75 33%~	~	54 30%	21 39%
45 TO 54	32 14%	738 14%	1 3%~	2 3%*	12 16%	17 26%*	21 17%	~	~	~	~	~	~	1 3%~	31 15%~	30 13%~	2 40%~	24 13%	8 15%
55 TO 64	13 5%	229 4%	~	~	4 5%	9 14%*	5 4%	~	~	~	~	~	~	3 10%~	10 5%~	13 6%~	~	9 5%	4 7%
65 TO 74	7 3%	87 2%	~	1 2%	1 1%	5 8%	3 2%	~	~	~	~	~	~	1 3%~	6 3%~	6 3%~	1 20%~	4 2%	3 6%
75 OR OLDER	1 0.4%	15 0.3%	~	~	1 1%	~	1 0.8%~	~	~	~	~	~	~	~	1 0.5%~	1 0.4%~	~	~	1 2%~
NOT ANSWERED	20	457	3	5	9	3	1							2	2		19	1	
VALID CASES	237	5181	39	59	73	66	126							30	205	230	5	183	54
NUMBER OF RESPONDENTS	257	5638	42	64	82	69	127							30	207	232	5	202	55
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

Q79 ARE YOU MALE OR FEMALE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q79																			
MALE	30 13%	711 14%	3 8%	8 14%	5 7%*	14 21%*	12 9%	~	~	~	~	~	~	2 7%~	28 14%~	30 13%~	5 ~	25 14%	5 9%
FEMALE	208 87%	4484 86%	36 92%~	51 86%	68 93%*	53 79%*	115 91%	~	~	~	~	~	~	28 93%~	178 86%~	201 87%~	5 100%~	158 86%	50 91%
NOT ANSWERED	19	443	3	5	9	2								1	1			19	
VALID CASES	238	5195	39	59	73	67	127							30	206	231	5	183	55
NUMBER OF RESPONDENTS	257 100%	5638 100%	42 100%	64 100%	82 100%	69 100%	127 100%							30 100%	207 100%	232 100%	5 100%	202 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	MUL-TI	HIS-PAN-IC	NOT PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q80																		
8TH GRADE OR LESS	2 0.9%	593 12%*	~	~	1%	2%	~	~	~	~	~	~	1 4%~	1 0.5%~	2 0.9%~	~	1 0.5%	1 2%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	27 11%	565 11%	3 8%~	10 17%	5 7%	9 14%	11 9%	~	~	~	~	~	8 29%~	19 9%~	27 12%~	~	19 10%	8 15%
HIGH SCHOOL GRADUATE OR GED	92 39%	1483 29%*	17 44%~	15 25%*	32 45%	28 42%	56 44%	~	~	~	~	~	7 25%~	85 41%~	87 38%~	4 80%~	74 41%	18 34%
SOME COLLEGE OR 2-YEAR DEGREE	99 42%	1722 33%*	17 44%~	27 46%	32 45%	23 35%	49 39%	~	~	~	~	~	10 36%~	88 43%~	97 43%~	1 20%~	76 42%	23 43%
4-YEAR COLLEGE GRADUATE	10 4%	491 10%*	1 3%~	5 8%	1 1%	3 5%	8 6%	~	~	~	~	~	1 4%~	9 4%~	10 4%~	~	7 4%	3 6%
MORE THAN 4-YEAR COLLEGE DEGREE	5 2%	290 6%*	1 3%~	2 3%	~	2 3%	3 2%	~	~	~	~	~	1 4%~	4 2%~	5 2%~	~	5 3%*	~
NOT ANSWERED	22	495	3	5	11	3							2	1	4		20	2
VALID CASES	235	5143	39	59	71	66	127						28	206	228	5	182	53
NUMBER OF RESPONDENTS	257	5638	42	64	82	69	127						30	207	232	5	202	55
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

Q81 HOW ARE YOU RELATED TO THE CHILD?

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC		
Q81																			
MOTHER OR FATHER	216 93%	4883 95%	36 95%~	57 97%	65 90%	58 91%	115 94%	~	~	~	~	~	~	28 93%~	186 93%~	211 93%~	3 60%~	166 93%	50 93%
GRANDPARENT	13 6%	145 3%	~	2 3%	6 8%	5 8%	5 4%	~	~	~	~	~	~	2 7%~	11 5%~	12 5%~	1 20%~	9 5%	4 7%
AUNT OR UNCLE		13 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OLDER BROTHER OR SISTER	1 0.4%	12 0.2%	~	~	1 1%	1 ~0.8%	~	~	~	~	~	~	~	~	1 ~0.5%~	1 0.4%~	~	1 ~0.6%	~
OTHER RELATIVE		4 0.1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
LEGAL GUARDIAN	2 0.9%	51 1%	1 3%~	~	~	1 2%	~	~	~	~	~	~	~	~	2 1%~	2 0.9%~	~	2 1%	~
SOMEONE ELSE	1 0.4%	36 0.7%	1 3%~	~	~	~	1 ~0.8%	~	~	~	~	~	~	~	1 ~0.5%~	~	1 20%~	1 0.6%	~
NOT ANSWERED	24	494	4	5	10	5	5							6	6			23	1
VALID CASES	233	5144	38	59	72	64	122							30	201	226	5	179	54
NUMBER OF RESPONDENTS	257	5638	42	64	82	69	127							30	207	232	5	202	55
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

Q82 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q82 YES	4 3%	143 4%	2 8%~	1 3%~	~	1 2%~	3 2%~	~	~	~	~	~	1 6%~	3 2%~	4 3%~	~	3 2%~	1 3%~
NO	155 97%	3143 96%	24 92%~	35 97%~	54 100%~	42 98%~	124 98%~	~	~	~	~	~	15 94%~	139 98%~	151 97%~	2 100%~	123 98%~	32 97%~
NOT ANSWERED	1	43				1							1	1	1			
VALID CASES	159	3286	26	36	54	43	127						16	142	155	2	126	33
NUMBER OF RESPONDENTS	160 100%	3329 100%	26 100%	36 100%	54 100%	44 100%	127 100%						16 100%	143 100%	156 100%	2 100%	127 100%	33 100%

[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	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER PAC ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.1 YES	2	56		1		1	1						1	1	2	1	1	
	50%	41%		~100%		~100%	33%						~100%	33%	50%	~33%	~100%	
NO	2	79	2				2						2	2	2	2		
	50%	59%	~100%				67%						~67%	50%	~50%	~67%		
VALID CASES	4	135	2	1		1	3					1	3	4	4	3	1	
NUMBER OF RESPONDENTS	4	135	2	1		1	3					1	3	4	4	3	1	
	100%	100%	100%	100%		100%	100%					100%	100%	100%	100%	100%	100%	

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.2 YES	1	44				1									1			1
	25%	32%	~	~	~	100%	~	~	~	~	~	~	~	~	100%	~	~	100%
NO	3	91	2	1			3							3	3			3
	75%	68%	100%	100%	~	~	100%	~	~	~	~	~	~	100%	75%	~	~	100%
VALID CASES	4	135	2	1		1	3							1	3			3
NUMBER OF RESPONDENTS	4	135	2	1		1	3							1	3			3
	100%	100%	100%	100%		100%	100%							100%	100%			100%

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

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

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

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

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR		NO CCC	CCC	
Q83.4	UHAL TOT CHLD																
YES	OHP TOT CHLD	76															
		56%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	UHAL TOT CHLD	4	2	1	1	3						1	3	4	3	1	
		100%	44%	100%	100%	100%	~	~	~	~	~	100%	100%	100%	100%	100%	100%
VALID CASES	UHAL TOT CHLD	4	2	1	1	3						1	3	4	3	1	
NUMBER OF RESPONDENTS	OHP TOT CHLD	4	2	1	1	3						1	3	4	3	1	
		100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	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	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALS	MUL-OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q83.5	UHAL TOT CHLD																	
YES	OHP TOT CHLD	7	1			1						1	1	1				
		25%	5%	50%	~	33%	~	~	~	~	~	~	33%	25%	33%	~		
NO	OHP TOT CHLD	128	1	1	1	2						1	2	3	2	1		
		75%	95%	50%	100%	67%	~	~	~	~	~	100%	67%	75%	67%	100%		
VALID CASES	OHP TOT CHLD	4	2	1	1	3						1	3	4	3	1		
NUMBER OF RESPONDENTS	OHP TOT CHLD	4	2	1	1	3						1	3	4	3	1		
		100%	100%	100%	100%	100%						100%	100%	100%	100%	100%		

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & POOR	NO CCC	CCC
NQ14 0-6	27 16%	307 8%*	7 23%~	5 10%~	5 11%~	10 22%~	14 16%	~	~	~	~	~	2 11%~	24 17%~	24 15%~	2 40%~	21 17%~	6 13%~
7-8	50 29%	1107 30%	9 29%~	17 35%~	12 26%~	12 27%~	29 33%	~	~	~	~	~	5 26%~	42 30%~	46 30%~	1 20%~	32 26%~	18 38%~
9-10	93 55%	2234 61%	15 48%~	26 54%~	29 63%~	23 51%~	44 51%	~	~	~	~	~	12 63%~	74 53%~	85 55%~	2 40%~	70 57%~	23 49%~
VALID CASES	170	3648	31	48	46	45	87						19	140	155	5	123	47
NUMBER OF RESPONDENTS	170 100%	3648 100%	31 100%	48 100%	46 100%	45 100%	87 100%						19 100%	140 100%	155 100%	5 100%	123 100%	47 100%
MEAN	2.39	2.53	2.26	2.44	2.52	2.29	2.34						2.53	2.36	2.39	2.00	2.40	2.36
p stat_(*=Sig @ p<=.05)		.015*	~	~	~	~	.441	~	~	~	~	~	~	~	~	~	~	~

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ41 0-6	27 13%	330 7%*	2 5%~	4 7%	10 17%	11 22%	20 19%*	~	~	~	~	~	1 4%~	26 15%~	25 13%~	2 40%~	20 13%	7 14%
7-8	52 26%	960 22%	8 22%~	14 25%	17 29%	13 26%	20 19%*	~	~	~	~	~	6 26%~	44 25%~	48 25%~	2 40%~	39 26%	13 26%
9-10	123 61%	3168 71%*	27 73%~	38 68%	32 54%	26 52%	67 63%	~	~	~	~	~	16 70%~	103 60%~	119 62%~	1 20%~	93 61%	30 60%
VALID CASES	202	4459	37	56	59	50	107						23	173	192	5	152	50
NUMBER OF RESPONDENTS	202 100%	4459 100%	37 100%	56 100%	59 100%	50 100%	107 100%						23 100%	173 100%	192 100%	5 100%	152 100%	50 100%
MEAN	2.48	2.64	2.68	2.61	2.37	2.30	2.44						2.65	2.45	2.49	1.80	2.48	2.46
p stat_(*=Sig @ p<=.05)		.002*	~.082	.213	.048*	.448	~	~	~	~	~	~	~	~	~	~	~.864	.864

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALS	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC	
NQ48 0-6	28%	88%	~	11%	~	17%	~	~	~	~	~	~	10%	10%	~	~	20%	
7-8	28%	175%	60%	22%	~	33%	25%	~	~	~	~	~	29%	24%	50%	33%	20%	
9-10	64%	456%	40%	67%	100%	50%	75%	~	~	~	~	~	100%	62%	67%	50%	67%	
VALID CASES	25	718	5	9	5	6	8						2	21	21	2	15	
NUMBER OF RESPONDENTS	25	718	5	9	5	6	8						2	21	21	2	15	
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	
MEAN	2.56	2.51	2.40	2.56	3.00	2.33	2.75						3.00	2.52	2.57	2.50	2.67	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

NQ54 RATING OF CHILD'S HEALTH PLAN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	T I	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ54																		
0-6	49 20%	696 13%*	2 5%~	11 19%	18 24%	18 26%	24 19%	~	~	~	~	~	3 10%~	44 21%~	46 20%~	2 40%~	38 21%	11 20%
7-8	78 32%	1488 29%	15 38%~	16 28%	30 40%	17 25%	47 37%	~	~	~	~	~	10 33%~	68 33%~	76 33%~	2 40%~	55 30%	23 42%
9-10	113 47%	3026 58%*	22 56%~	31 53%	27 36%*	33 49%	56 44%	~	~	~	~	~	17 57%~	93 45%~	108 47%~	1 20%~	92 50%	21 38%
VALID CASES	240	5210	39	58	75	68	127						30	205	230	5	185	55
NUMBER OF RESPONDENTS	240 100%	5210 100%	39 100%	58 100%	75 100%	68 100%	127 100%						30 100%	205 100%	230 100%	5 100%	185 100%	55 100%
MEAN	2.27	2.45	2.51	2.34	2.12	2.22	2.25						2.47	2.24	2.27	1.80	2.29	2.18
p stat_(*=Sig @ p<=.05)		.000*	~.382	.049*	.585	.759	~	~	~	~	~	~	~	~	~	~	~.349	.347

GETTING NEEDED CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- PAN- IC ##	NOT HIS- PAN- IC ##	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC	
NPRBSEE4 NQ46	2.19	2.21	1.83	2.30	2.50	2.10	2.00						2.00	2.19	2.28	1.50	2.10	2.33
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ15	2.46	2.45	2.65	2.50	2.38	2.38	2.44						2.65	2.44	2.49	1.80	2.48	2.40
p stat_(*=Sig @ p<=.05)	.825		~	~	~	~	.620	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.32	2.33	2.24	2.40	2.44	2.24	2.22	x	x	x	x	x	2.32	2.32	2.38	1.65	2.29	2.37
p stat_(*=Sig @ p<=.05)	.926		~	~	~	~	.151	~	~	~	~	~	~	~	~	~	~	~

GETTING CARE QUICKLY

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
NCARSN4 NQ4	2.70	2.68	2.70	2.63	2.83	2.57	2.74							2.64	2.72	2.73	1.00	2.75	2.57	
p stat_(*=Sig @ p<=.05)	.740		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.47	2.42	2.70	2.38	2.44	2.44	2.49							2.61	2.42	2.46	2.25	2.57	2.24	
p stat_(*=Sig @ p<=.05)	.420		~	~	~	~	.742	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.59	2.55	2.70	2.50	2.64	2.50	2.61	x	x	x	x	x	x	2.62	2.57	2.59	1.62	2.66	2.40	
p stat_(*=Sig @ p<=.05)	.757		~	~	~	~	.820	~	~	~	~	~	~	~	~	~	~	~	~	~

HOW WELL DOCTORS COMMUNICATE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER AFR- ##	AS- IAN ##	NATV HAW/ PAC ILND ##	AMER IND/ ALSK ##	MUL- OTHR ##	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NDREXPL4 NQ32	2.71	2.70	2.66	2.88	2.79	2.47	2.77						2.50	2.72	2.72	2.20	2.73	2.66
p stat_(*=Sig @ p<=.05)	.918		~	~	~	~	.232	~	~	~	~	~	~	~	~	~	~	~
NDRLSTN4 NQ33	2.65	2.73	2.55	2.86	2.66	2.47	2.71						2.56	2.64	2.66	1.75	2.70	2.53
p stat_(*=Sig @ p<=.05)	.153		~	~	~	~	.294	~	~	~	~	~	~	~	~	~	~	~
NDRESPU4 NQ34	2.72	2.79	2.76	2.86	2.66	2.57	2.75						2.75	2.70	2.72	2.40	2.77	2.59
p stat_(*=Sig @ p<=.05)	.133		~	~	~	~	.460	~	~	~	~	~	~	~	~	~	~	~
NDRTMEN4 NQ37	2.53	2.50	2.48	2.60	2.51	2.50	2.51						2.56	2.51	2.53	2.20	2.52	2.56
p stat_(*=Sig @ p<=.05)	.597		~	~	~	~	.697	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.65	2.68	2.61	2.80	2.66	2.50	2.68	x	x	x	x	x	2.59	2.64	2.66	2.14	2.68	2.59
p stat_(*=Sig @ p<=.05)	.833		~	~	~	~	.831	~	~	~	~	~	~	~	~	~	~	~

CUSTOMER SERVICE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
NPBCLCS4 NQ50	2.41	2.30	2.63	2.29	2.50	2.33	2.40							2.80	2.37	2.45	2.00	2.46	2.31
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ51	2.56	2.62	2.63	2.46	2.83	2.44	2.60							2.80	2.50	2.55	2.50	2.57	2.54
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.48	2.46	2.63	2.37	2.67	2.39	2.50	x	x	x	x	x	x	2.80	2.43	2.50	2.25	2.51	2.42
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALS	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NNRXWHY NQ11																		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NNRXWYNT NQ12	2.29	2.41	2.14	2.20	2.29	2.37	2.26						2.00 2.35	2.30 3.00	2.09	2.50		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NRXBST NQ13	2.61	2.60	1.86	2.60	2.85	2.75	2.58						3.00 2.47	2.56 3.00	2.45	2.79		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.45	2.51	2.00	2.40	2.57	2.56	2.42	x	x	x	x	x	x	2.50 2.41	2.43 3.00	2.27	2.64	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND ##	AMER IND/PAC/ALSK NATV ##	MUL-TI OTHR ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
NEZMDEQ NQ20	2.13	2.28	1.83	2.50	2.00	2.50						1.50	2.23	2.13		1.71	2.50		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NEZTHP NQ23	2.07	2.12	3.00	1.80	2.25	2.00	1.89					3.00	1.92	2.00	3.00	2.13	2.00		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NEZTC NQ26	2.04	2.11	3.00	1.75	2.13	2.00	1.85					2.00	1.95	1.85	2.67	2.43	1.89		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
COMPOSITE	2.08	2.17	3.00	1.79	2.29	2.00	2.08	x	x	x	x	x	x	2.17	2.04	1.99	2.83	2.09	2.13
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
PRBSEE4 Q46	72%	75%	67%	70%	83%	70%	58%								67%	69%	76%	25%	70%	75%
CARNES4 Q15	91%	88%	94%	92%	93%	84%	94%								88%	91%	92%	60%	92%	87%
AVERAGE	81.20	81.59	80.11	80.83	88.33	77.22	76.29	x	x	x	x	x	x	77.45	80.01	83.78	42.50	80.90	81.12	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
CARSN4 Q4	96%	92%	95%	95%	100%	90%	97%							82%	97%	96%	0%	97%	91%
APGET4 Q6	89%	84%	100%	80%	88%	90%	88%							94%	87%	89%	75%	94%	76%
AVERAGE	92.06	88.10	97.50	87.37	94.12	90.11	92.53	x	x	x	x	x	x	88.13	92.29	92.59	75.00	95.48	83.46

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC		
DREXPL4 Q32	93%	93%	93%	100%	94%	83%	95%							88%	93%	94%	60%	94%	91%
DRLSTN4 Q33	89%	95%	83%	95%	91%	85%	93%							81%	90%	90%	50%	92%	84%
DRESPU4 Q34	91%	96%	90%	95%	91%	89%	95%							94%	91%	92%	80%	94%	86%
DRTMEN4 Q37	89%	87%	90%	95%	89%	83%	89%							94%	88%	89%	80%	91%	87%
AVERAGE	90.7	92.6	88.8	96.4	91.4	85.1	92.8	x	x	x	x	x	x	89.1	90.5	91.2	67.5	92.5	86.9

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

	UHAL TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
PBCLCS4 Q50	84%	79%	88%	71%	100%	89%	87%								100%	83%	88%	50%	83%	85%
CSRESP Q51	94%	91%	88%	92%	100%	100%	100%								100%	93%	94%	100%	91%	100%
AVERAGE	89.11	85.33	87.50	81.87	100.0	94.44	93.33	x	x	x	x	x	x	100.0	88.33	90.91	75.00	87.32	92.31	

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC	ALSK NATV	MUL-TI OTHR	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NRXWHY Q11	88%	93%	86%	100%	86%	88%	84%							100%	87%	89%	100%	82%	95%
NRXWYNT Q12	64%	71%	57%	60%	64%	69%	63%							50%	68%	65%	100%	55%	75%
RXBST Q13	80%	80%	43%	80%	92%	88%	79%							100%	73%	78%	100%	73%	89%
AVERAGE	77.6	81.2	61.9	80.0	80.8	81.3	75.4	x	x	x	x	x	x	83.3	76.1	77.3	x	69.7	86.5

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTH R	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
EZMDEQ Q20	73%	74%	50%	100%	67%	88%						50%	77%	73%		71%	75%		
EZTHP Q23	60%	68%	100%	40%	75%	60%	56%					100%	54%	57%	100%	63%	57%		
EZTC Q26	64%	66%	100%	50%	63%	67%	54%					50%	62%	55%	100%	71%	61%		
AVERAGE	65.8	69.4	x	46.7	79.2	64.4	65.6	x	x	x	x	x	x	66.7	64.2	61.8	100	68.5	64.4

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
DRTLKU Q38	85%	86%	97%	90%	80%	75%	84%						94%	84%	86%	60%	88%	80%	
DRUNCON Q43	87%	89%	67%	93%	86%	88%	85%						100%	86%	88%	75%	80%	91%	
DRUNFAM Q44	78%	87%	67%	87%	77%	73%	73%						75%	78%	80%	33%	67%	84%	
AVERAGE	83.6	87.3	76.6	90.1	80.9	78.6	80.4	x	x	x	x	x	x	89.6	82.5	85.0	56.1	78.1	84.9

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	UHAL TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
HELPCONT Q18	100%	89%	100%	100%	100%	100%							100%	100%		100%	100%	
HLPCOORD Q29	54%	57%	44%	57%	67%	47%	63%						20%	54%	49%	100%	53%	56%
AVERAGE	77.0	73.0	44.4	78.6	83.3	73.3	81.3	x	x	x	x	x	20.0	76.8	74.4	x	76.6	77.8

INDEX OF ADULT TABLES

PAGE QUESTION TITLE

1. INTRODUCTION

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

2. YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

3. YOUR PERSONAL DOCTOR

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

4. GETTING HEALTH CARE FROM SPECIALISTS

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

PAGE QUESTION TITLE

5. YOUR HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. ADDITIONAL QUESTIONS

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

5. ACCESS TO DENTAL CARE

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

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6. ABOUT YOU		
53	Q36	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL HEALTH?
54	Q37	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL MENTAL OR EMOTIONAL HEALTH?
55	Q38	HAVE YOU HAD EITHER A FLU SHOT OR FLU SPRAY IN THE NOSE SINCE JULY 1, 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
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94		GETTING NEEDED CARE
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2. YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS		
2	Q3	IN THE LAST 6 MONTHS, DID YOUR CHILD HAVE AN ILLNESS, INJURY, OR CONDITION THAT NEEDED CARE RIGHT AWAY IN A CLINIC, EMERGENCY ROOM OR DOCTOR'S OFFICE?
3	Q4	IN THE LAST 6 MONTHS, WHEN YOUR CHILD NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOUR CHILD GET CARE AS SOON AS HE OR SHE NEEDED? [ASKED IF Q3 = YES]
4	Q5	IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC?
5	Q6	IN THE LAST 6 MONTHS, WHEN YOU MADE AN APPOINTMENT FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC, HOW OFTEN DID YOU GET AN APPOINTMENT AS SOON AS YOUR CHILD NEEDED? [ASKED IF Q5 = YES]
6	Q7	IN THE LAST 6 MONTHS, NOT COUNTING THE TIMES YOUR CHILD WENT TO AN EMERGENCY ROOM, HOW MANY TIMES DID HE OR SHE GO TO A DOCTOR'S OFFICE OR CLINIC TO GET HEALTH CARE?
7	Q8	IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS IN YOUR CHILD? [ASKED IF Q7 >= 1 TIME]
8	Q9	IN THE LAST 6 MONTHS, HOW OFTEN DID YOU HAVE YOUR QUESTIONS ANSWERED BY YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER? [ASKED IF Q7 >= 1 TIME]
9	Q10	IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME]
10	Q11	WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]
11	Q12	WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]
12	Q13	WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]
13	Q14	USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS? [ASKED IF Q7 >= 1]
14	Q15	IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS, OR TREATMENT YOUR CHILD NEEDED? [ASKED IF Q7 >= 1 TIME]
15	Q16	IS YOUR CHILD NOW ENROLLED IN ANY KIND OF SCHOOL OR DAYCARE?

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

3. SPECIALIZED SERVICES

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

PAGE QUESTION TITLE

4. YOUR CHILD'S PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

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

6. YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

PAGE QUESTION TITLE

7. PRESCRIPTION MEDICINES

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

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

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

7. ACCESS TO DENTAL CARE

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

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

7. ADDITIONAL QUESTIONS

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

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

8. ABOUT YOUR CHILD AND YOU

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

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

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

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

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

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

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

91 Q78 WHAT IS YOUR AGE?

92 Q79 ARE YOU MALE OR FEMALE?

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

94 Q81 HOW ARE YOU RELATED TO THE CHILD?

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

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

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

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

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

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

PAGE QUESTION TITLE

9. RATINGS

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

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

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

104 NQ54 RATING OF CHILD'S HEALTH PLAN

10. COMPOSITES

105 GETTING NEEDED CARE

106 GETTING CARE QUICKLY

107 HOW WELL DOCTORS COMMUNICATE

108 CUSTOMER SERVICE

109 SHARED DECISION MAKING

110 ACCESS TO SPECIALIZED SERVICES

11. GLOBAL PROPORTION COMPOSITES

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

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

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

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

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

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

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

118 CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

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

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

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

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?

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

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



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

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.