



All Care Health Plan
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2016



Methodology

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

Sample Disposition

Response/Non-Response Comparison

Banner Tables

- Adult Tables
- Child Tables

Appendix

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

METHODOLOGY

Introduction

This banner book report summarizes the results of the 2016 CAHPS© Medicaid survey of All Care Health Plan members. All Care Health Plan 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	
	All Care Health Plan	Overall	All Care Health Plan	Overall
**First mailing - sent	900	17100	900	17100
*First mailing - usable survey returned	191	3058	137	2302
Second mailing - sent	695	13527	721	14026
*Second mailing - usable survey returned	67	1118	44	1027
*Phone - usable surveys	92	1495	109	2309
Total - usable surveys	350	5671	290	5638
†Ineligible: According to population criteria‡	15	431	14	323
†Ineligible: Deceased	1	38	0	2
†Ineligible: Mentally or physically unable to complete survey	5	166	0	0
†Ineligible: Language barrier	0	78	0	81
Incorrect address AND incorrect phone number	43	915	43	878
Refusal/Returned survey blank	42	871	48	905
Nonresponse - Unavailable by mail or phone	444	8930	505	9273
Adjusted Response Rate	39.8%	34.6%	32.7%	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	188 41.4%	162 46.3%	4.88%
Female	266 58.6%	188 53.7%	-4.88%
18-24	82 18.1%	34 9.7%	-8.35%
25-34	142 31.3%	58 16.6%	-14.71%
35-44	84 18.5%	64 18.3%	-0.22%
45-54	77 17.0%	67 19.1%	2.18%
55-64	54 11.9%	103 29.4%	17.53%
65-74	10 2.2%	18 5.1%	2.94%
75 or Older	5 1.1%	6 1.7%	0.61%

Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	273 52.9%	140 48.3%	-4.63%
Female	243 47.1%	150 51.7%	4.63%
<3	131 25.4%	57 19.7%	-5.73%
4-7	121 23.4%	85 29.3%	5.86%
8-12	134 26.0%	84 29.0%	3.00%
13 or older	130 25.2%	64 22.1%	-3.12%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	AHP 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	AMR IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE
Q1 YES	346	5577	32	49	56	61	97	24	200					16	32	279	224	92	145	174
	100%	100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%	~100%
NOT ANSWERED	4	94			1		1	1	3						1	3	3		3	1
VALID CASES	346	5577	32	49	56	61	97	24	200					16	32	279	224	92	145	174
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

	AHP 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	
Q3 YES	138 41%	2267 41%	6 19%	20 41%	26 46%	21 35%	44 45%	10 43%	78 39%	~	~	~	~	~	8 50%	13 39%	111 40%	83 37%*	44 49%	47 32%*	80 47%*
NO	198 59%	3221 59%	26 81%	29 59%	30 54%	39 65%	54 55%	13 57%	121 61%	~	~	~	~	~	8 50%	20 61%	166 60%	142 63%*	46 51%	99 68%*	92 53%*
NOT ANSWERED	14	183			1	1		2	4								5	2	2	2	3
VALID CASES	336	5488	32	49	56	60	98	23	199						16	33	277	225	90	146	172
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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			
	AHP TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q4 NEVER	3 2%	61 3%	~	1 5%	1 4%	~	1 3%	~	1 1%	~	~	~	~	~	3 3%	~	3 7%	~	3 4%	
SOMETIMES	15 12%	267 13%	1 17%	2 11%	2 8%	3 17%	5 13%	9 13%	~	~	~	~	2 29%	1 9%	12 12%	7 9%	7 17%	4 10%	9 12%	
USUALLY	32 25%	526 26%	2 33%	4 21%	9 36%	3 17%	11 28%	2 22%	24 34%*	~	~	~	~	1 14%	2 18%	29 28%	22 29%	10 24%	12 29%	19 25%
ALWAYS	76 60%	1196 58%	3 50%	12 63%	13 52%	12 67%	22 56%	7 78%	37 52%*	~	~	~	~	4 57%	8 73%	58 57%	46 61%	22 52%	25 61%	44 59%
#ALWAYS + USUALLY (NET)	108 86%	1723 84%	5 83%	16 84%	22 88%	15 83%	33 85%	9 100%	61 86%	~	~	~	~	5 71%	10 91%	87 85%	68 91%	32 76%	37 90%	63 84%
TOP BOX SCORE	76 60%	1196 58%	3 50%	12 63%	13 52%	12 67%	22 56%	7 78%	37 52%*	~	~	~	~	4 57%	8 73%	58 57%	46 61%	22 52%	25 61%	44 59%
NOT ANSWERED	12	187		1	1	3	5	1	7					1	2	9	8	2	6	5
VALID CASES	126	2050	6	19	25	18	39	9	71					7	11	102	75	42	41	75
NUMBER OF RESPONDENTS	138 100%	2237 100%	6 100%	20 100%	26 100%	21 100%	44 100%	10 100%	78 100%					8 100%	13 100%	111 100%	83 100%	44 100%	47 100%	80 100%

[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?

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
Q5 YES	224	3682	14	33	34	44	70	19	140						11	17	194	142	68	86	128
	67%	67%	45%~	67%~	60%	73%	71%	86%~	71%	~	~	~	~	~	73%~	52%~	70%*	64%	75%	59%*	75%*
Q5 NO	110	1794	17	16	23	16	28	3	58						4	16	82	81	23	60	43
	33%	33%	55%~	33%~	40%	27%	29%	14%~	29%	~	~	~	~	~	27%~	48%~	30%*	36%	25%	41%*	25%*
Q5 NOT ANSWERED	16	196	1			1		3	5								6	4	1	2	4
VALID CASES	334	5475	31	49	57	60	98	22	198						15	33	276	223	91	146	171
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203						16	33	282	227	92	148	175
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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		
	AHP 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/ PAC ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q6 NEVER	5 2%	120 4%	1 8%	1 3%	2 ~	1 5%	1 2%	3 2%	~	~	~	~	~	1 10%	4 2%	2 2%	3 5%	2 3%	3 2%	
SOMETIMES	29 14%	637 19%	5 38%	6 19%	3 9%	4 10%	7 12%	1 6%	16 13%	~	~	~	~	1 10%	2 13%	24 13%	19 15%	8 12%	12 16%	14 12%
USUALLY	65 32%	905 27%	6 46%	12 38%	9 27%	10 24%	22 37%	3 18%	40 32%	~	~	~	~	4 40%	6 40%	56 31%	40 31%	22 34%	20 27%	42 35%
ALWAYS	106 52%	1691 50%	1 8%	13 41%	21 64%	25 61%	30 50%	13 76%	67 53%	~	~	~	~	4 40%	7 47%	94 53%	67 52%	32 49%	41 55%	62 51%
#ALWAYS + USUALLY (NET)	171 83%	2596 77%	7 54%	25 78%	30 91%	35 85%	52 87%	16 94%	107 85%	~	~	~	~	8 80%	13 87%	150 84%	107 84%	54 83%	61 81%	104 86%
TOP BOX SCORE	106 52%	1691 50%	1 8%	13 41%	21 64%	25 61%	30 50%	13 76%	67 53%	~	~	~	~	4 40%	7 47%	94 53%	67 52%	32 49%	41 55%	62 51%
NOT ANSWERED	19	330	1	1	1	3	10	2	14					1	2	16	14	3	11	7
VALID CASES	205	3353	13	32	33	41	60	17	126					10	15	178	128	65	75	121
NUMBER OF RESPONDENTS	224	3683	14	33	34	44	70	19	140					11	17	194	142	68	86	128
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q5 = YES]

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

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MULTI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY FAIR & POOR	FE-MALE	MALE	
Q7 NONE	91 28%	1469 27%	18 56%~	15 31%~	13 23%	15 26%	21 21%	4 18%~	51 26%	~	~	~	~	~	3 21%~	16 48%~	67 24%*	72 32%*	14 16%*	57 40%*	29 17%*
1 TIME	59 18%	947 17%	2 6%~	10 20%~	13 23%	9 16%	19 19%	4 18%~	41 21%	~	~	~	~	~	3 21%~	1 3%~	54 20%*	38 17%	17 19%	26 18%	31 18%
2	61 18%	900 17%	3 9%~	6 12%~	12 21%	15 26%	19 19%	3 14%~	37 19%	~	~	~	~	~	2 14%~	7 21%~	49 18%	44 20%	15 17%	21 15%	37 21%
3	40 12%	659 12%	3 9%~	5 10%~	7 12%	6 11%	12 12%	5 23%~	22 11%	~	~	~	~	~	3 21%~	3 9%~	34 12%	28 13%	9 10%	17 12%	21 12%
4	22 7%	465 9%	3 9%~	1 2%~	1 2%*	4 7%	10 10%	1 5%~	12 6%	~	~	~	~	~	2 14%~	1 3%~	19 7%	10 4%*	10 11%	8 6%	12 7%
5 TO 9	40 12%	673 12%	2 6%~	8 16%~	9 16%	4 7%	13 13%	3 14%~	26 13%	~	~	~	~	~	~	3 9%~	36 13%	24 11%	16 18%	8 6%*	31 18%*
10 OR MORE TIMES	17 5%	305 6%	1 3%~	4 8%~	2 4%	4 7%	4 4%	2 9%~	8 4%	~	~	~	~	~	1 7%~	2 6%~	15 5%	8 4%	8 9%	5 4%	12 7%
NOT ANSWERED	20	254				4		3	6						2		8	3	3	6	2
VALID CASES	330	5417	32	49	57	57	98	22	197						14	33	274	224	89	142	173
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203						16	33	282	227	92	148	175
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	AHP 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-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE
Q8 #YES	168 72%	2759 72%	5 36%	25 74%	33 75%	30 75%	55 74%	14 78%	109 76%	~	~	~	~	~100%	8 50%	150 74%	103 70%	57 76%	63 76%	99 70%
NO	65 28%	1087 28%	9 64%	9 26%	11 25%	10 25%	19 26%	4 22%	35 24%	~	~	~	~	~	8 50%	53 26%	45 30%	18 24%	20 24%	42 30%
NOT ANSWERED	6	93				2	3	2							1	4	4		2	3
VALID CASES	233	3846	14	34	44	40	74	18	144					11	16	203	148	75	83	141
NUMBER OF RESPONDENTS	239 100%	3939 100%	14 100%	34 100%	44 100%	42 100%	77 100%	18 100%	146 100%					11 100%	17 100%	207 100%	152 100%	75 100%	85 100%	144 100%

[ASKED IF Q7 >= 1 TIME]

Q9 IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE?

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMER	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE	
Q9 YES	117 50%	2168 56%*	8 57%~	19 56%~	23 52%~	19 46%~	37 50%	8 44%~	68 47%	~	~	~	~	~	6 55%~	9 56%~	103 50%~	68 46%	45 60%*	41 49%	73 51%
Q9 NO	118 50%	1687 44%*	6 43%~	15 44%~	21 48%~	22 54%~	37 50%	10 56%~	77 53%	~	~	~	~	~	5 45%~	7 44%~	101 50%~	81 54%	30 40%*	42 51%	69 49%
NOT ANSWERED	4	84				1	3		1								1	3		2	2
VALID CASES	235	3855	14	34	44	41	74	18	145						11	16	204	149	75	83	142
NUMBER OF RESPONDENTS	239 100%	3939 100%	14 100%	34 100%	44 100%	42 100%	77 100%	18 100%	146 100%						11 100%	17 100%	207 100%	152 100%	75 100%	85 100%	144 100%

[ASKED IF Q7 >= 1 TIME]

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

	AHP TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q10 #YES	111	1919	7	19	21	18	35	8	64						6	9	97	66	42	38	70
	95%	93%	88%	100%	91%	95%	95%	100%	94%	~	~	~	~	~	100%	100%	94%	97%	93%	93%	96%
NO	6	152	1		2	1	2		4								6	2	3	3	3
	5%	7%	13%	~	9%	5%	5%	~	6%	~	~	~	~	~	~	~	6%	3%	7%	7%	4%
NOT ANSWERED	24	379				5	3	3	7						2	1	11	6	3	8	4
VALID CASES	117	2072	8	19	23	19	37	8	68						6	9	103	68	45	41	73
NUMBER OF RESPONDENTS	141	2451	8	19	23	24	40	11	75						8	10	114	74	48	49	77
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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?

	AHP TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
Q11 #YES	89	1506	7	16	16	15	26	6	48						4	9	76	51	34	30	56
	76%	73%	88%~	84%~	70%~	79%~	70%~	75%~	71%~	~	~	~	~	~	67%~	100%~	74%~	75%~	76%~	73%~	77%~
NO	28	555	1	3	7	4	11	2	20						2		27	17	11	11	17
	24%	27%	13%~	16%~	30%~	21%~	30%~	25%~	29%~	~	~	~	~	~	33%~	~	26%~	25%~	24%~	27%~	23%~
NOT ANSWERED		53																			
VALID CASES	117	2061	8	19	23	19	37	8	68						6	9	103	68	45	41	73
NUMBER OF RESPONDENTS	117	2114	8	19	23	19	37	8	68						6	9	103	68	45	41	73
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
AHP 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-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q12 #YES	94 81%	1561 76%	7 88%	15 79%	19 86%	16 84%	28 76%	6 75%	53 78%	~	~	~	~	~	3 50%	9 100%	80 78%	60 88%	31 70%	34 83%	57 79%
NO	22 19%	492 24%	1 13%	4 21%	3 14%	3 16%	9 24%	2 25%	15 22%	~	~	~	~	~	3 50%	22 22%	8 12%	13 30%	7 17%	15 21%	
NOT ANSWERED	1	61			1											1		1		1	
VALID CASES	116	2053	8	19	22	19	37	8	68				6	9	102	68	44	41	72		
NUMBER OF RESPONDENTS	117	2114	8	19	23	19	37	8	68				6	9	103	68	45	41	73		
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	

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

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

			AGE					RACE						ETHNICITY	HEALTH STATUS		GENDER		
	AHP 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/ PAC ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	MALE	FE-MALE
Q13 WORST HEALTH CARE POSSIBLE	2 0.9%	27 0.7%	~	1 3%	~	~	~	~	1 0.7%	~	~	~	~	~	~	1 ~0.5%	1 ~	1 1%	1 ~0.7%
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	2 0.9%	49 1%	~	2 6%	~	~	~	~	~	~	~	~	~	~	~	2 1%	2 ~	2 3%	2 1%
03	4 2%	78 2%	~	~	2 5%	~	1 1%	~	2 1%	~	~	~	~	~	~	3 1%	3 ~	3 4%	3 2%
04	2 0.9%	87 2%*	~	~	~	~	2 3%	~	1 0.7%	~	~	~	~	1 9%	~	2 1%	1 0.7%	1 1%	2 2%
05	18 8%	281 7%	4 29%	2 6%	3 7%	4 10%	3 4%	2 11%	13 9%	~	~	~	~	~	~	1 6%	17 8%	6 4%*	11 15%*
06	12 5%	233 6%	~	1 3%	3 7%	4 10%	3 4%	~	5 3%	~	~	~	~	2 18%	~	1 6%	10 5%	6 4%	5 7%
07	33 14%	502 13%	4 29%	6 18%	11 25%	3 7%	9 12%	~	26 18%*	~	~	~	~	~	~	32 16%	26 17%*	6 8%*	15 18%
08	52 22%	866 23%	2 14%	10 29%	12 27%	10 24%	12 16%	3 17%	34 23%	~	~	~	~	4 36%	3 19%	45 22%	36 24%	15 20%	21 25%
09	41 17%	651 17%	1 7%	3 9%	6 14%	6 15%	17 23%	6 33%	24 17%	~	~	~	~	3 27%	3 19%	35 17%	29 19%	11 15%	16 19%
BEST HEALTH CARE POSSIBLE	69 29%	1054 27%	3 21%	9 26%	7 16%	14 34%	27 36%	7 39%	39 27%	~	~	~	~	1 9%	8 50%	57 28%	45 30%	20 27%	21 25%
#8-10 (NET)	162 69%	2571 67%	6 43%	22 65%	25 57%	30 73%	56 76%	16 89%	97 67%	~	~	~	~	8 73%	14 88%	137 67%	110 74%*	46 61%	58 70%

Continued

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

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER			
	AHP 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 #	MUL-TI #	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	VERY GOOD & FAIR POOR	FE-MALE	MALE	
9-10 (NET)	110 47%	1705 44%	4 29%~	12 35%~	13 30%~	20 49%~	44 59%*	13 72%~	63 43%	~	~	~	~	~	4 36%~	11 69%~	92 45%~	74 50%	31 41%	37 45%	69 49%
NOT ANSWERED	4	105				1	3		1							1	3	3		2	2
VALID CASES	235	3834	14	34	44	41	74	18	145					11	16	204	149	75	83	142	
NUMBER OF RESPONDENTS	239 100%	3939 100%	14 100%	34 100%	44 100%	42 100%	77 100%	18 100%	146 100%					11 100%	17 100%	207 100%	152 100%	75 100%	85 100%	144 100%	
MEAN	8.05	7.91	7.36	7.62	7.64	8.27	8.46	8.78	8.03					7.73	8.88	8.01	8.40	7.51	8.14	8.06	
p stat_(*=Sig @ p<=.05)		.279	~	~	~	~.021*			~.869	~	~	~	~	~	~	~	~.002*	.010*	.558	.905	

[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?

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q14 NEVER	7 3%	112 3%		2 ~ 6%	2 5%~	1 2%	2 3%	3 2%							1 9%		7 3%	2 1%	5 7%	2 2%	5 4%
SOMETIMES	41 18%	652 17%	5 38%	6 18%	7 16%	7 17%	12 16%	1 6%	23 16%						2 18%		36 18%	17 12%*	21 28%*	17 21%	21 15%
USUALLY	64 27%	1292 34%*	2 15%	14 41%	16 37%	8 20%	19 26%	3 17%	42 29%						1 9%	6 38%	56 28%	44 30%	18 24%	23 28%	39 28%
ALWAYS	121 52%	1764 46%	6 46%	12 35%	18 42%	25 61%	41 55%	14 78%	75 52%						7 64%	10 63%	103 51%	84 57%*	31 41%*	40 49%	76 54%
#ALWAYS + USUALLY (NET)	185 79%	3056 80%	8 62%	26 76%	34 79%	33 80%	60 81%	17 94%	117 82%						8 73%	16 100%	159 79%	128 87%*	49 65%*	63 77%	115 82%
TOP BOX SCORE	121 52%	1764 46%	6 46%	12 35%	18 42%	25 61%	41 55%	14 78%	75 52%						7 64%	10 63%	103 51%	84 57%*	31 41%*	40 49%	76 54%
NOT ANSWERED	6	119	1		1	1	3		3							1	5	5		3	3
VALID CASES	233	3820	13	34	43	41	74	18	143						11	16	202	147	75	82	141
NUMBER OF RESPONDENTS	239 100%	3939 100%	14 100%	34 100%	44 100%	42 100%	77 100%	18 100%	146 100%						11 100%	17 100%	207 100%	152 100%	75 100%	85 100%	144 100%

[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?

	AHP 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
Q15 YES	280 84%	4350 80%*	18 56%~	38 78%~	52 91%	49 82%	89 91%*100%~	23 88%*	~	~	~	~	~	12 ~ 75%~	20 61%~	244 88%*	182 81%*	83 92%*	115 79%*	154 89%*
NO	53 16%	1094 20%*	14 44%~	11 22%~	5 9%	11 18%	9 9%*	23 ~ 12%*	~	~	~	~	~	4 ~ 25%~	13 39%~	34 12%*	44 19%*	7 8%*	30 21%*	20 11%*
NOT ANSWERED	17	228				1	2	4							4	1	2	3	1	
VALID CASES	333	5443	32	49	57	60	98	23						16	33	278	226	90	145	174
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	60 100%	98 100%	23 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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

	AHP TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q16 NONE	62	890	5	10	13	8	19	5	40						2	6	54	45	12	35	25
	23%	22%	31%~	27%~	26%	17%~	22%	24%~	24%	~	~	~	~	~	20%~	32%~	23%~	26%	15%*	33%*	17%*
1 TIME	60	1017	3	9	11	13	18	4	42						3	4	53	37	18	26	32
	22%	25%	19%~	24%~	22%	28%~	21%	19%~	25%	~	~	~	~	~	30%~	21%~	23%~	21%	22%	25%	21%
2	60	826	1	7	12	13	17	6	36						2	2	51	45	14	19	37
	22%	20%	6%~	19%~	24%	28%~	20%	29%~	21%	~	~	~	~	~	20%~	11%~	22%~	26%*	18%	18%	25%
3	30	578	3	1	6	4	13	1	19						3	3	24	21	8	13	15
	11%	14%	19%~	3%~	12%	9%~	15%	5%~	11%	~	~	~	~	~	30%~	16%~	10%~	12%	10%	12%	10%
4	18	309	3	1	3	3	7	1	13							1	17	8	10	5	13
	7%	7%	19%~	3%~	6%	6%~	8%	5%~	8%	~	~	~	~	~	~	5%~	7%~	5%	13%*	5%	9%
5 TO 9	31	401		7	4	5	10	4	17							1	29	14	15	7	23
	12%	10%	~	19%~	8%	11%~	12%	19%~	10%	~	~	~	~	~	~	5%~	13%~	8%*	19%*	7%*	15%*
10 OR MORE TIMES	6	98	1	2	1	1	1		2							2	4	3	3	1	5
	2%	2%	6%~	5%~	2%	2%~	1%	~	1%	~	~	~	~	~	~	11%~	2%~	2%	4%	0.9%	3%
NOT ANSWERED	13	232	2	1	2	2	4	2	7						2	1	12	9	3	9	4
VALID CASES	267	4118	16	37	50	47	85	21	169						10	19	232	173	80	106	150
NUMBER OF RESPONDENTS	280	4350	18	38	52	49	89	23	176						12	20	244	182	83	115	154
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q15 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	AHP 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-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q17 NEVER	2 1%	58 2%	~	1 4%	1 3%	~	~	1 0.8%	~	~	~	~	~	~	~	2 1%	2 3%	~	2 2%	
SOMETIMES	16 8%	230 7%	~	3 11%	2 6%	3 8%	5 8%	1 6%	10 8%	~	~	~	~	~	~	14 8%	6 5%	8 12%	2 3%*	12 10%
USUALLY	33 16%	675 21%	1 9%	5 19%	6 17%	6 15%	11 17%	4 25%	22 17%	~	~	~	~	2 25%	1 8%	31 18%	16 12%	16 24%	11 15%	22 18%
ALWAYS	153 75%	2229 70%	10 91%	18 67%	27 75%	30 77%	50 76%	11 69%	96 74%	~	~	~	~	6 75%	12 92%	130 73%	106 83%*	41 61%*	58 82%	88 71%
#ALWAYS + USUALLY (NET)	186 91%	2905 91%	11 100%	23 85%	33 92%	36 92%	61 92%	15 94%	118 91%	~	~	~	~	8 100%	13 100%	161 91%	122 95%*	57 85%	69 97%*	110 89%
TOP BOX SCORE	153 75%	2229 70%	10 91%	18 67%	27 75%	30 77%	50 76%	11 69%	96 74%	~	~	~	~	6 75%	12 92%	130 73%	106 83%*	41 61%*	58 82%	88 71%
NOT ANSWERED	1	27			1										1		1		1	
VALID CASES	204	3193	11	27	36	39	66	16	129					8	13	177	128	67	71	124
NUMBER OF RESPONDENTS	205	3220	11	27	37	39	66	16	129					8	13	178	128	68	71	125
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	AHP 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
Q18 NEVER	4 2%	63 2%		3 ~ 12%~		1 ~ 3%~			3 2%							4 2%	1 0.8%	3 4%		4 3%*
SOMETIMES	19 9%	266 8%	1 9%	2 8%~	3 8%~	7 18%~	4 6%		10 8%					1 13%~		17 10%~	7 6%*	10 15%	4 6%	13 10%
USUALLY	40 20%	675 21%	1 9%	4 15%~	9 24%~	6 15%~	13 20%	5 31%~	28 22%							35 20%~	25 20%	13 19%	14 20%	24 19%
ALWAYS	141 69%	2196 69%	9 82%~	17 65%~	25 68%~	25 64%~	49 74%	11 69%~	88 68%					7 88%~	12 100%~	122 69%~	94 74%	42 62%	53 75%	83 67%
#ALWAYS + USUALLY (NET)	181 89%	2872 90%	10 91%~	21 81%~	34 92%~	31 79%~	62 94%	16 100%~	116 90%					7 88%~	12 100%~	157 88%~	119 94%*	55 81%*	67 94%*	107 86%
TOP BOX SCORE	141 69%	2196 69%	9 82%~	17 65%~	25 68%~	25 64%~	49 74%	11 69%~	88 68%					7 88%~	12 100%~	122 69%~	94 74%	42 62%	53 75%	83 67%
NOT ANSWERED	1	19		1											1		1			1
VALID CASES	204	3201	11	26	37	39	66	16	129					8	12	178	127	68	71	124
NUMBER OF RESPONDENTS	205	3220	11	27	37	39	66	16	129					8	13	178	128	68	71	125
	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	
	AHP 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-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q19 NEVER	8 4%	78 2%	1 9%	3 11%	2 5%	2 5%	~	6 5%	~	~	~	~	~	1 13%	8 4%	1 0.8%*	7 10%*	1 1%	7 6%	
SOMETIMES	15 7%	205 6%	~	1 4%	1 3%	6 15%	4 6%	1 6%	9 7%	~	~	~	~	~	13 7%	7 5%	6 9%	4 6%	9 7%	
USUALLY	34 17%	539 17%	2 18%	2 7%	8 22%	6 15%	11 17%	5 31%	22 17%	~	~	~	~	1 13%	32 18%	21 16%	12 18%	13 18%	21 17%	
ALWAYS	148 72%	2374 74%	8 73%	21 78%	26 70%	25 64%	51 77%	10 63%	92 71%	~	~	~	~	6 75%	13 100%	125 70%	99 77%*	43 63%	53 75%	88 70%
#ALWAYS + USUALLY (NET)	182 89%	2913 91%	10 91%	23 85%	34 92%	31 79%	62 94%	15 94%	114 88%	~	~	~	~	7 88%	13 100%	157 88%	120 94%*	55 81%*	66 93%	109 87%
TOP BOX SCORE	148 72%	2374 74%	8 73%	21 78%	26 70%	25 64%	51 77%	10 63%	92 71%	~	~	~	~	6 75%	13 100%	125 70%	99 77%*	43 63%	53 75%	88 70%
NOT ANSWERED		24																		
VALID CASES	205	3196	11	27	37	39	66	16	129					8	13	178	128	68	71	125
NUMBER OF RESPONDENTS	205	3220	11	27	37	39	66	16	129					8	13	178	128	68	71	125
	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		
	AHP 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
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q20 NEVER	6	89		3		1	2		4					1		6	3	3	1	5
	3%	3%	~	11%~	~	3%~	3%	~	3%	~	~	~	~	13%~	~	3%~	2%	4%	1%	4%
SOMETIMES	19	317	2	3	2	4	4	1	10						15	10	8	4	12	
	9%	10%	18%~	11%~	5%~	10%~	6%	6%~	8%	~	~	~	~	~	8%~	8%	12%	6%	10%	
USUALLY	41	782	1	5	13	8	10	4	28					2	2	38	20	20	18	23
	20%	24%	9%~	19%~	35%~	21%~	15%	25%~	22%	~	~	~	~	25%~	15%~	21%~	16%*	29%*	25%	19%
ALWAYS	138	2009	8	16	22	26	49	11	87					5	11	118	95	37	48	84
	68%	63%	73%~	59%~	59%~	67%~	75%	69%~	67%	~	~	~	~	63%~	85%~	67%~	74%*	54%*	68%	68%
#ALWAYS + USUALLY (NET)	179	2790	9	21	35	34	59	15	115					7	13	156	115	57	66	107
	88%	87%	82%~	78%~	95%~	87%~	91%	94%~	89%	~	~	~	~	88%~	100%~	88%~	90%	84%	93%	86%
TOP BOX SCORE	138	2009	8	16	22	26	49	11	87					5	11	118	95	37	48	84
	68%	63%	73%~	59%~	59%~	67%~	75%	69%~	67%	~	~	~	~	63%~	85%~	67%~	74%*	54%*	68%	68%
NOT ANSWERED	1	24					1								1					1
VALID CASES	204	3196	11	27	37	39	65	16	129					8	13	177	128	68	71	124
NUMBER OF RESPONDENTS	205	3220	11	27	37	39	66	16	129					8	13	178	128	68	71	125
	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?

	AHP TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q21 YES	110	2002	5	17	20	18	39	6	68						5	8	93	66	39	38	67
	54%	63%*	45%~	65%~	54%~	46%~	60%	40%~	54%	~	~	~	~	~	63%~	62%~	53%~	53%	57%	54%	55%
NO	92	1173	6	9	17	21	26	9	58						3	5	82	59	29	33	55
	46%	37%*	55%~	35%~	46%~	54%~	40%	60%~	46%	~	~	~	~	~	38%~	38%~	47%~	47%	43%	46%	45%
NOT ANSWERED	3	45		1				1	1	3							3	3			3
VALID CASES	202	3175	11	26	37	39	65	15	126						8	13	175	125	68	71	122
NUMBER OF RESPONDENTS	205	3220	11	27	37	39	66	16	129						8	13	178	128	68	71	125
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	AHP 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	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE
Q22 NEVER	6 6%	115 6%	1 20%	1 6%	2 10%	1 6%	~	3 4%	~	~	~	~	~	~	5 5%	1 2%	4 11%	1 3%	4 6%	
SOMETIMES	19 17%	272 14%	1 20%	3 18%	5 25%	3 17%	6 16%	1 17%	14 21%	~	~	~	~	1 20%	18 20%	9 14%	9 24%	5 13%	14 21%	
USUALLY	28 26%	568 30%	~	6 35%	2 10%	6 33%	11 29%	2 33%	17 25%	~	~	~	~	1 20%	3 38%	24 26%	15 23%	13 34%	7 18%	20 30%
ALWAYS	56 51%	925 49%	3 60%	7 41%	11 55%	8 44%	21 55%	3 50%	33 49%	~	~	~	~	3 60%	5 63%	45 49%	41 62%	12 32%	25 66%	28 42%
#ALWAYS + USUALLY (NET)	84 77%	1493 79%	3 60%	13 76%	13 65%	14 78%	32 84%	5 83%	50 75%	~	~	~	~	4 80%	8 100%	69 75%	56 85%	25 66%	32 84%	48 73%
TOP BOX SCORE	56 51%	925 49%	3 60%	7 41%	11 55%	8 44%	21 55%	3 50%	33 49%	~	~	~	~	3 60%	5 63%	45 49%	41 62%	12 32%	25 66%	28 42%
NOT ANSWERED	1	69					1		1						1		1		1	
VALID CASES	109	1881	5	17	20	18	38	6	67					5	8	92	66	38	38	66
NUMBER OF RESPONDENTS	110	1950	5	17	20	18	39	6	68					5	8	93	66	39	38	67
	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					
	AHP 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/ PAC ILND #	AMER ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	MALE	FE-MALE			
Q23 WORST PERSONAL DOCTOR POSSIBLE	21	0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
01	1	0.4%	~	3%	~	~	~	0.6%	~	~	~	~	~	~	~	0.4%	0.6%	~	0.7%			
02	6	2%	~	3%	4%	~	1%	5%	~	~	~	~	~	~	~	2%	1%	5%	0.9%	3%		
03	5	2%	~	8%	~	2%	1%	~	~	~	~	~	~	~	~	2%	0.6%	5%	0.9%	3%		
04	6	2%	~	~	4%	2%	2%	~	~	~	~	~	~	~	~	2%	~	~	5%	0.9%	3%	
05	13	5%	1%	2%	3%	1%	3%	2%	~	~	~	~	~	1%	9%	~	5%	3%	7%	7%	3%	
06	11	4%	1%	1%	3%	4%	1%	1%	~	~	~	~	~	1%	9%	~	4%	~	5%	4%	4%	5%
07	17	6%	1%	3%	4%	6%	3%	~	~	~	~	~	~	~	~	~	7%	~	6%	7%	5%	8%
08	37	14%	~	22%	18%	6%	14%	15%	~	~	~	~	~	1%	9%	11%	15%	~	16%	9%	18%	12%
09	63	24%	5%	6%	8%	9%	23%	7%	~	~	~	~	~	3%	27%	3%	16%	~	23%	~	25%	33%
BEST PERSONAL DOCTOR POSSIBLE	108	40%	7%	12%	20%	23%	36%	8%	~	~	~	~	~	5%	45%	14%	89%	~	72%	30%	43%	63%
#8-10 (NET)	208	78%	12%	26%	37%	35%	73%	18%	~	~	~	~	~	9%	82%	19%	178%	~	144%	54%	87%	114%

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			
	AHP 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 #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
9-10 (NET)	171 64%	2384 58%*	12 80%~	18 49%~	28 55%	32 67%~	59 70%	15 68%~	103 61%	~	~	~	~	~	8 73%~	17 89%~	143 61%~	116 67%	47 58%	68 64%	96 64%
NOT ANSWERED	13	266	3	1	1	1	5	1	8					1	1	11	10	2	8	4	
VALID CASES	267	4084	15	37	51	48	84	22	168					11	19	233	172	81	107	150	
NUMBER OF RESPONDENTS	280 100%	4350 100%	18 100%	38 100%	52 100%	49 100%	89 100%	23 100%	176 100%					12 100%	20 100%	244 100%	182 100%	83 100%	115 100%	154 100%	
MEAN	8.41	8.33	8.87	7.76	8.18	8.60	8.74	8.41	8.36					8.73	9.63	8.33	8.71	7.84	8.55	8.36	
p stat_(*=Sig @ p<=.05)		.514	~	~	.370	~	.053	~	.601	~	~	~	~	~	~	~	~	.004*	.010*	.351	.664

[ASKED IF Q15 = YES]

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

	AGE								RACE						ETHNICITY		HEALTH STATUS		GENDER	
	AHP 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-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE
Q24 YES	133 40%	2150 40%	7 22%~	17 35%~	21 37%	26 43%	46 47%	12 50%~	76 38%	~	~	~	~	10 ~ 63%	7 21%~	118 42%*	73 33%*	52 57%*	50 34%*	79 46%*
NO	199 60%	3272 60%	25 78%~	32 65%~	35 63%	35 57%	51 53%	12 50%~	125 62%	~	~	~	~	6 ~ 38%	26 79%~	161 58%*	151 67%*	40 43%*	97 66%*	94 54%*
NOT ANSWERED	18	249			1		1	1	2							3	3		1	2
VALID CASES	332	5422	32	49	56	61	97	24	201					16	33	279	224	92	147	173
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q25 NEVER	10 8%	123 6%	1 14%	2 12%	1 5%	5 12%	5 7%	~	~	~	~	~	1 10%	~	8 7%	5 7%	5 10%	3 6%	6 8%	
SOMETIMES	21 16%	379 19%	2 29%	4 24%	6 29%	1 4%	5 12%	1 9%	11 15%	~	~	~	~	~	1 17%	17 15%	7 10%*	11 21%	6 13%	13 17%
USUALLY	30 23%	576 29%	~	4 24%	6 29%	8 31%	9 21%	2 18%	19 26%	~	~	~	~	3 30%	~	29 25%	14 20%	14 27%	15 32%	14 18%
ALWAYS	68 53%	938 46%	4 57%	7 41%	8 38%	17 65%	24 56%	8 73%	38 52%	~	~	~	~	6 60%	5 83%	61 53%	43 62%*	22 42%	23 49%	45 58%
#ALWAYS + USUALLY (NET)	98 76%	1514 75%	4 57%	11 65%	14 67%	25 96%	33 77%	10 91%	57 78%	~	~	~	~	9 90%	5 83%	90 78%	57 83%	36 69%	38 81%	59 76%
TOP BOX SCORE	68 53%	938 46%	4 57%	7 41%	8 38%	17 65%	24 56%	8 73%	38 52%	~	~	~	~	6 60%	5 83%	61 53%	43 62%*	22 42%	23 49%	45 58%
NOT ANSWERED	4	70					3	1	3						1	3	4		3	1
VALID CASES	129	2016	7	17	21	26	43	11	73					10	6	115	69	52	47	78
NUMBER OF RESPONDENTS	133	2086	7	17	21	26	46	12	76					10	7	118	73	52	50	79
	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	
	AHP 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
								WHTE	##	##	#	##	##	TI	IC	IC	GOOD	POOR	MALE	MALE
Q26 NONE	6 5%	110 5%		1 ~ 6%	1 5%		4 ~ 10%	4 5%	~	~	~	~	~ 11%	1	~ 5%	6	4 6%	2 4%	~	6 8%
1 SPECIALIST	78 60%	1016 50%*	5 71%	10 59%	14 67%	16 62%	22 52%	7 58%	48 65%	~	~	~	~	5 56%	3 50%	67 58%	46 66%	27 53%	28 61%	46 58%
2	24 19%	508 25%	1 14%	3 18%	3 14%	4 15%	10 24%	3 25%	11 15%	~	~	~	~	2 22%	2 33%	22 19%	12 17%	11 22%	11 24%	13 16%
3	15 12%	258 13%	1 14%	3 18%	3 14%	5 19%	3 7%	8 11%	~	~	~	~	~	1 17%	14 12%	5 7%	9 18%	3 7%	12 15%	
4	3 2%	69 3%	~	~	~	~	1 2%	2 17%	2 3%	~	~	~	~	~	3 3%	2 3%	1 2%	2 4%	1 1%	
5 OR MORE SPECIALISTS	3 2%	55 3%	~	~	~	1 4%	2 5%	1 1%	~	~	~	~	~ 11%	1 11%	3 3%	1 1%	1 2%	2 4%	1 1%	
NOT ANSWERED	4	71					4	2					1	1	3	3	1	4		
VALID CASES	129	2015	7	17	21	26	42	12	74					9	6	115	70	51	46	79
NUMBER OF RESPONDENTS	133	2086	7	17	21	26	46	12	76					10	7	118	73	52	50	79
	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		
	AHP 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 ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE MALE	FE- MALE
Q27 WORST SPECIALIST POSSIBLE	1 0.8%	19 1%	~	~	~	~	3%~	1 1%~	~	~	~	~	~	~	1 ~0.9%~	1 2%~	~	~	1 ~	1%~
01	2 2%	7 0.4%	~	~	~	4%~	~	1 1%	~	~	~	~	~	~	1 ~0.9%~	1 2%	~	1 2%~	~	~
02		19 1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	2 2%	32 2%	~	~	~	~	5%~	2 3%~	~	~	~	~	~	~	2 ~2%~	1 2%	~	~	2 ~	3%~
04	1 0.8%	32 2%	~	~	~	4%~	~	~	~	~	~	~	~	~	1 ~0.9%~	~	1 2%~	~	1 ~	1%~
05	6 5%	67 4%	~	1 6%~	1 5%~	1 4%~	2 5%~	1 8%~	2 3%	~	~	~	~	~	5 ~5%~	1 2%	4 8%~	1 2%~	5 7%~	~
06	2 2%	73 4%	~	1 6%~	~	1 4%~	~	~	~	~	~	~	1 ~14%~	~	2 ~2%~	1 2%	1 2%~	~	2 ~	3%~
07	12 10%	158 8%	~	3 19%~	1 5%~	2 8%~	4 11%~	1 8%~	9 13%	~	~	~	~	~	10 ~9%~	5 8%	6 13%~	5 11%~	6 8%~	~
08	17 14%	318 17%	2 29%~	~	5 26%~	2 8%~	6 16%~	1 8%~	12 17%	~	~	~	~	1 ~14%~	16 ~15%~	7 11%	9 19%~	7 16%~	9 13%~	~
09	22 18%	355 19%	3 43%~	3 19%~	4 21%~	5 20%~	5 13%~	2 17%~	13 19%	~	~	~	~	2 ~29%~	1 17%~	20 19%~	13 20%	8 17%~	9 20%~	13 18%~
BEST SPECIALIST POSSIBLE	56 46%	797 42%	2 29%~	8 50%~	8 42%~	12 48%~	18 47%~	7 58%~	30 43%	~	~	~	~	3 ~43%~	5 83%~	49 46%~	36 55%*	19 40%~	22 49%~	33 46%~
#8-10 (NET)	95 79%	1470 78%	7 100%~	11 69%~	17 89%~	19 76%~	29 76%~	10 83%~	55 79%	~	~	~	~	6 ~86%~	6 100%~	85 79%~	56 85%	36 75%~	38 84%~	55 76%~

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				
	AHP 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 #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE			
9-10 (NET)	78 64%	1152 61%	5 71%	11 69%	12 63%	17 68%	23 61%	9 75%	43 61%	~	~	~	~	~	5 71%	6 100%	69 64%	49 74%*	27 56%	31 69%	46 64%
NOT ANSWERED	2	16			1	1								1		2		1		1	1
VALID CASES	121	1878	7	16	19	25	38	12	70					7	6	107	66	48	45	72	
NUMBER OF RESPONDENTS	123 100%	1894 100%	7 100%	16 100%	20 100%	26 100%	38 100%	12 100%	70 100%					8 100%	6 100%	109 100%	66 100%	49 100%	46 100%	73 100%	
MEAN	8.53	8.45	9.00	8.69	8.84	8.44	8.34	9.00	8.47					8.86	9.83	8.56	8.83	8.46	8.84	8.44	
p stat_(*=Sig @ p<=.05)		.646	~	~	~	~	~	~	.722	~	~	~	~	~	~	~	.077	~	~	~	

[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?

	AHP 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 & POOR	FE- MALE	MALE	
Q28 YES	60 18%	1069 20%	9 28%~	11 23%~	8 14%	9 15%	16 16%	2 8%~	27 13%*	~	~	~	~	~	4 ~ 25%~	4 12%~	50 18%	38 17%	18 20%	19 13%*	36 21%
NO	271 82%	4323 80%	23 72%~	37 77%~	48 86%	52 85%	82 84%	22 92%~	173 87%*	~	~	~	~	~	12 ~ 75%~	29 88%~	228 82%	186 83%	74 80%	127 87%*	137 79%
NOT ANSWERED	19	279		1	1			1	3							4	3		2	2	
VALID CASES	331	5392	32	48	56	61	98	24	200						16	33	278	224	92	146	173
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	AHP 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 ##	MUL- TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q29 NEVER	4 7%	102 11%	1 11%~	1 ~ 13%~	1 11%~	1 6%~	1 ~	4 15%~	~	~	~	~	~	~	~	4 8%~	2 5%~	2 11%~	4 ~	4 11%~
SOMETIMES	30 51%	354 37%*	6 67%~	7 64%~	2 25%~	4 44%~	9 56%~	13 50%~	~	~	~	~	~	2 50%~	2 50%~	26 53%~	16 43%~	12 67%~	10 53%~	18 51%~
USUALLY	15 25%	333 35%	2 22%~	2 18%~	4 50%~	1 11%~	4 25%~	1 100%~	6 23%~	~	~	~	~	~	1 25%~	13 27%~	12 32%~	3 17%~	6 32%~	8 23%~
ALWAYS	10 17%	171 18%	2 ~ 18%~	1 13%~	3 33%~	2 13%~	2 ~	3 12%~	~	~	~	~	~	2 50%~	1 25%~	6 12%~	7 19%~	1 6%~	3 16%~	5 14%~
#ALWAYS + USUALLY (NET)	25 42%	504 52%	2 22%~	4 36%~	5 62%~	4 44%~	6 38%~	1 100%~	9 35%~	~	~	~	~	2 50%~	2 50%~	19 39%~	19 51%~	4 22%~	9 47%~	13 37%~
TOP BOX SCORE	10 17%	171 18%	2 ~ 18%~	1 13%~	3 33%~	2 13%~	2 ~	3 12%~	~	~	~	~	~	2 50%~	1 25%~	6 12%~	7 19%~	1 6%~	3 16%~	5 14%~
NOT ANSWERED	1	35					1	1							1	1			1	
VALID CASES	59	961	9	11	8	9	16	1	26					4	4	49	37	18	19	35
NUMBER OF RESPONDENTS	60	996	9	11	8	9	16	2	27					4	4	50	38	18	19	36
	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?

	AHP TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q30 YES	99	1502	8	18	14	18	29	7	54						6	10	84	66	26	39	55
	30%	28%	25%~	37%~	25%	30%	30%	30%~	27%	~	~	~	~	~	38%~	30%~	30%	29%	29%	27%	32%
NO	230	3866	24	31	42	43	67	16	145						10	23	194	158	64	108	115
	70%	72%	75%~	63%~	75%	70%	70%	70%~	73%	~	~	~	~	~	63%~	70%~	70%	71%	71%	73%	68%
NOT ANSWERED	21	303			1		2	2	4								4	3	2	1	5
VALID CASES	329	5368	32	49	56	61	96	23	199						16	33	278	224	90	147	170
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203						16	33	282	227	92	148	175
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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	
	AHP TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER WHTE	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q31 NEVER	6 6%	56 4%	1 13%~	1 ~	1 7%~	2 6%~	2 7%~	5 9%~	~	~	~	~	~	~	~	5 6%~	4 6%~	2 8%~	1 3%~	4 7%~
SOMETIMES	16 16%	267 20%	2 25%~	6 33%~	~	~	6 21%~	1 14%~	7 13%~	~	~	~	~	1 17%~	2 20%~	13 16%~	5 8%~	9 35%~	3 8%~	12 22%~
USUALLY	24 24%	405 30%	2 25%~	5 28%~	4 29%~	4 24%~	7 24%~	2 29%~	16 30%~	~	~	~	~	2 33%~	3 30%~	21 25%~	17 26%~	6 23%~	11 29%~	13 24%~
ALWAYS	52 53%	624 46%	3 38%~	7 39%~	9 64%~	12 71%~	14 48%~	4 57%~	26 48%~	~	~	~	~	3 50%~	5 50%~	44 53%~	39 60%~	9 35%~	23 61%~	26 47%~
#ALWAYS + USUALLY (NET)	76 78%	1029 76%	5 63%~	12 67%~	13 93%~	16 94%~	21 72%~	6 86%~	42 78%~	~	~	~	~	5 83%~	8 80%~	65 78%~	56 86%~	15 58%~	34 89%~	39 71%~
TOP BOX SCORE	52 53%	624 46%	3 38%~	7 39%~	9 64%~	12 71%~	14 48%~	4 57%~	26 48%~	~	~	~	~	3 50%~	5 50%~	44 53%~	39 60%~	9 35%~	23 61%~	26 47%~
NOT ANSWERED	1	48				1										1	1		1	
VALID CASES	98	1351	8	18	14	17	29	7	54					6	10	83	65	26	38	55
NUMBER OF RESPONDENTS	99	1399	8	18	14	18	29	7	54					6	10	84	66	26	39	55
	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?

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q32 NEVER		18 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	9 9%	102 8%	25%~	2 11%~	1 7%~	~	3 10%~	6 11%~	~	~	~	~	~	~	8 10%~	3 5%~	5 19%~	1 3%~	7 13%~		
USUALLY	14 14%	291 21%*	13%~	3 17%~	3 21%~	2 12%~	3 10%~	2 29%~	11 20%~	~	~	~	~	1 17%~	1 10%~	13 16%~	8 12%~	5 19%~	8 21%~	6 11%~	
ALWAYS	75 77%	946 70%	63%~	5 72%~	13 71%~	10 88%~	15 79%~	23 71%~	5 69%~	37 69%~	~	~	~	~	5 83%~	9 90%~	62 75%~	54 83%~	16 62%~	29 76%~	42 76%~
#ALWAYS + USUALLY (NET)	89 91%	1237 91%	75%~	6 89%~	16 93%~	13 100%~	17 90%~	26 100%~	7 89%~	48 89%~	~	~	~	~	6 100%~	10 100%~	75 90%~	62 95%~	21 81%~	37 97%~	48 87%~
TOP BOX SCORE	75 77%	946 70%	63%~	5 72%~	13 71%~	10 88%~	15 79%~	23 71%~	5 69%~	37 69%~	~	~	~	~	5 83%~	9 90%~	62 75%~	54 83%~	16 62%~	29 76%~	42 76%~
NOT ANSWERED	1	41				1									1	1		1			
VALID CASES	98	1358	8	18	14	17	29	7	54					6	10	83	65	26	38	55	
NUMBER OF RESPONDENTS	99	1399	8	18	14	18	29	7	54					6	10	84	66	26	39	55	
	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?

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q33 YES	105 32%	1713 32%	12 39%~	16 33%~	18 34%	21 34%	27 28%	6 26%~	48 24%*	~	~	~	~	~	4 27%~	16 50%~	80 29%*	68 31%	32 36%	45 32%	55 32%
NO	219 68%	3590 68%	19 61%~	32 67%~	35 66%	40 66%	69 72%	17 74%~	150 76%*	~	~	~	~	~	11 73%~	16 50%~	193 71%*	152 69%	57 64%	97 68%	115 68%
NOT ANSWERED	26	368	1	1	4		2	2	5						1	1	9	7	3	6	5
VALID CASES	324	5303	31	48	53	61	96	23	198						15	32	273	220	89	142	170
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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	
	AHP 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
PQ34 NEVER	10 3%	82 2%	2 6%~	1 ~	3 2%	2 5%	2 2%	2 1%*	~	~	~	~	~	1 7%~	1 3%~	7 3%	4 2%	4 4%	5 4%	3 2%
SOMETIMES	14 4%	286 5%	1 3%~	2 4%~	3 6%	3 5%	1 1%*	1 4%~	8 4%	~	~	~	~	~	2 6%~	9 3%	9 4%	4 4%	8 6%	3 2%*
USUALLY	37 11%	671 13%	5 16%~	8 17%~	9 17%	3 5%*	12 13%	16 8%*	~	~	~	~	~	2 13%~	6 19%~	30 11%	24 11%	12 13%	11 8%	26 15%*
ALWAYS	261 81%	4198 80%	23 74%~	38 79%~	40 75%	50 85%	81 84%	22 96%~	171 87%*	~	~	~	~	12 80%~	22 71%~	226 83%	181 83%	69 78%	116 83%	138 81%
#ALWAYS + USUALLY (NET)	298 93%	4868 93%	28 90%~	46 96%~	49 92%	53 90%	93 97%*	22 96%~	187 95%	~	~	~	~	14 93%~	28 90%~	256 94%	205 94%	81 91%	127 91%	164 96%*
TOP BOX SCORE	261 81%	4198 80%	23 74%~	38 79%~	40 75%	50 85%	81 84%	22 96%~	171 87%*	~	~	~	~	12 80%~	22 71%~	226 83%	181 83%	69 78%	116 83%	138 81%
NOT ANSWERED	2	86				2		1							1	1	2		2	
VALID CASES	322	5236	31	48	53	59	96	23	197					15	31	272	218	89	140	170
NUMBER OF RESPONDENTS	324	5322	31	48	53	61	96	23	198					15	32	273	220	89	142	170
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

	AHP TOT ADULT	OHP TOT ADULT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND #	AMER ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q35 WORST HEALTH PLAN POSSIBLE		41 0.8%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	5 2%	47 0.9%	~	2 4%	~	2 4%	1 1%	~	4 2%	~	~	~	~	~	~	5 2%	2 0.9%	3 3%	2 1%	3 2%
02	4 1%	52 1%	~	~	1 2%	~	2 2%	~	3 2%	~	~	~	~	~	~	3 1%	1 0.5%	1 1%	~	3 2%
03	11 3%	102 2%	2 7%	1 2%	1 2%	1 2%	5 6%	1 4%	6 3%	~	~	~	~	~	1 3%	10 4%	6 3%	5 6%	7 5%	4 2%
04	3 1%	122 2%*	~	~	~	2 4%	1 1%	~	2 1%	~	~	~	~	1 6%	~	3 1%	1 0.5%	2 2%	2 1%	1 0.6%
05	26 8%	466 9%	2 7%	3 6%	4 8%	4 7%	10 11%	2 8%	19 10%	~	~	~	~	~	3 19%	25 10%*	13 6%	11 13%	9 7%	16 10%
06	23 7%	327 6%	3 10%	3 6%	8 15%	2 4%	5 6%	~	12 7%	~	~	~	~	1 6%	1 3%	19 7%	13 6%	9 10%	8 6%	13 8%
07	47 15%	646 13%	7 23%	11 22%	10 19%	10 18%	3 3%*	4 17%	29 16%	~	~	~	~	2 13%	3 9%	40 15%	34 16%	12 14%	21 15%	24 15%
08	65 21%	1048 21%	8 27%	11 22%	14 26%	9 16%	16 18%	5 21%	34 18%	~	~	~	~	4 25%	8 25%	53 20%	47 22%	15 17%	33 24%	30 18%
09	44 14%	797 16%	2 7%	8 16%	8 15%	4 7%*	17 19%	3 13%	33 18%*	~	~	~	~	~	3 9%	38 14%	33 15%	10 11%	17 12%	25 15%
BEST HEALTH PLAN POSSIBLE	87 28%	1383 27%	6 20%	10 20%	7 13%*	23 40%*	30 33%	9 38%	42 23%*	~	~	~	~	5 31%	16 50%	67 25%	64 30%	19 22%	39 28%	46 28%
#8-10 (NET)	196 62%	3229 64%	16 53%	29 59%	29 55%	36 63%	63 70%	17 71%	109 59%	~	~	~	~	9 56%	27 84%	158 60%	144 67%*	44 51%*	89 64%	101 61%

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			
	AHP 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 #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	MALE	
9-10 (NET)	131 42%	2180 43%	8 27%~	18 37%~	15 28%*	27 47%	47 52%*	12 50%~	75 41%	~	~	~	~	~	5 31%~	19 59%~	105 40%	97 45%*	29 33%	56 41%	71 43%
NOT ANSWERED	35	640	2	4	4	8	1	19								1	19	13	5	10	10
VALID CASES	315	5031	30	49	53	57	90	24	184					16	32	263	214	87	138	165	
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%	
MEAN	7.75	7.78	7.50	7.65	7.49	7.95	7.84	8.25	7.58					7.56	8.78	7.63	8.04	7.14	7.81	7.73	
p stat_(*=Sig @ p<=.05)	.786		~	~	.267	.474	.621	~	.102	~	~	~	~	~	~	~	.019*	.002*	.005*	.649	.891

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		
	AHP 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-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q35A YES	39 12%	663 12%	~	3 6%	5 9%	6 10%	14 14%	8 33%	18 9%	~	~	~	~	~	3 19%	3 9%	33 12%	16 7%*	22 24%*	16 11%	20 12%
NO	289 88%	4665 88%	100%~	31 94%~	46 91%	51 90%	54 86%	83 67%	16 91%	~	~	~	~	~	13 81%	30 91%	243 88%	207 93%*	69 76%*	129 89%	152 88%
NOT ANSWERED	22	342	1		1	1	1	1	6							6	4	1	3	3	
VALID CASES	328	5329	31	49	56	60	97	24	197					16	33	276	223	91	145	172	
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%	

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

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q35B NEVER	9	127		1	2	2	2	1	3								8	2	7		8
	23%	21%		~ 33%	~ 40%	~ 33%	~ 14%	~ 13%	17%								~ 24%	~ 13%	~ 32%		~ 40%
SOMETIMES	4	93			1	1		1	2								3	1	3	2	1
	10%	16%			~ 20%	~ 17%		~ 13%	11%								~ 9%	~ 6%	~ 14%	~ 13%	~ 5%
USUALLY	11	141		1	1	2	5	2	7					1	1	10	6	5	8	3	
	28%	24%		~ 33%	~ 20%	~ 33%	~ 36%	~ 25%	39%					~ 33%	~ 33%	~ 30%	~ 38%	~ 23%	~ 50%	~ 15%	
ALWAYS	15	234		1	1	1	7	4	6					2	2	12	7	7	6	8	
	38%	39%		~ 33%	~ 20%	~ 17%	~ 50%	~ 50%	33%					~ 67%	~ 67%	~ 36%	~ 44%	~ 32%	~ 38%	~ 40%	
#ALWAYS + USUALLY (NET)	26	375		2	2	3	12	6	13					3	3	22	13	12	14	11	
	67%	63%		~ 67%	~ 40%	~ 50%	~ 86%	~ 75%	72%					~ 100%	~ 100%	~ 67%	~ 81%	~ 55%	~ 88%	~ 55%	
TOP BOX SCORE	15	234		1	1	1	7	4	6					2	2	12	7	7	6	8	
	38%	39%		~ 33%	~ 20%	~ 17%	~ 50%	~ 50%	33%					~ 67%	~ 67%	~ 36%	~ 44%	~ 32%	~ 38%	~ 40%	
NOT ANSWERED		32																			
VALID CASES	39	595		3	5	6	14	8	18					3	3	33	16	22	16	20	
NUMBER OF RESPONDENTS	39	627		3	5	6	14	8	18					3	3	33	16	22	16	20	
	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	
	AHP 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-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE		
Q35C YES	39 12%	814 15%	1 3%	3 6%	5 9%	11 19%	12 13%	5 21%	19 10%	~	~	~	~	~	4 25%	1 3%	35 13%	14 6%*	20 22%*	12 8%	25 15%	
NO	287 88%	4498 85%	31 97%	46 94%	51 91%	48 81%	82 87%	19 79%	177 90%	~	~	~	~	~	12 75%	31 97%	240 87%	209 94%*	69 78%*	134 92%	144 85%	
NOT ANSWERED	24	359			1	2	4	1	7							1	7	4	3	2	6	
VALID CASES	326	5312	32	49	56	59	94	24	196					16	32	275	223	89	146	169		
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%		

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

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q35D NEVER	12 32%	169 23%	1 100%	2 67%	3 60%	4 40%	2 17%	7 37%	~	~	~	~	~	~	1 100%	11 32%	2 15%	9 45%	2 18%	10 40%
SOMETIMES	7 18%	128 17%	~	1 33%	1 20%	~	4 33%	3 16%	~	~	~	~	~	1 25%	~	6 18%	3 23%	3 15%	3 27%	3 12%
USUALLY	9 24%	197 26%	~	~	1 20%	1 10%	4 33%	3 60%	6 32%	~	~	~	~	~	~	8 24%	5 38%	4 20%	2 18%	7 28%
ALWAYS	10 26%	251 34%	~	~	~	5 50%	2 17%	2 40%	3 16%	~	~	~	~	~	3 75%	9 26%	3 23%	4 20%	4 36%	5 20%
#ALWAYS + USUALLY (NET)	19 50%	448 60%	~	~	1 20%	6 60%	6 50%	5 100%	9 47%	~	~	~	~	~	3 75%	17 50%	8 62%	8 40%	6 55%	12 48%
TOP BOX SCORE	10 26%	251 34%	~	~	~	5 50%	2 17%	2 40%	3 16%	~	~	~	~	~	3 75%	9 26%	3 23%	4 20%	4 36%	5 20%
NOT ANSWERED	1	29				1										1	1		1	
VALID CASES	38	745	1	3	5	10	12	5	19					4	1	34	13	20	11	25
NUMBER OF RESPONDENTS	39	774	1	3	5	11	12	5	19					4	1	35	14	20	12	25
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35C = YES]

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

	AHP TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
Q35E YES	159 49%	2942 55%*	8 25%~	25 52%~	27 48%	27 45%	50 52%	17 71%~	94 48%	~	~	~	~	~	11 69%~	10 31%~	141 51%*	93 42%*	59 65%*	57 39%*	97 57%*
NO	168 51%	2408 45%*	24 75%~	23 48%~	29 52%	33 55%	46 48%	7 29%~	103 52%	~	~	~	~	~	5 31%~	22 69%~	135 49%*	129 58%*	32 35%*	89 61%*	73 43%*
NOT ANSWERED	23	321		1	1	1	2	1	6							1	6	5	1	2	5
VALID CASES	327	5350	32	48	56	60	96	24	197						16	32	276	222	91	146	170
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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

	AHP TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
Q35F																				
NO EFFORT AT ALL	5 3%	101 4%	~	4 16%~	1 4%~	~	~	3 3%	~	~	~	~	~	~	~	5 4%~	2 2%	3 5%	~	5 5%~
A LITTLE EFFORT WAS MADE	11 7%	195 7%	~	~	2 8%~	2 8%~	6 12%~	1 6%~	9 10%	~	~	~	~	1 9%~	~	11 8%~	5 5%	5 9%	5 9%	6 6%
SOME EFFORT WAS MADE	31 20%	696 25%	3 38%~	5 20%~	8 31%~	5 19%~	7 14%~	1 6%~	21 23%	~	~	~	~	1 9%~	2 20%~	27 19%~	15 16%	15 26%	15 27%	14 15%
A LOT OF EFFORT WAS MADE	109 70%	1801 64%	5 63%~	16 64%~	15 58%~	19 73%~	36 73%~	15 88%~	59 64%	~	~	~	~	9 82%~	8 80%~	96 69%~	69 76%	35 60%	36 64%	70 74%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	140 90%	2497 89%	8 100%~	21 84%~	23 88%~	24 92%~	43 88%~	16 94%~	80 87%	~	~	~	~	10 91%~	10 100%~	123 88%~	84 92%	50 86%	51 91%	84 88%
TOP BOX SCORE	109 70%	1801 64%	5 63%~	16 64%~	15 58%~	19 73%~	36 73%~	15 88%~	59 64%	~	~	~	~	9 82%~	8 80%~	96 69%~	69 76%	35 60%	36 64%	70 74%
NOT ANSWERED	3	82			1	1	1		2							2	2	1	1	2
VALID CASES	156	2794	8	25	26	26	49	17	92					11	10	139	91	58	56	95
NUMBER OF RESPONDENTS	159	2876	8	25	27	27	50	17	94					11	10	141	93	59	57	97
	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?

	AHP TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE		
Q35G																						
NO EFFORT AT ALL	3 2%	101 4%	~	2 8%	1 4%	~	~	~	2 2%	~	~	~	~	~	~	~	2 2%	3 1%	1 3%	2 3%	~	3 3%
A LITTLE EFFORT WAS MADE	13 8%	226 8%	13%	1 8%	2 8%	2 8%	3 12%	5 10%	10 11%	~	~	~	~	~	2 18%	~	13 9%	6 7%	7 12%	3 5%	10 10%	
SOME EFFORT WAS MADE	35 22%	717 26%	13%	1 24%	6 23%	6 23%	5 19%	12 24%	4 24%	22 24%	~	~	~	~	2 18%	3 30%	31 22%	18 20%	15 26%	16 29%	18 19%	
A LOT OF EFFORT WAS MADE	106 68%	1741 63%	75%	6 75%	15 60%	17 65%	18 69%	33 66%	13 76%	59 63%	~	~	~	~	7 64%	7 70%	93 66%	67 73%	34 59%	37 66%	65 68%	
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	141 90%	2458 88%	88%	7 88%	21 84%	23 88%	23 88%	45 90%	17 100%	81 87%	~	~	~	~	9 82%	10 100%	124 89%	85 92%	49 84%	53 95%	83 86%	
TOP BOX SCORE	106 68%	1741 63%	75%	6 75%	15 60%	17 65%	18 69%	33 66%	13 76%	59 63%	~	~	~	~	7 64%	7 70%	93 66%	67 73%	34 59%	37 66%	65 68%	
NOT ANSWERED	2	91			1	1			1								1	1	1	1	1	
VALID CASES	157	2785	8	25	26	26	50	17	93					11	10	140	92	58	56	96		
NUMBER OF RESPONDENTS	159	2876	8	25	27	27	50	17	94					11	10	141	93	59	57	97		
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q35E = YES]

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

	AHP TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
Q35H																				
NO EFFORT AT ALL	11 7%	190 7%	2 25%~	3 12%~	3 12%~	1 4%~	2 4%~	8 9%	~	~	~	~	~	1 9%~	~	11 8%~	3 3%*	8 14%*	2 4%	9 9%
A LITTLE EFFORT WAS MADE	14 9%	238 9%	~	2 8%~	3 12%~	~	7 14%~	1 6%~	9 10%	~	~	~	~	1 9%~	1 10%~	12 9%~	7 8%	6 10%	5 9%	8 8%
SOME EFFORT WAS MADE	32 20%	749 27%*	1 13%~	6 24%~	7 27%~	6 22%~	9 18%~	2 12%~	19 20%	~	~	~	~	3 27%~	2 20%~	29 21%~	21 23%	10 17%	15 27%	16 16%
A LOT OF EFFORT WAS MADE	100 64%	1596 58%	5 63%~	14 56%~	13 50%~	20 74%~	31 63%~	14 82%~	57 61%	~	~	~	~	6 55%~	7 70%~	88 63%~	62 67%	34 59%	33 60%	64 66%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	132 84%	2345 85%	6 75%~	20 80%~	20 77%~	26 96%~	40 82%~	16 94%~	76 82%	~	~	~	~	9 82%~	9 90%~	117 84%~	83 89%*	44 76%*	48 87%	80 82%
TOP BOX SCORE	100 64%	1596 58%	5 63%~	14 56%~	13 50%~	20 74%~	31 63%~	14 82%~	57 61%	~	~	~	~	6 55%~	7 70%~	88 63%~	62 67%	34 59%	33 60%	64 66%
NOT ANSWERED	2	103			1		1		1							1		1	2	
VALID CASES	157	2773	8	25	26	27	49	17	93					11	10	140	93	58	55	97
NUMBER OF RESPONDENTS	159	2876	8	25	27	27	50	17	94					11	10	141	93	59	57	97
	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	
	AHP 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-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE
Q35I YES	111 34%	1870 35%	8 26%	18 38%	22 39%	19 33%	34 35%	8 33%	59 30%	~	~	~	~	7 44%	10 32%	97 35%	68 31%	36 40%	43 30%	66 39%
NO	213 66%	3406 65%	23 74%	29 62%	34 61%	39 67%	63 65%	16 67%	137 70%	~	~	~	~	9 56%	21 68%	177 65%	152 69%	55 60%	100 70%	104 61%
NOT ANSWERED	26	394	1	2	1	3	1	1	7						2	8	7	1	5	5
VALID CASES	324	5277	31	47	56	58	97	24	196					16	31	274	220	91	143	170
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

Q35J IN THE LAST 6 MONTHS, DID YOUR PROVIDER TALK WITH YOU ABOUT THE PROS AND CONS OF EACH CHOICE FOR YOUR TREATMENT OR HEALTH CARE?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
AHP 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-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE		
Q35J #YES	95 89%	1588 88%	7 78%	14 90%	18 94%	17 91%	31 86%	6 88%	50	~	~	~	~	~	6 86%	8 89%	83 88%	58 89%	32 89%	36 88%	57 89%
NO	12 11%	204 11%	1 13%	4 22%	2 10%	1 6%	3 9%	1 14%	7 12%	~	~	~	~	~	1 14%	1 11%	11 12%	7 11%	4 11%	5 12%	7 11%
NOT ANSWERED	4	60			2	1		1	2							1	3	3		2	2
VALID CASES	107	1792	8	18	20	18	34	7	57						7	9	94	65	36	41	64
NUMBER OF RESPONDENTS	111	1852	8	18	22	19	34	8	59						7	10	97	68	36	43	66
	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?

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q35K #YES	91 88%	1484 84%	8 100%	14 78%	18 90%	16 89%	28 88%	7 100%	52 95%	~	~	~	~	~	5 71%	6 67%	83 90%	59 91%	30 83%	33 83%	58 92%
NO	13 13%	292 16%	~	4 22%	2 10%	2 11%	4 13%	~	3 5%	~	~	~	~	~	2 29%	3 33%	9 10%	6 9%	6 17%	7 17%	5 8%
NOT ANSWERED	7	76			2	1	2	1	4							1	5	3		3	3
VALID CASES	104	1776	8	18	20	18	32	7	55						7	9	92	65	36	40	63
NUMBER OF RESPONDENTS	111 100%	1852 100%	8 100%	18 100%	22 100%	19 100%	34 100%	8 100%	59 100%						7 100%	10 100%	97 100%	68 100%	36 100%	43 100%	66 100%

[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?

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q35L NEVER	37 11%	692 13%	3 9%	5 10%	5 9%	7 12%	14 14%	1 4%	28 14%*	~	~	~	~	~	2 13%	2 6%	33 12%	27 12%	9 10%	24 17%*	11 6%*
SOMETIMES	38 12%	623 12%	4 13%	6 13%	6 11%	7 12%	11 11%	1 4%	18 9%	~	~	~	~	~	3 19%	4 12%	30 11%	18 8%*	17 19%*	18 13%	17 10%
USUALLY	63 19%	1195 23%	8 25%	10 21%	13 23%	11 19%	16 16%	5 21%	39 20%	~	~	~	~	~	2 13%	7 21%	55 20%	40 18%	22 24%	27 19%	36 21%
ALWAYS	186 57%	2698 52%*	17 53%	27 56%	32 57%	33 57%	56 58%	17 71%	112 57%	~	~	~	~	~	9 56%	20 61%	156 57%	139 62%*	42 47%*	74 52%	108 63%*
#ALWAYS + USUALLY (NET)	249 77%	3894 75%	25 78%	37 77%	45 80%	44 76%	72 74%	22 92%	151 77%	~	~	~	~	~	11 69%	27 82%	211 77%	179 80%	64 71%	101 71%*	144 84%*
TOP BOX SCORE	186 57%	2698 52%*	17 53%	27 56%	32 57%	33 57%	56 58%	17 71%	112 57%	~	~	~	~	~	9 56%	20 61%	156 57%	139 62%*	42 47%*	74 52%	108 63%*
NOT ANSWERED	26	462		1	1	3	1	1	6								8	3	2	5	3
VALID CASES	324	5209	32	48	56	58	97	24	197						16	33	274	224	90	143	172
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q35M ALWAYS	186%	3106%	310%	36%	47%	35%	33%	28%	32%*	~	~	~	~	~	213%	515%	114%	104%	78%	107%	85%
USUALLY	144%	2705%	~	510%	~	35%	312%	105%	~	~	~	~	~	~	~	~	145%	73%	67%	64%	85%
SOMETIMES	6019%	95218%	723%	1020%	712%	719%	1824%	319%	~	~	~	~	~	319%	721%	4818%	4018%	1820%	2719%	2816%	
NEVER	22971%	369771%	2168%	3163%	4681%	4578%	7074%	1456%	14775%	~	~	~	~	~	1169%	2164%	20073%	16775%	6066%	10070%	12774%
#NEVER + SOMETIMES (NET)	28990%	464989%	2890%	4184%	5393%	5290%	8894%	2080%	18493%*	~	~	~	~	~	1488%	2885%	24891%	20792%	7886%	12789%	15591%
TOP BOX SCORE	22971%	369771%	2168%	3163%	4681%	4578%	7074%	1456%	14775%	~	~	~	~	~	1169%	2164%	20073%	16775%	6066%	10070%	12774%
NOT ANSWERED	29	442	1			3	4		6							9	3	1	5	4	
VALID CASES	321	5229	31	49	57	58	94	25	197						16	33	273	224	91	143	171
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203						16	33	282	227	92	148	175
	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			
	AHP TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL-THI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q35N ALWAYS	2 0.6%	79 2%*	1 ~ 2%	1 ~ 2%	1 ~ 2%	1 ~ 2%	1 ~ 2%	1 ~ 0.5%	~	~	~	~	~	1 ~ 6%	2 ~ 0.7%	2 ~ 2%	~	2 ~ 1%	~	
USUALLY	7 2%	129 2%	2 ~ 4%	2 ~ 4%	2 ~ 4%	2 ~ 4%	1 ~ 4%	5 3%	~	~	~	~	~	1 ~ 3%	6 ~ 2%	4 ~ 2%	3 ~ 3%	2 1%	5 3%	
SOMETIMES	61 19%	739 14%*	5 ~ 16%	12 ~ 24%	5 ~ 9%*	11 ~ 19%	22 ~ 23%	3 ~ 12%	42 ~ 21%	~	~	~	~	4 ~ 25%	2 ~ 6%	56 ~ 20%	40 ~ 18%	19 ~ 21%	21 15%	37 21%
NEVER	252 78%	4276 82%	26 ~ 84%	34 ~ 69%	49 ~ 87%*	47 ~ 80%	71 ~ 75%	21 ~ 84%	150 ~ 76%	~	~	~	~	11 ~ 69%	30 ~ 91%	210 ~ 77%	179 ~ 80%	68 ~ 74%	119 84%*	129 75%
#NEVER + SOMETIMES (NET)	313 97%	5015 96%	31 100%	46 ~ 94%	54 ~ 96%	58 ~ 98%	93 ~ 98%	24 ~ 96%	192 ~ 97%	~	~	~	~	15 ~ 94%	32 ~ 97%	266 ~ 97%	219 ~ 98%	87 ~ 95%	140 99%	166 96%
TOP BOX SCORE	252 78%	4276 82%	26 ~ 84%	34 ~ 69%	49 ~ 87%*	47 ~ 80%	71 ~ 75%	21 ~ 84%	150 ~ 76%	~	~	~	~	11 ~ 69%	30 ~ 91%	210 ~ 77%	179 ~ 80%	68 ~ 74%	119 84%*	129 75%
NOT ANSWERED	28	448	1	1	2	3	5	5							8	4		6	2	
VALID CASES	322	5223	31	49	56	59	95	25	198					16	33	274	223	92	142	173
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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		
	AHP 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/PAC/ALSK ##	OTHR ##	MULTI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q350 ALWAYS	3 0.9%	62 1%	~	1 2%	1 2%	1 2%	~	2 1%	~	~	~	~	~	1 6%	3 1%	~	2 2%	1 0.7%	2 1%	
USUALLY	9 3%	77 1%	~	2 4%	3 5%	2 3%	2 2%	3 2%	~	~	~	~	~	1 6%	9 3%	3 1%	5 6%	1 0.7%*	8 5%*	
SOMETIMES	31 10%	505 10%	6%	7 15%	2 4%*	4 7%	12 13%	2 8%	19 10%	~	~	~	~	3 19%	2 6%	26 10%	16 7%*	13 14%	12 9%	17 10%
NEVER	276 87%	4589 88%	29 94%	37 79%	51 89%	52 88%	80 85%	22 92%	171 88%	~	~	~	~	11 69%	30 94%	234 86%	203 91%*	70 78%*	126 90%	145 84%
#NEVER + SOMETIMES (NET)	307 96%	5094 97%	31 100%	44 94%	53 93%	56 95%	92 98%	24 100%	190 97%	~	~	~	~	14 88%	32 100%	260 96%	219 99%*	83 92%	138 99%*	162 94%*
TOP BOX SCORE	276 87%	4589 88%	29 94%	37 79%	51 89%	52 88%	80 85%	22 92%	171 88%	~	~	~	~	11 69%	30 94%	234 86%	203 91%*	70 78%*	126 90%	145 84%
NOT ANSWERED	31	438	1	2		2	4	1	8						1	10	5	2	8	3
VALID CASES	319	5233	31	47	57	59	94	24	195					16	32	272	222	90	140	172
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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

	AHP TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q35P #YES DEFINITELY	218 69%	3547 69%	24 75%~	30 63%~	38 67%	42 74%	60 65%	19 79%~	127 65%	~	~	~	~	~	9 60%~	26 79%~	181 67%~	164 73%*	52 58%*	92 67%	121 70%
YES SOMEWHAT	75 24%	1203 23%	6 19%~	13 27%~	15 26%	10 18%	25 27%	4 17%~	49 25%	~	~	~	~	~	4 27%~	7 21%~	64 24%~	46 21%	27 30%	32 23%	41 24%
NO	25 8%	417 8%	2 6%~	5 10%~	4 7%	5 9%	8 9%	1 4%~	18 9%	~	~	~	~	~	2 13%~	~	25 9%~	14 6%	10 11%	14 10%	11 6%
NOT ANSWERED	32	503		1		4	5	1	9						1		12	3	3	10	2
VALID CASES	318	5168	32	48	57	57	93	24	194						15	33	270	224	89	138	173
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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?

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
Q35Q YES	202 62%	2983 57%*	17 53%~	34 69%~	37 65%	39 66%	61 63%	9 36%~	123 62%	~	~	~	~	~	10 63%~	21 64%~	171 62%~	144 64%	51 56%	87 60%	110 63%
NO	124 38%	2289 43%*	15 47%~	15 31%~	20 35%	20 34%	36 37%	16 64%~	77 38%	~	~	~	~	~	6 38%~	12 36%~	107 38%~	82 36%	40 44%	58 40%	64 37%
NOT ANSWERED	24	399				2	1		3								4	1	1	3	1
VALID CASES	326	5272	32	49	57	59	97	25	200						16	33	278	226	91	145	174
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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	
	AHP 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 ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q35R NEVER	30 25%	917 37%	4 29%	3 17%	7 23%	5 25%	9 27%	16 27%	~	~	~	~	~	2 50%	5 28%	22 23%	16 21%	14 33%	15 24%	13 24%
SOMETIMES	27 22%	468 19%	4 29%	5 28%	5 17%	4 20%	7 21%	15 25%	~	~	~	~	~	2 50%	2 11%	23 24%	18 23%	9 21%	11 18%	14 26%
USUALLY	25 21%	470 19%	4 29%	5 28%	8 27%	4 20%	4 12%	9 15%	~	~	~	~	~	~	5 28%	20 21%	21 27%	4 9%	15 24%	10 19%
ALWAYS	39 32%	619 25%	2 14%	5 28%	10 33%	7 35%	13 39%	1 100%	19 32%	~	~	~	~	~	6 33%	32 33%	22 29%	16 37%	21 34%	17 31%
#ALWAYS + USUALLY (NET)	64 53%	1089 44%	6 43%	10 56%	18 60%	11 55%	17 52%	1 100%	28 47%	~	~	~	~	~	11 61%	52 54%	43 56%	20 47%	36 58%	27 50%
TOP BOX SCORE	39 32%	619 25%	2 14%	5 28%	10 33%	7 35%	13 39%	1 100%	19 32%	~	~	~	~	~	6 33%	32 33%	22 29%	16 37%	21 34%	17 31%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	196	2730	18	30	25	38	61	22	137					12	15	175	144	45	82	113
NOT ANSWERED	33	467		1	2	3	4	2	7							10	6	4	4	8
VALID CASES	121	2474	14	18	30	20	33	1	59					4	18	97	77	43	62	54
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175
	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	
	AHP 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 NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q36																				
EXCELLENT	37 12%	556 10%	9 28%~	3 6%~	7 12%	3 5%*	14 15%	1 4%~	23 12%	~	~	~	~	~	7 21%~	29 11%~	37 16%~	~	23 16%*	14 8%*
VERY GOOD	86 27%	1282 24%	11 34%~	18 37%~	10 18%*	16 29%	25 26%	4 17%~	56 28%	~	~	~	~	3 21%~	12 36%~	71 26%~	86 38%*	~	35 25%	49 29%
GOOD	104 33%	1849 35%	8 25%~	16 33%~	20 35%	21 38%	29 31%	8 33%~	71 36%	~	~	~	~	2 14%~	10 30%~	90 33%~	104 46%~	~	42 30%	60 35%
FAIR	65 20%	1201 23%	3 9%~	7 14%~	16 28%	14 25%	16 17%	7 29%~	35 18%	~	~	~	~	5 36%~	4 12%~	56 21%~	~	65 71%*	31 22%	32 19%
POOR	27 8%	406 8%	1 3%~	5 10%~	4 7%	2 4%	11 12%	4 17%~	13 7%	~	~	~	~	4 29%~	~	26 10%~	~	27 29%*	11 8%	16 9%
#EXCELLENT + VERY GOOD + GOOD (NET)	227 71%	3686 70%	28 88%~	37 76%~	37 65%	40 71%	68 72%	13 54%~	150 76%*	~	~	~	~	5 36%~	29 88%~	190 70%~	227 100%~	~	100 70%	123 72%
NOT ANSWERED	31	377				5	3	1	5					2		10			6	4
VALID CASES	319	5294	32	49	57	56	95	24	198					14	33	272	227	92	142	171
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	AHP 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 NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q37																					
EXCELLENT	63 19%	956 18%	11 34%~	7 14%~	12 21%	10 17%	20 21%	3 12%~	39 20%	~	~	~	~	~	19%~	33%~	18%~	60 26%*	3 3%*	39 27%*	24 14%*
VERY GOOD	94 29%	1444 27%	10 31%~	14 29%~	15 26%	16 27%	29 30%	8 32%~	59 29%	~	~	~	~	~	13%~	30%~	28%~	82 36%*	12 13%*	37 26%	55 32%
GOOD	89 27%	1591 30%	5 16%~	22 45%~	15 26%	14 24%	24 25%	7 28%~	55 27%	~	~	~	~	~	13%~	21%~	28%~	59 26%	26 28%	34 23%	53 30%
FAIR	61 19%	1030 19%	5 16%~	6 12%~	9 16%	15 25%	21 22%	3 12%~	36 18%	~	~	~	~	~	44%~	15%~	19%~	21 9%*	39 42%*	26 18%	33 19%
POOR	18 6%	303 6%	1 3%~	~	6 11%	4 7%	3 3%	4 16%~	11 6%	~	~	~	~	~	13%~	~	6%~	5 2%*	12 13%*	9 6%	9 5%
#EXCELLENT + VERY GOOD + GOOD (NET)	246 76%	3991 75%	26 81%~	43 88%~	42 74%	40 68%	73 75%	18 72%~	153 76%	~	~	~	~	~	44%~	85%~	74%~	201 89%*	41 45%*	110 76%	132 76%
NOT ANSWERED	25	348				2	1		3								4			3	1
VALID CASES	325	5323	32	49	57	59	97	25	200					16	33	278	227	92	145	174	
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%	

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

	AHP 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	
Q38 #YES	95 29%	1949 37%*	5 16%~	8 16%~	9 16%*	25 42%*	37 38%*	11 48%~	60 30%	~	~	~	~	~	4 25%~	10 30%~	83 30%~	63 28%	29 32%	40 27%	55 32%
NO	228 71%	3261 63%*	26 84%~	41 84%~	47 84%*	35 58%*	60 62%*	12 52%~	138 70%	~	~	~	~	~	12 75%~	23 70%~	194 70%~	160 72%	61 68%	107 73%	115 68%
DON'T KNOW	6	134	1		1	1	1	2	5								5	4	2	1	5
NOT ANSWERED	21	327																			
VALID CASES	323	5210	31	49	56	60	97	23	198						16	33	277	223	90	147	170
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q39 EVERY DAY	73 22%	1034 20%	4 13%	10 20%	16 28%	16 26%	19 20%	4 16%	46 23%	~	~	~	~	~	4 25%	3 9%	67 24%	41 18%*	29 32%*	31 21%	39 23%
SOME DAYS	29 9%	461 9%	1 3%	3 6%	6 11%	9 15%	9 9%	~	17 8%	~	~	~	~	~	2 13%	2 6%	24 9%	19 8%	9 10%	13 9%	15 9%
NOT AT ALL	224 69%	3773 72%	27 84%	36 73%	35 61%	36 59%	67 71%	21 84%	138 69%	~	~	~	~	~	10 63%	27 84%	189 68%	165 73%*	53 58%*	103 70%	119 69%
DON'T KNOW	2	42					2		1							1	1	1	1		2
NOT ANSWERED	22	360					1		1								1	1		1	
VALID CASES	326	5269	32	49	57	61	95	25	201						16	32	280	225	91	147	173
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203						16	33	282	227	92	148	175
	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?

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q40 NEVER	25 26%	477 30%	3 60%~	2 15%~	4 18%~	8 32%~	6 24%~	1 25%~	13 22%~	~	~	~	~	~	1 17%~	2 50%~	21 24%~	16 28%~	8 21%~	14 34%~	10 19%~
SOMETIMES	21 21%	309 20%	~	4 31%~	8 36%~	2 8%~	6 24%~	1 25%~	14 23%~	~	~	~	~	~	2 33%~	1 25%~	20 23%~	13 23%~	8 21%~	12 29%~	9 17%~
USUALLY	19 19%	270 17%	~	1 8%~	7 32%~	4 16%~	6 24%~	1 25%~	13 22%~	~	~	~	~	~	1 17%~	~	19 22%~	10 18%~	8 21%~	6 15%~	13 25%~
ALWAYS	33 34%	513 33%	2 40%~	6 46%~	3 14%~	11 44%~	7 28%~	1 25%~	20 33%~	~	~	~	~	~	2 33%~	1 25%~	28 32%~	18 32%~	14 37%~	9 22%~	21 40%~
#ALWAYS + USUALLY (NET)	52 53%	782 50%	2 40%~	7 54%~	10 45%~	15 60%~	13 52%~	2 50%~	33 55%~	~	~	~	~	~	3 50%~	1 25%~	47 53%~	28 49%~	22 58%~	15 37%~	34 64%~
TOP BOX SCORE	33 34%	513 33%	2 40%~	6 46%~	3 14%~	11 44%~	7 28%~	1 25%~	20 33%~	~	~	~	~	~	2 33%~	1 25%~	28 32%~	18 32%~	14 37%~	9 22%~	21 40%~
NOT ANSWERED	4	25					3		3							1	3	3		3	1
VALID CASES	98	1569	5	13	22	25	25	4	60						6	4	88	57	38	41	53
NUMBER OF RESPONDENTS	102	1594	5	13	22	25	28	4	63						6	5	91	60	38	44	54
	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			
	AHP 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 ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q41 NEVER	46 47%	796 51%	3 60%	9 69%	9 41%	12 50%	9 36%	3 75%	29 48%	~	~	~	~	~	2 33%	3 75%	41 47%	27 48%	18 47%	22 54%	23 44%
SOMETIMES	23 24%	318 20%	~	2 15%	8 36%	3 13%	8 32%	~	16 27%	~	~	~	~	~	2 33%	21 24%	15 27%	7 18%	11 27%	10 19%	
USUALLY	12 12%	179 11%	1 20%	2 15%	3 14%	3 13%	3 12%	~	7 12%	~	~	~	~	~	1 17%	12 14%	5 9%	7 18%	4 10%	8 15%	
ALWAYS	16 16%	266 17%	1 20%	~	2 9%	6 25%	5 20%	1 25%	8 13%	~	~	~	~	~	1 17%	1 25%	13 15%	9 16%	6 16%	4 10%	11 21%
#ALWAYS + USUALLY (NET)	28 29%	445 29%	2 40%	2 15%	5 23%	9 38%	8 32%	1 25%	15 25%	~	~	~	~	~	2 33%	1 25%	25 29%	14 25%	13 34%	8 20%	19 37%
TOP BOX SCORE	16 16%	266 17%	1 20%	~	2 9%	6 25%	5 20%	1 25%	8 13%	~	~	~	~	~	1 17%	1 25%	13 15%	9 16%	6 16%	4 10%	11 21%
NOT ANSWERED	5	34				1	3		3							1	4	4		3	2
VALID CASES	97	1560	5	13	22	24	25	4	60						6	4	87	56	38	41	52
NUMBER OF RESPONDENTS	102	1594	5	13	22	25	28	4	63						6	5	91	60	38	44	54
	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				
	AHP 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 ##	NATV AS-IAN ##	AMER HAW/IND/PAC ALSK #	OTH-ALSK ##	MUL-TI TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE		
Q42 NEVER	47 47%	888 57%	3 60%~	8 62%~	11 50%~	12 48%~	8 32%~	3 75%~	31 51%~	~	~	~	~	~	2 33%~	2 50%~	43 48%~	26 46%~	19 50%~	22 52%~	24 45%~
SOMETIMES	22 22%	301 19%	1 20%~	2 15%~	7 32%~	2 8%~	9 36%~	~	13 21%~	~	~	~	~	~	3 50%~	~	20 22%~	12 21%~	9 24%~	10 24%~	11 21%~
USUALLY	16 16%	175 11%	~	2 15%~	3 14%~	6 24%~	5 20%~	~	11 18%~	~	~	~	~	~	1 17%~	1 25%~	15 17%~	7 12%~	9 24%~	5 12%~	11 21%~
ALWAYS	14 14%	191 12%	1 20%~	1 8%~	1 5%~	5 20%~	3 12%~	1 25%~	6 10%~	~	~	~	~	~	~	1 25%~	11 12%~	12 21%~	1 3%~	5 12%~	7 13%~
#ALWAYS + USUALLY (NET)	30 30%	367 24%	1 20%~	3 23%~	4 18%~	11 44%~	8 32%~	1 25%~	17 28%~	~	~	~	~	~	1 17%~	2 50%~	26 29%~	19 33%~	10 26%~	10 24%~	18 34%~
TOP BOX SCORE	14 14%	191 12%	1 20%~	1 8%~	1 5%~	5 20%~	3 12%~	1 25%~	6 10%~	~	~	~	~	~	~	1 25%~	11 12%~	12 21%~	1 3%~	5 12%~	7 13%~
NOT ANSWERED	3	39					3		2							1	2	3		2	1
VALID CASES	99	1555	5	13	22	25	25	4	61						6	4	89	57	38	42	53
NUMBER OF RESPONDENTS	102	1594	5	13	22	25	28	4	63						6	5	91	60	38	44	54
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

	AHP TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE		
Q43																						
YES	70 22%	1073 20%	18 ~	25 2%~	35 12%*	45 28%	55 35%*	65 42%~	50 25%	~	~	~	~	~	5 33%~	4 13%~	64 23%~	45 20%	25 28%	44 30%*	25 14%*	
NO	253 78%	4210 80%	32 100%~	48 98%~	50 88%*	43 72%	62 65%*	14 58%~	152 75%	~	~	~	~	~	10 67%~	28 88%~	215 77%~	179 80%	65 72%	102 70%*	148 86%*	
DON'T KNOW	2	36						1	1								1	1			1	1
NOT ANSWERED	25	352				1	1								1		2	2	1		1	1
VALID CASES	323	5283	32	49	57	60	96	24	202						15	32	279	224	90	146	173	
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%	

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

	AHP TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q44 YES	279%	48110%	1~	42%	57%	119%	512%	523%	158%	~	~	~	~	~	431%	13%	249%	136%*	1316%*	139%	138%
NO	27491%	439990%	32100%	43~98%	5093%	4991%	7988%	1777%	17392%	~	~	~	~	~	969%	3197%	23591%	20294%*	6784%*	12491%	14792%
DON'T KNOW	25	432		5	3	7	7	3	15						2	1	22	10	11	10	15
NOT ANSWERED	24	359					1							1		1	2	1		1	
VALID CASES	301	4880	32	44	54	54	90	22	188						13	32	259	215	80	137	160
NUMBER OF RESPONDENTS	350100%	5671100%	32100%	49100%	57100%	61100%	98100%	25100%	203100%						16100%	33100%	282100%	227100%	92100%	148100%	175100%

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

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q45 YES	108	1760	4	6	14	24	42	15	59						10	11	91	65	40	58	47
	33%	33%	13%~	12%~	25%	39%	44%*	60%~	29%*	~	~	~	~	~	63%~	35%~	32%~	29%*	44%*	40%*	27%*
NO	216	3528	28	43	42	37	54	10	144						6	20	191	158	51	88	127
	67%	67%	88%~	88%~	75%	61%	56%*	40%~	71%*	~	~	~	~	~	38%~	65%~	68%~	71%*	56%*	60%*	73%*
NOT ANSWERED	26	383			1		2									2		4	1	2	1
VALID CASES	324	5288	32	49	56	61	96	25	203						16	31	282	223	91	146	174
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203						16	33	282	227	92	148	175
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	AHP 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	
Q46.1 YES	76 22%	1193 21%	1 3%	1 2%	12 21%	17 28%	31 32%*	12 48%	42 21%	~	~	~	~	~	4 25%	10 30%	62 22%	49 22%	25 27%	32 22%	42 24%
NO	274 78%	4478 79%	31 97%	48 98%	45 79%	44 72%	67 68%*	13 52%	161 79%	~	~	~	~	~	12 75%	23 70%	220 78%	178 78%	67 73%	116 78%	133 76%
VALID CASES	350	5671	32	49	57	61	98	25	203						16	33	282	227	92	148	175
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
AHP 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	FE- MALE	MALE		
Q46.2																					
YES	92 26%	1634 29%	2 ~	13 4%	17 23%	44 28%	15 45%*	58 29%	~	~	~	~	7 ~	7 21%	82 29%*	51 22%*	37 40%*	45 30%	46 26%		
NO	258 74%	4037 71%	32 100%	47 96%	44 77%	44 72%	10 55%*	145 71%	~	~	~	~	9 ~	26 79%	200 71%*	176 78%*	55 60%*	103 70%	129 74%		
VALID CASES	350	5671	32	49	57	61	98	203					16	33	282	227	92	148	175		
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%		

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	
AHP 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/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE		
Q46.3																					
YES	58 17%	883 16%	2 6%	4 8%	4 7%*	18 30%*	21 21%	8 32%	37 18%	~	~	~	~	~	3 19%	3 9%	53 19%*	30 13%*	26 28%*	27 18%	30 17%
NO	292 83%	4788 84%	30 94%	45 92%	53 93%*	43 70%*	77 79%	17 68%	166 82%	~	~	~	~	~	13 81%	30 91%	229 81%*	197 87%*	66 72%*	121 82%	145 83%
VALID CASES	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175	
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

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

	AHP 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	FE- MALE	FE- MALE	
Q47.1 YES	13 4%	231 4%	1 ~	1 2%	3 2%	5 5%	3 12%	9 4%	~	~	~	~	~	2 13%	13 ~	4 2%*	8 9%*	9 6%	4 2%	
NO	337 96%	5440 96%	32 100%	48 100%	56 98%	58 98%	93 95%	22 88%	194 96%	~	~	~	~	14 88%	33 100%	269 95%*	223 98%*	84 91%*	139 94%	171 98%
VALID CASES	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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				
	AHP 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-PAN-IC	EX & VERY GOOD & FAIR & POOR	MALE	FE-MALE		
Q47.2 YES	14 4%	220 4%	~	~	2 4%	3 5%	4 4%	4 16%	6 3%	~	~	~	~	~	3 19%	12 4%	5 2%*	8 9%*	4 3%	9 5%	
NO	336 96%	5451 96%	32 100%	49 100%	55 96%	58 95%	94 96%	21 84%	197 97%	~	~	~	~	~	13 81%	33 100%	270 96%	222 98%*	84 91%*	144 97%	166 95%
VALID CASES	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175	
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%	

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			
	AHP 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	MALE	FE-MALE	
Q47.3 YES	12 3%	243 4%	~	~	1 2%	4 7%	3 3%	3 12%	5 2%	~	~	~	~	~	3 19%	~	11 4%	2 0.9%*	8 9%*	4 3%	7 4%
NO	338 97%	5428 96%	32 100%	49 100%	56 98%	57 93%	95 97%	22 88%	198 98%	~	~	~	~	~	13 81%	33 100%	271 96%	225 99%*	84 91%*	144 97%	168 96%
VALID CASES	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175	
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%	

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	
AHP TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE		
Q47.4																					
YES	46 13%	955 17%*	3 9%~	3 6%~	9 16%	9 15%	17 17%	4 16%~	23 11%	~	~	~	~	~	3 19%~	10 30%~	34 12%	26 11%	19 21%*	21 14%	24 14%
NO	304 87%	4716 83%*	29 91%~	46 94%~	48 84%	52 85%	81 83%	21 84%~	180 89%	~	~	~	~	~	13 81%~	23 70%~	248 88%	201 89%	73 79%*	127 86%	151 86%
VALID CASES	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175	
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

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

	AHP TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q48 YES	89	1695	5	11	11	16	38	7	49						9	6	82	44	42	35	54
	28%	32%	16%~	22%~	20%	26%	39%*	30%~	24%	~	~	~	~	~	56%~	18%~	29%~	20%*	47%*	24%	31%
NO	232	3585	27	38	45	45	60	16	152						7	27	197	178	47	111	120
	72%	68%	84%~	78%~	80%	74%	61%*	70%~	76%	~	~	~	~	~	44%~	82%~	71%~	80%*	53%*	76%	69%
NOT ANSWERED	29	392			1			2	2								3	5	3	2	1
VALID CASES	321	5279	32	49	56	61	98	23	201						16	33	279	222	89	146	174
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203						16	33	282	227	92	148	175
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	AHP TOT ADULT	OHP TOT ADULT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q49 YES	75	1392	4	10	9	9	36	7	41						8	5	69	33	40	30	45
	87%	87%	80%~	91%~	82%~	60%~	97%~	100%~	87%~	~	~	~	~	~	89%~	83%~	87%~	79%~	95%~	91%~	85%~
NO	11	208	1	1	2	6	1		6						1	1	10	9	2	3	8
	13%	13%	20%~	9%~	18%~	40%~	3%~	~	13%~	~	~	~	~	~	11%~	17%~	13%~	21%~	5%~	9%~	15%~
NOT ANSWERED	3	69				1	1		2								3	2		2	1
VALID CASES	86	1600	5	11	11	15	37	7	47						9	6	79	42	42	33	53
NUMBER OF RESPONDENTS	89	1669	5	11	11	16	38	7	49						9	6	82	44	42	35	54
	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.

	AHP TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q50 YES	193 60%	3271 62%	8 25%	18 37%	32 56%	42 69%	69 71%*	23 92%	119 59%	~	~	~	~	~	13 81%	16 48%	170 60%	112 50%*	75 83%*	80 54%	112 64%
NO	130 40%	2030 38%	24 75%	31 63%	25 44%	19 31%	28 29%*	2 8%	83 41%	~	~	~	~	~	3 19%	17 52%	111 40%	111 50%*	15 17%*	67 46%	63 36%
NOT ANSWERED	27	369					1		1								1	4	2	1	
VALID CASES	323	5302	32	49	57	61	97	25	202						16	33	281	223	90	147	175
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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

	AHP TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
Q51 YES	178 95%	2939 94%	8 100%	18 100%	30 97%	37 93%	61 92%	23 100%	109 96%	~	~	~	~	~	12 92%	16 100%	156 95%	103 95%	69 95%	75 97%	102 94%
NO	9 5%	176 6%	~	~	1 3%	3 7%	5 8%	~	5 4%	~	~	~	~	~	1 8%	~	9 5%	5 5%	4 5%	2 3%	7 6%
NOT ANSWERED	6	111			1	2	3		5								5	4	2	3	3
VALID CASES	187	3115	8	18	31	40	66	23	114						13	16	165	108	73	77	109
NUMBER OF RESPONDENTS	193 100%	3226 100%	8 100%	18 100%	32 100%	42 100%	69 100%	23 100%	119 100%						13 100%	16 100%	170 100%	112 100%	75 100%	80 100%	112 100%

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	AHP 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
			%	%	%	%	%	%	##	##	#	##	##	TI	IC	IC	GOOD	POOR		
NQ52																				
18 TO 24	35	544	32						14					1	10	21	28	4	15	17
	10%	10%	100%~	~	~	~	~	~	7%*	~	~	~	~	6%~	30%~	7%*	12%*	4%*	10%	10%
25 TO 34	58	1042		49					29					1	6	42	40	13	18	31
	17%	18%	~100%~	~	~	~	~	~	14%	~	~	~	~	6%~	18%~	15%	18%	14%	12%*	18%
35 TO 44	62	924			57				33					2	4	50	38	20	28	29
	18%	16%	~	~100%~	~	~	~	~	16%	~	~	~	~	13%~	12%~	18%	17%	22%	19%	17%
45 TO 54	66	1138				61			39					5	5	56	40	16	30	32
	19%	20%	~	~	~100%~	~	~	~	19%	~	~	~	~	31%~	15%~	20%	18%	17%	20%	18%
55 TO 64	103	1472					98		69					6	8	89	68	28	46	52
	29%	26%	~	~	~	~100%~	~	~	34%*	~	~	~	~	38%~	24%~	32%	30%	30%	31%	30%
65 TO 74	19	326					18		13					1		17	11	7	8	10
	5%	6%	~	~	~	~	~72%~	~	6%	~	~	~	~	6%~	~	6%	5%	8%	5%	6%
75 OR OLDER	7	225					7		6							7	2	4	3	4
	2%	4%*	~	~	~	~	~28%~	~	3%	~	~	~	~	~	~	2%~	0.9%	4%	2%	2%
VALID CASES	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175
	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?

	AHP 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																					
MALE	160 46%	2300 41%*	15 47%~	18 37%~	28 49%	29 48%	46 47%	11 44%~	91 45%	~	~	~	~	~	63%~	10 58%~	19 44%	125 45%	42 46%	148 100%~	~
FEMALE	190 54%	3371 59%*	17 53%~	31 63%~	29 51%	32 52%	52 53%	14 56%~	112 55%	~	~	~	~	~	38%~	6 42%~	14 56%	157 55%	50 54%	175 ~100%~	
VALID CASES	350	5671	32	49	57	61	98	25	203						16	33	282	227	92	148	175
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%						16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

[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		
	AHP 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-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
Q54																				
8TH GRADE OR LESS	11 3%	328 6%*	~	1 2%~	1 2%	3 5%	4 4%	2 9%~	2 1%*	~	~	~	~	~	6 18%~	5 2%~	11 5%~	~	5 3%	6 3%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	36 11%	614 12%	2 6%~	7 14%~	7 13%	7 11%	10 10%	3 13%~	21 10%	~	~	~	~	2 13%~	6 18%~	30 11%~	22 10%	14 16%	20 14%	16 9%
HIGH SCHOOL GRADUATE OR GED	118 37%	1659 31%*	16 50%~	19 39%~	16 29%	30 49%*	28 29%*	9 39%~	79 39%	~	~	~	~	5 31%~	11 33%~	103 37%~	85 38%	29 33%	65 45%*	53 31%*
SOME COLLEGE OR 2-YEAR DEGREE	119 37%	1998 38%	13 41%~	15 31%~	22 39%	16 26%*	44 45%	9 39%~	76 38%	~	~	~	~	8 50%~	7 21%~	111 40%~	78 35%	38 43%	46 32%*	73 42%*
4-YEAR COLLEGE GRADUATE	27 8%	437 8%	1 3%~	7 14%~	5 9%	3 5%	11 11%	~	19 9%	~	~	~	~	1 6%~	2 6%~	24 9%~	20 9%	5 6%	7 5%*	20 12%*
MORE THAN 4-YEAR COLLEGE DEGREE	8 3%	242 5%*	~	~	5 9%*	2 3%	1 1%	~	4 2%	~	~	~	~	~	1 3%~	6 2%~	6 3%	2 2%	3 2%	5 3%
NOT ANSWERED	31	392			1			2	2							3	5	4	2	2
VALID CASES	319	5279	32	49	56	61	98	23	201					16	33	279	222	88	146	173
NUMBER OF RESPONDENTS	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175
	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		
	AHP 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/IND/PAC ILND NATV	AMER ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
Q55																				
YES HISPANIC OR LATINO	33 10%	668 13%	10 32%~	6 12%~	4 7%	5 8%	8 8%	~	~	~	~	~	~	~100%~	33	29 13%*	4 5%*	19 13%	14 8%	
NO NOT HISPANIC OR LATINO	282 90%	4589 87%	21 68%~	42 88%~	50 93%	55 92%	89 92%	24 100%~	202 100%~	~	~	~	~	~100%~	16	282 ~100%~	190 87%*	82 95%*	125 87%	157 92%
NOT ANSWERED	35	413	1	1	3	1	1	1	1							8	6	4	4	
VALID CASES	315	5258	31	48	54	60	97	24	202					16	33	282	219	86	144	171
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
AHP TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
Q56.1 YES	232 66%	3500 62%	20 62%~	34 69%~	37 65%	45 74%	75 77%*	20 80%~	203 100%~	~	~	~	~	~	14 88%~	15 45%~	216 77%*	170 75%*	55 60%	109 74%*	123 70%
NO	118 34%	2171 38%	12 38%~	15 31%~	20 35%	16 26%	23 23%*	5 20%~	~	~	~	~	~	2 13%~	18 55%~	66 23%*	57 25%*	37 40%	39 26%*	52 30%	
VALID CASES	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175	
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	AHP 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 ##	MUL-TI TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
Q56.2 YES	2 0.6%	117 2%*	~	~	2%	~	1%	~	~	~	~	~	~	6%	~	2 ~0.7%	1 0.4%	1 1%	2 1%~	~
NO	348 99%	5554 98%*	100%~	100%~	98%~	100%~	99%~	100%~	100%~	~	~	~	~	94%~	100%~	99%~	100%~	99%~	146 99%~	175 100%~
VALID CASES	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175
NUMBER OF RESPONDENTS	350 100%	5671 100%	100%	100%	100%	100%	100%	100%	100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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																					
YES	AHP TOT ADLT	4	1		2	1							1		4	3		2	2		
	OHP TOT ADLT	212	3%		3%	1%							6%		1%*	1%		1%	1%		
NO	AHP TOT ADLT	346	31	49	57	59	97	25	203				15	33	278	224	92	146	173		
	OHP TOT ADLT	5459	97%	100%	100%	97%	99%	100%	100%				94%	100%	99%*	99%	100%	99%	99%		
VALID CASES	AHP TOT ADLT	350	32	49	57	61	98	25	203				16	33	282	227	92	148	175		
NUMBER OF RESPONDENTS	OHP TOT ADLT	5671	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	
AHP TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	MUL-OTHR ##	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
Q56.4 YES	2 0.6%	34 0.6%	1 3%	~	~	~	1 1%	~	~	~	~	~	~	1 6%	1 3%	1 0.4%	2 0.9%	~	1 0.7%	1 0.6%
NO	348 99%	5637 99%	31 97%	49 100%	57 100%	61 100%	97 99%	25 100%	203 100%	~	~	~	~	15 94%	32 97%	281 100%	225 99%	92 100%	147 99%	174 99%
VALID CASES	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	AHP 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 ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
Q56.5 YES	19 5%	211 4%	1 3%	2 4%	1 2%	6 10%	8 8%	1 4%	~	~	~	~	~	13 81%	1 3%	18 6%*	8 4%	8 9%	11 7%	8 5%
NO	331 95%	5460 96%	31 97%	47 96%	56 98%	55 90%	90 92%	24 96%	203 100%	~	~	~	~	3 19%	32 97%	264 94%*	219 96%	84 91%	137 93%	167 95%
VALID CASES	350	5671	32	49	57	61	98	25	203					16	33	282	227	92	148	175
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%					16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
AHP 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 ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE		
Q56.6 YES	15 4%	307 5%	2 ~	3 4%	3 5%	7 7%	~	~	~	~	~	~	6 38%	7 21%	8 3%	9 4%	4 4%	10 7%	5 3%		
NO	335 96%	5364 95%	32 100%	47 96%	54 95%	58 95%	91 93%	25 100%	203 100%	~	~	~	~	10 63%	26 79%	274 97%	218 96%	88 96%	138 93%	170 97%	
VALID CASES	350	5671	32	49	57	61	98	25	203				16	33	282	227	92	148	175		
NUMBER OF RESPONDENTS	350 100%	5671 100%	32 100%	49 100%	57 100%	61 100%	98 100%	25 100%	203 100%				16 100%	33 100%	282 100%	227 100%	92 100%	148 100%	175 100%		

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

	AHP TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q57 YES	229%	63015%*	313%~	38%~	512%~	24%~	45%~	523%~	157%	~	~	~	~	~	19%~	520%~	178%~	147%	814%	1513%*	75%*
NO	23491%	350785%*	2188%~	3492%~	3688%~	4596%~	8095%	1777%~	18893%	~	~	~	~	~	1091%~	2080%~	20992%~	17593%	5186%	10487%*	13095%*
NOT ANSWERED	2	39																		1	
VALID CASES	256	4137	24	37	41	47	84	22	203						11	25	226	189	59	119	137
NUMBER OF RESPONDENTS	258100%	4176100%	24100%	37100%	41100%	47100%	84100%	22100%	203100%						11100%	25100%	226100%	189100%	60100%	119100%	137100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

	AHP 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 & POOR	MALE	FE- MALE
Q58.1 YES	6 27%	257 48%	1 33%	2 67%	1 20%	1 25%	1 20%	4 27%	~	~	~	~	~	1 100%	1 20%	5 29%	5 36%	1 13%	3 20%	3 43%
NO	16 73%	281 52%	2 67%	1 33%	4 80%	2 100%	3 75%	4 80%	11 73%	~	~	~	~	~	4 80%	12 71%	9 64%	7 88%	12 80%	4 57%
VALID CASES	22	538	3	3	5	2	4	5	15					1	5	17	14	8	15	7
NUMBER OF RESPONDENTS	22 100%	538 100%	3 100%	3 100%	5 100%	2 100%	4 100%	5 100%	15 100%					1 100%	5 100%	17 100%	14 100%	8 100%	15 100%	7 100%

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

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

	AHP 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
Q58.2 YES	6 27%	220 41%	1 33%	1 33%	2 40%	2 50%	3 20%	~	~	~	~	~	1 100%	2 40%	4 24%	4 29%	2 25%	4 27%	2 29%	
NO	16 73%	318 59%	2 67%	2 67%	3 60%	2 100%	2 50%	5 100%	12 80%	~	~	~	~	~	3 60%	13 76%	10 71%	6 75%	11 73%	5 71%
VALID CASES	22	538	3	3	5	2	4	5	15				1	5	17	14	8	15	7	
NUMBER OF RESPONDENTS	22 100%	538 100%	3 100%	3 100%	5 100%	2 100%	4 100%	5 100%	15 100%				1 100%	5 100%	17 100%	14 100%	8 100%	15 100%	7 100%	

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

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
AHP 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
Q58.3 YES	11 50%	203 38%	1 33%	1 33%	3 60%	2 100%	4 80%	9 60%	~	~	~	~	~	1 20%	10 59%	6 43%	5 63%	9 60%	2 29%
NO	11 50%	335 62%	2 67%	2 67%	2 40%	4 100%	1 20%	6 40%	~	~	~	~	1 100%	4 80%	7 41%	8 57%	3 38%	6 40%	5 71%
VALID CASES	22	538	3	3	5	2	4	5	15				1	5	17	14	8	15	7
NUMBER OF RESPONDENTS	22 100%	538 100%	3 100%	3 100%	5 100%	2 100%	4 100%	5 100%	15 100%				1 100%	5 100%	17 100%	14 100%	8 100%	15 100%	7 100%

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

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

	AHP 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	
Q58.4 YES	2 9%	79 15%	~	~	~	~	50%	~	~	~	~	~	~	~	~	40%	~	14%	~	~	29%
NO	20 91%	459 85%	3 100%	3 100%	5 100%	2 100%	2 50%	5 100%	15 100%	~	~	~	~	1 100%	3 60%	17 100%	12 86%	8 100%	15 100%	5 71%	
VALID CASES	22	538	3	3	5	2	4	5	15					1	5	17	14	8	15	7	
NUMBER OF RESPONDENTS	22 100%	538 100%	3 100%	3 100%	5 100%	2 100%	4 100%	5 100%	15 100%					1 100%	5 100%	17 100%	14 100%	8 100%	15 100%	7 100%	

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

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

	AHP 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
Q58.5 YES	1 5%	32 6%	1 33%	~	~	~	~	1 7%	~	~	~	~	~	~	~	1 6%	1 13%	1 7%	~	
NO	21 95%	506 94%	2 67%	3 100%	5 100%	2 100%	4 100%	5 100%	14 93%	~	~	~	~	1 100%	5 100%	16 94%	14 100%	7 88%	14 93%	7 100%
VALID CASES	22	538	3	3	5	2	4	5	15					1	5	17	14	8	15	7
NUMBER OF RESPONDENTS	22 100%	538 100%	3 100%	3 100%	5 100%	2 100%	4 100%	5 100%	15 100%					1 100%	5 100%	17 100%	14 100%	8 100%	15 100%	7 100%

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

NQ13 RATING OF ALL HEALTH CARE

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	AHP TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
NQ13 0-6	40 17%	761 20%	4 29%	6 18%	8 18%	8 20%	9 12%	2 11%	22 15%	~	~	~	~	~	3 27%	2 13%	35 17%	13 9%*	23 31%*	10 12%	27 19%
7-8	85 36%	1368 36%	6 43%	16 47%	23 52%	13 32%	21 28%	3 17%	60 41%*	~	~	~	~	~	4 36%	3 19%	77 38%	62 42%*	21 28%	36 43%	46 32%
9-10	110 47%	1705 44%	4 29%	12 35%	13 30%	20 49%	44 59%*	13 72%	63 43%	~	~	~	~	~	4 36%	11 69%	92 45%	74 50%	31 41%	37 45%	69 49%
VALID CASES	235	3835	14	34	44	41	74	18	145					11	16	204	149	75	83	142	
NUMBER OF RESPONDENTS	235 100%	3835 100%	14 100%	34 100%	44 100%	41 100%	74 100%	18 100%	145 100%					11 100%	16 100%	204 100%	149 100%	75 100%	83 100%	142 100%	
MEAN	2.30	2.25	2.00	2.18	2.11	2.29	2.47	2.61	2.28					2.09	2.56	2.28	2.41	2.11	2.33	2.30	
p stat_(*=Sig @ p<=.05)	.289		~	~	~	~.013*			~.693	~	~	~	~	~	~	~	~.002*	.013*	.677	.957	

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	AHP TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
NQ23 0-6	42 16%	642 16%	2 13%~	8 22%~	10 20%	7 15%~	8 10%*	4 18%~	25 15%	~	~	~	~	~	2 18%~	38 ~ 16%~	17 10%*	21 26%*	15 14%	24 16%	
7-8	54 20%	1053 26%*	1 7%~	11 30%~	13 25%	9 19%~	17 20%	3 14%~	40 24%*	~	~	~	~	~	1 9%~	2 11%~	52 22%~	39 23%	13 16%	24 22%	30 20%
9-10	171 64%	2378 58%*	12 80%~	18 49%~	28 55%	32 67%~	59 70%	15 68%~	103 61%	~	~	~	~	~	8 73%~	17 89%~	143 61%~	116 67%	47 58%	68 64%	96 64%
VALID CASES	267	4074	15	37	51	48	84	22	168					11	19	233	172	81	107	150	
NUMBER OF RESPONDENTS	267 100%	4074 100%	15 100%	37 100%	51 100%	48 100%	84 100%	22 100%	168 100%					11 100%	19 100%	233 100%	172 100%	81 100%	107 100%	150 100%	
MEAN	2.48	2.43	2.67	2.27	2.35	2.52	2.61	2.50	2.46					2.55	2.89	2.45	2.58	2.32	2.50	2.48	
p stat_(*=Sig @ p<=.05)		.204	~	~	.170	~	.052	~	.599	~	~	~	~	~	~	~	~	.012*	.034*	.829	.938

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	AHP TOT ADULT	OHP TOT ADULT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE
NQ27 0-6	14 12%	249 13%	2 ~ 13%	1 5%	4 16%	5 13%	1 8%	6 9%	~	~	~	~	~	1 14%	12 ~ 11%	5 8%	6 13%	2 4%	11 15%	
7-8	29 24%	475 25%	2 29%	3 19%	6 32%	4 16%	10 26%	2 17%	21 30%	~	~	~	~	1 14%	26 ~ 24%	12 18%	15 31%	12 27%	15 21%	
9-10	78 64%	1151 61%	5 71%	11 69%	12 63%	17 68%	23 61%	9 75%	43 61%	~	~	~	~	5 71%	6 100%	69 64%	49 74%*	27 56%	31 69%	46 64%
VALID CASES	121	1875	7	16	19	25	38	12	70					7	6	107	66	48	45	72
NUMBER OF RESPONDENTS	121 100%	1875 100%	7 100%	16 100%	19 100%	25 100%	38 100%	12 100%	70 100%					7 100%	6 100%	107 100%	66 100%	48 100%	45 100%	72 100%
MEAN	2.53	2.48	2.71	2.56	2.58	2.52	2.47	2.67	2.53					2.57	3.00	2.53	2.67	2.44	2.64	2.49
p stat_(*=Sig @ p<=.05)		.452	~	~	~	~	~	~	~.995	~	~	~	~	~	~	~	~.017*	~	~	~

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

NQ35 RATING OF HEALTH PLAN

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
AHP 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	MALE	FE-MALE		
NQ35																					
0-6	72 23%	1160 23%	7 23%~	9 18%~	14 26%	11 19%	24 27%	3 13%~	46 25%	~	~	~	~	~	5 31%~	2 6%~	65 25%*	36 17%*	31 36%*	28 20%	40 24%
7-8	112 36%	1699 34%	15 50%~	22 45%~	24 45%	19 33%	19 21%*	9 38%~	63 34%	~	~	~	~	~	6 38%~	11 34%~	93 35%	81 38%	27 31%	54 39%	54 33%
9-10	131 42%	2187 43%	8 27%~	18 37%~	15 28%*	27 47%	47 52%*	12 50%~	75 41%	~	~	~	~	~	5 31%~	19 59%~	105 40%	97 45%*	29 33%	56 41%	71 43%
VALID CASES	315	5046	30	49	53	57	90	24	184					16	32	263	214	87	138	165	
NUMBER OF RESPONDENTS	315 100%	5046 100%	30 100%	49 100%	53 100%	57 100%	90 100%	24 100%	184 100%					16 100%	32 100%	263 100%	214 100%	87 100%	138 100%	165 100%	
MEAN	2.19	2.20	2.03	2.18	2.02	2.28	2.26	2.38	2.16					2.00	2.53	2.15	2.29	1.98	2.20	2.19	
p stat_(*=Sig @ p<=.05)	.710		~	~.086	.320	.328	~.425	~	~	~	~	~	~	~	~.058	.002*	.005*	.754	.989		

GETTING NEEDED CARE

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	AHP 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	FE-MALE	MALE	
NPRBSEE4 NQ25	2.29	2.22	2.14	2.06	2.05	2.62	2.33	2.64	2.30					2.50	2.67	2.31	2.45	2.12	2.30	2.33	
p stat_(*=Sig @ p<=.05)		.314	~	~	~	~	~	~	.822	~	~	~	~	~	~	~	.017*	.054	~	.434	
NCARNES4 NQ14	2.31	2.26	2.08	2.12	2.21	2.41	2.36	2.72	2.34					2.36	2.63	2.30	2.44	2.07	2.26	2.35	
p stat_(*=Sig @ p<=.05)		.298	~	~	~	~	.498	~	.478	~	~	~	~	~	~	~	.001*	.002*	.419	.327	
COMPOSITE	2.30	2.24	2.11	2.09	2.13	2.52	2.35	2.68	2.32	x	x	x	x	x	2.43	2.65	2.31	2.45	2.09	2.28	2.34
p stat_(*=Sig @ p<=.05)		.183	~	~	~	~	.488	~	.529	~	~	~	~	~	~	~	~	.000*	.002*	.684	.219

GETTING CARE QUICKLY

	AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER				
	AHP 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	FE-MALE			
NCARSN4 NQ4	2.46	2.42	2.33	2.47	2.40	2.50	2.41	2.78	2.38					2.29	2.64	2.42	2.52	2.29	2.51	2.43	
p stat_(*=Sig @ p<=.05)		.579	~	~	~	~	~	~	.166	~	~	~	~	~	~	~	.271	~	~	.535	
NAPGET4 NQ6	2.35	2.28	1.62	2.19	2.55	2.46	2.37	2.71	2.38					2.20	2.33	2.37	2.36	2.32	2.36	2.37	
p stat_(*=Sig @ p<=.05)		.189	~	~	~	~	.846	~	.481	~	~	~	~	~	~	~	.842	.715	.901	.637	
COMPOSITE	2.41	2.35	1.97	2.33	2.47	2.48	2.39	2.74	2.38	x	x	x	x	x	2.24	2.48	2.40	2.44	2.30	2.44	2.40
p stat_(*=Sig @ p<=.05)		.250	~	~	~	~	.795	~	.488	~	~	~	~	~	~	~	.328	.125	.579	.860	

HOW WELL DOCTORS COMMUNICATE

	AHP TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
NDREXPL4 NQ17	2.66	2.61	2.91	2.52	2.67	2.69	2.68	2.63	2.66							2.75	2.92	2.64	2.78	2.46	2.79	2.60
p stat_(*=Sig @ p<=.05)		.227	~	~	~	~.751	~.933	~	~	~	~	~	~	~	~	~	~	~	~.001*	.005*	.020*	.055
NDRLSTN4 NQ18	2.58	2.58	2.73	2.46	2.59	2.44	2.68	2.69	2.58							2.75	3.00	2.57	2.68	2.43	2.69	2.53
p stat_(*=Sig @ p<=.05)		.913	~	~	~	~.110	~.937	~	~	~	~	~	~	~	~	~	~	~	~.014*	.041*	.068	.217
NDRESPU4 NQ19	2.61	2.65	2.64	2.63	2.62	2.44	2.71	2.56	2.60							2.63	3.00	2.58	2.71	2.44	2.68	2.58
p stat_(*=Sig @ p<=.05)		.302	~	~	~	~.109	~.724	~	~	~	~	~	~	~	~	~	~	~	~.011*	.012*	.312	.365
NDRTMEN4 NQ20	2.55	2.50	2.55	2.37	2.54	2.54	2.66	2.63	2.57							2.50	2.85	2.55	2.64	2.38	2.61	2.54
p stat_(*=Sig @ p<=.05)		.283	~	~	~	~.120	~.756	~	~	~	~	~	~	~	~	~	~	~	~.027*	.018*	.419	.728
COMPOSITE	2.60	2.59	2.70	2.50	2.61	2.53	2.68	2.63	2.60	x	x	x	x	x	x	2.66	2.94	2.59	2.70	2.43	2.69	2.56
p stat_(*=Sig @ p<=.05)		.824	~	~	~	~.291	~1.00	~	~	~	~	~	~	~	~	~	~	~	~.022*	.031*	.253	.383

CUSTOMER SERVICE

	AHP 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	FE- MALE	FE- MALE			
NPBCLCS4 NQ31	2.31	2.22	2.00	2.06	2.57	2.65	2.21	2.43	2.26							2.33	2.30	2.31	2.46	1.92	2.50	2.18
p stat_(*=Sig @ p<=.05)		.306	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ32	2.67	2.61	2.37	2.61	2.64	2.88	2.69	2.71	2.57							2.83	2.90	2.65	2.78	2.42	2.74	2.64
p stat_(*=Sig @ p<=.05)		.311	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.49	2.42	2.19	2.33	2.61	2.76	2.45	2.57	2.42	x	x	x	x	x	x	2.58	2.60	2.48	2.62	2.17	2.62	2.41
p stat_(*=Sig @ p<=.05)		.360	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

	AHP 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	FE- MALE	FE- MALE	
NNRXWHY NQ10																					
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NNRXWYNT NQ11	2.52	2.46	2.75	2.68	2.39	2.58	2.41	2.50	2.41				2.33	3.00	2.48	2.50	2.51	2.46	2.53		
p stat_(*=Sig @ p<=.05)	.455		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NRXBST NQ12	2.62	2.52	2.75	2.58	2.73	2.68	2.51	2.50	2.56				2.00	3.00	2.57	2.76	2.41	2.66	2.58		
p stat_(*=Sig @ p<=.05)	.198		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
COMPOSITE	2.57	2.49	2.75	2.63	2.56	2.63	2.46	2.50	2.49	x	x	x	x	x	2.17	3.00	2.52	2.63	2.46	2.56	2.56
p stat_(*=Sig @ p<=.05)	.129		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	AHP 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	76%	75%	57%	65%	67%	96%	77%	91%	78%					90%	83%	78%	83%	69%	81%	76%	
CARNES4 Q14	79%	80%	62%	76%	79%	80%	81%	94%	82%					73%	100%	79%	87%	65%	77%	82%	
AVERAGE	77.68	77.53	59.34	70.59	72.87	88.32	78.91	92.68	79.95	x	x	x	x	x	81.36	91.67	78.49	84.84	67.28	78.84	78.60

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	AHP 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	
CARSN4 Q4	86%	84%	83%	84%	88%	83%	85%	100%	86%					71%	91%	85%	91%	76%	90%	84%	
APGET4 Q6	83%	77%	54%	78%	91%	85%	87%	94%	85%					80%	87%	84%	84%	83%	81%	86%	
AVERAGE	84.56	80.73	68.59	81.17	89.45	84.35	85.64	97.06	85.42	x	x	x	x	x	75.71	88.79	84.78	87.13	79.63	85.79	84.98

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

	AHP 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 & POOR	FAIR & POOR	FE- MALE	MALE	
DREXPL4 Q17	91%	91%	100%	85%	92%	92%	94%	91%							100%	100%	91%	95%	85%	97%	89%
DRLSTN4 Q18	89%	90%	91%	81%	92%	79%	94%	100%	90%						88%	100%	88%	94%	81%	94%	86%
DRESPU4 Q19	89%	91%	91%	85%	92%	79%	94%	94%	88%						88%	100%	88%	94%	81%	93%	87%
DRTMEN4 Q20	88%	87%	82%	78%	95%	87%	91%	94%	89%						88%	100%	88%	90%	84%	93%	86%
AVERAGE	89.1	89.8	90.9	82.2	92.5	84.6	92.8	95.3	89.7	x	x	x	x	x	90.6	100	88.9	93.2	82.7	94.4	87.1

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	AHP 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	OTHER	MULTI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE-MALE	
PBCLCS4 Q31	78%	76%	63%	67%	93%	94%	72%	86%	78%					83%	80%	78%	86%	58%	89%	71%	
CSRESP Q32	91%	91%	75%	89%	93%	100%	90%	100%	89%					100%	100%	90%	95%	81%	97%	87%	
AVERAGE	84.18	83.64	68.75	77.78	92.86	97.06	81.03	92.86	83.33	x	x	x	x	x	91.67	90.00	84.34	90.77	69.23	93.42	79.09

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	AHP 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	FE-MALE	FE-MALE		
NRXWHY Q10	95%	93%	88%	100%	91%	95%	95%	100%	94%					100%	94%	97%	93%	93%	96%		
NRXWYNT Q11	76%	73%	88%	84%	70%	79%	70%	75%	71%					67%	100%	74%	75%	76%	73%	77%	
RXBST Q12	81%	76%	88%	79%	86%	84%	76%	75%	78%					50%	100%	78%	88%	70%	83%	79%	
AVERAGE	84.0	80.6	87.5	87.7	82.4	86.0	80.2	83.3	80.9	x	x	x	x	x	72.2	100	82.1	86.8	79.8	82.9	83.9

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q1 YES	287	5578	51	87	84	65	106					15	84	179	253	11	230	57
	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~100%	100%	100%	100%	100%	100%	100%
NOT ANSWERED	3	60	1		2									2	2		3	
VALID CASES	287	5578	51	87	84	65	106					15	84	179	253	11	230	57
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106					15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q3 YES	96 35%	1643 30%	23 47%	27 32%	26 31%	20 33%	35 34%	~	~	~	~	~	6 43%	25 30%	64 36%	84 34%	7 64%	70 32%	26 46%
NO	182 65%	3803 70%	26 53%	57 68%	59 69%	40 67%	67 66%	~	~	~	~	~	8 57%	59 70%	112 64%	166 66%	4 36%	151 68%	31 54%
NOT ANSWERED	12	191	3	3	1	5	4						1		5	5		12	
VALID CASES	278	5447	49	84	85	60	102						14	84	176	250	11	221	57
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP 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	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q4 NEVER	1 1%	21 1%	~	~	4%	~	~	~	~	~	~	20%	~	2%	1%	~	2%	~
SOMETIMES	3 3%	109 7%	~	~	8%	6%	6%	~	~	~	~	~	5%	3%	3%	17%	3%	4%
USUALLY	8 9%	253 16%*	2 10%	3 12%	~	3 18%	1 3%	~	~	~	~	~	9%	10%	9%	17%	8%	12%
ALWAYS	76 86%	1212 76%*	19 90%	23 88%	21 88%	13 76%	29 91%	~	~	~	~	80%	86%	85%	87%	67%	87%	84%
#ALWAYS + USUALLY (NET)	84 95%	1464 92%	21 100%	26 100%	21 88%	16 94%	30 94%	~	~	~	~	80%	95%	95%	96%	83%	95%	96%
TOP BOX SCORE	76 86%	1212 76%*	19 90%	23 88%	21 88%	13 76%	29 91%	~	~	~	~	80%	86%	85%	87%	67%	87%	84%
NOT ANSWERED	8	102	2	1	2	3	3					1	3	4	6	1	7	1
VALID CASES	88	1594	21	26	24	17	32					5	22	60	78	6	63	25
NUMBER OF RESPONDENTS	96	1696	23	27	26	20	35					6	25	64	84	7	70	26
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q5 YES	176 64%	3547 65%	32 64%	55 67%	51 61%	38 64%	64 62%	~	~	~	~	~	12 86%	48 59%	116 66%	155 62%	10 100%	137 62%	39 71%
Q5 NO	99 36%	1877 35%	18 36%	27 33%	33 39%	21 36%	39 38%	~	~	~	~	~	2 14%	34 41%	61 34%	94 38%	~	83 38%	16 29%
NOT ANSWERED	15	214	2	5	2	6	3						1	2	4	6	1	13	2
VALID CASES	275	5424	50	82	84	59	103						14	82	177	249	10	220	55
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%						15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q6 NEVER		502	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	2314%	46814%	310%~	917%~	511%~	617%~	610%	~	~	~	~	~	18%	1330%~	98%*	1812%~	440%~	1713%~	616%~
USUALLY	3924%	88127%	516%~	1019%~	1532%~	926%~	1831%	~	~	~	~	~	325%~	716%~	3027%	3524%~	330%~	2923%~	1026%~
ALWAYS	10362%	191058%	2374%~	3363%~	2757%~	2057%~	3559%	~	~	~	~	~	867%~	2353%~	7165%	9163%~	330%~	8164%~	2258%~
#ALWAYS + USUALLY (NET)	14286%	279284%	2890%~	4383%~	4289%~	2983%~	5390%	~	~	~	~	~	1192%~	3070%~	10192%*	12687%~	660%~	11087%~	3284%~
TOP BOX SCORE	10362%	191058%	2374%~	3363%~	2757%~	2057%~	3559%	~	~	~	~	~	867%~	2353%~	7165%	9163%~	330%~	8164%~	2258%~
NOT ANSWERED	11	232	1	3	4	3	5						5	6	11		10	1	
VALID CASES	165	3310	31	52	47	35	59						12	43	110	144	10	127	38
NUMBER OF RESPONDENTS	176	3542	32	55	51	38	64						12	48	116	155	10	137	39
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q5 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q7 NONE	80 29%	1626 30%	9 20%	25 31%	27 32%	19 31%	32 31%	~	~	~	~	~	1 7%	26 33%	51 29%	76 31%	1 9%	69 32%	11 20%
1 TIME	88 32%	1614 30%	15 33%	25 31%	29 34%	19 31%	37 36%	~	~	~	~	~	9 60%	20 25%	65 37%*	82 33%	3 27%	71 33%	17 30%
2	55 20%	1048 20%	7 15%	20 25%	16 19%	12 19%	21 20%	~	~	~	~	~	3 20%	18 22%	32 18%	48 19%	1 9%	42 19%	13 23%
3	23 8%	512 10%	8 17%	5 6%	6 7%	4 6%	7 7%	~	~	~	~	~	2 13%	6 7%	17 10%	22 9%	1 9%	19 9%	4 7%
4	13 5%	232 4%	2 4%	3 4%	5 6%	3 5%	4 4%	~	~	~	~	~	~	5 6%	7 4%	9 4%	3 27%	7 3%	6 11%
5 TO 9	11 4%	256 5%	4 9%	2 2%	2 2%	3 5%	3 3%	~	~	~	~	~	~	3 4%	5 3%	9 4%	1 9%	9 4%	2 4%
10 OR MORE TIMES	3 1%	57 1%	1 2%	~	~	2 3%	~	~	~	~	~	~	~	2 2%	1 0.6%	2 0.8%	1 9%	~	3 5%
NOT ANSWERED	17	293	6	7	1	3	2							4	3	7		16	1
VALID CASES	273	5345	46	80	85	62	104						15	80	178	248	11	217	56
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q8 #YES	138 73%	2462 67%	30 81%~	33 61%*	46 79%	29 71%~	54 76%	~	~	~	~	~	11 ~ 79%~	34 65%	96 76%	126 75%~	5 50%~	100 69%~	38 84%~
NO	52 27%	1197 33%	7 19%~	21 39%*	12 21%	12 29%~	17 24%	~	~	~	~	~	3 ~ 21%~	18 35%	30 24%	43 25%~	5 50%~	45 31%~	7 16%~
NOT ANSWERED	3	87		1		2	1							2	1	3		3	
VALID CASES	190	3659	37	54	58	41	71						14	52	126	169	10	145	45
NUMBER OF RESPONDENTS	193 100%	3746 100%	37 100%	55 100%	58 100%	43 100%	72 100%						14 100%	54 100%	127 100%	172 100%	10 100%	148 100%	45 100%

[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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q9 NEVER	8 4%	111 3%	2 5%	1 2%	3 5%	2 5%	5 7%	~	~	~	~	~	~	3 6%	5 4%	7 4%	1 10%	6 4%	2 4%
SOMETIMES	15 8%	330 9%	2 5%	6 11%	6 10%	1 2%	4 6%	~	~	~	~	~	1 7%	6 12%	6 5%	13 8%	~	12 8%	3 7%
USUALLY	39 21%	815 22%	3 8%	10 19%	16 28%	10 24%	12 17%	~	~	~	~	~	2 14%	13 25%	23 18%	32 19%	5 50%	30 21%	9 20%
ALWAYS	128 67%	2400 66%	30 81%	37 69%	33 57%*	28 68%	50 70%	~	~	~	~	~	11 79%	30 58%	92 73%*	117 69%	4 40%	97 67%	31 69%
#ALWAYS + USUALLY (NET)	167 88%	3215 88%	33 89%	47 87%	49 84%	38 93%	62 87%	~	~	~	~	~	13 93%	43 83%	115 91%	149 88%	9 90%	127 88%	40 89%
TOP BOX SCORE	128 67%	2400 66%	30 81%	37 69%	33 57%*	28 68%	50 70%	~	~	~	~	~	11 79%	30 58%	92 73%*	117 69%	4 40%	97 67%	31 69%
NOT ANSWERED	3	90		1		2	1							2	1	3		3	
VALID CASES	190	3656	37	54	58	41	71						14	52	126	169	10	145	45
NUMBER OF RESPONDENTS	193	3746	37	55	58	43	72						14	54	127	172	10	148	45
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q10 YES	56 30%	1058 29%	8 22%~	13 24%	21 37%	14 35%~	19 27%	~	~	~	~	~	3 ~ 21%	15 29%	39 31%	49 29%~	6 60%~	35 25%~	21 47%~
Q10 NO	131 70%	2578 71%	28 78%~	41 76%	36 63%	26 65%~	52 73%	~	~	~	~	~	11 ~ 79%	36 71%	86 69%	118 71%~	4 40%~	107 75%~	24 53%~
NOT ANSWERED	6	110	1	1	1	3	1							3	2	5		6	
VALID CASES	187	3636	36	54	57	40	71						14	51	125	167	10	142	45
NUMBER OF RESPONDENTS	193	3746	37	55	58	43	72						14	54	127	172	10	148	45
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q11 #YES	51 94%	931 93%	8 100%	13 100%	19 90%	11 92%	18 100%	~	~	~	~	~	3 ~100%	13 87%	36 97%	45 94%	5 100%	33 94%	18 95%
NO	3 6%	71 7%	~	~	10% 2	8% 1	~	~	~	~	~	~	2 13%	1 3%	3 6%	~	2 6%	1 5%	
NOT ANSWERED	25	408	7	8	2	8	4						7	7	13	1	22	3	
VALID CASES	54	1002	8	13	21	12	18					3	15	37	48	5	35	19	
NUMBER OF RESPONDENTS	79	1410	15	21	23	20	22					3	22	44	61	6	57	22	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q12 #YES	47 85%	722 71%*	6 75%~	12 92%~	20 95%~	9 69%~	14 78%~	~	~	~	~	~	3 ~100%~	12 80%~	33 87%~	42 86%~	4 80%~	30 86%~	17 85%~
NO	8 15%	300 29%*	2 25%~	1 8%~	1 5%~	4 31%~	4 22%~	~	~	~	~	~	3 ~20%~	5 13%~	7 14%~	1 20%~	5 14%~	3 15%~	
NOT ANSWERED	1	19				1	1							1		1		1	
VALID CASES	55	1022	8	13	21	13	18					3	15	38	49	5	35	20	
NUMBER OF RESPONDENTS	56	1041	8	13	21	14	19					3	15	39	49	6	35	21	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q13 #YES	42 76%	804 80%	6 75%~	9 69%~	20 95%~	7 54%~	13 72%~	~	~	~	~	~	3 ~100%~	14 93%~	27 71%~	39 80%~	2 40%~	28 80%~	14 70%~
NO	13 24%	202 20%	2 25%~	4 31%~	1 5%~	6 46%~	5 28%~	~	~	~	~	~	1 7%~	11 29%~	10 20%~	3 60%~	7 20%~	6 30%~	
NOT ANSWERED	1	35				1	1							1		1		1	
VALID CASES	55	1006	8	13	21	13	18					3	15	38	49	5	35	20	
NUMBER OF RESPONDENTS	56 100%	1041 100%	8 100%	13 100%	21 100%	14 100%	19 100%					3 100%	15 100%	39 100%	49 100%	6 100%	35 100%	21 100%	

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER				
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC			
Q14 WORST HEALTH CARE POSSIBLE	2 1%	7 0.2%	~	~	2%	2%	1%	~	~	~	~	~	7%	~	2%	0.6%	10%	~	2%	4%	
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02		15 0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03	2 1%	17 0.5%	~	2%	2%	~	~	~	~	~	~	7%	~	0.8%	1%	~	~	1%	~	~	
04	2 1%	22 0.6%	~	~	2%	2%	1%	~	~	~	~	~	~	2%	1%	~	~	1%	~	~	
05	6 3%	133 4%	3 8%	3 6%	~	~	1%	~	~	~	~	~	~	3%	3%	6%	4%	~	5%	2%	
06	4 2%	105 3%	~	2%	3%	2%	~	~	~	~	~	7%	1%	3%	1%	4%	2%	~	1%	4%	
07	18 10%	327 9%	3 8%	5 10%	5 9%	5 12%	9 13%	~	~	~	~	~	7%	4%	14%	17%	10%	10%	12%	6%	
08	34 18%	776 21%	2 5%	8 15%	11 19%	13 32%	15 21%	~	~	~	~	~	~	7%	25%	6%	15%	60%	26%	8%	
09	43 23%	815 22%	7 19%	10 19%	15 26%	11 27%	18 25%	~	~	~	~	~	21%	3%	15%	27%	42%	25%	29%	14%	
BEST HEALTH CARE POSSIBLE	77 41%	1412 39%	22 59%	24 46%	22 38%	9 22%	26 37%	~	~	~	~	~	50%	7%	19%	51%	69%	41%	2%	65%	12%
#8-10 (NET)	154 82%	3003 83%	31 84%	42 81%	48 83%	33 80%	59 83%	~	~	~	~	~	71%	10%	41%	103%	136%	81%	8%	120%	34%

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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR & POOR	NO CCC	CCC	
9-10 (NET)	120 64%	2227 61%	29 78%	34 65%	37 64%	20 49%	44 62%	~	~	~	~	~	10 71%	34 67%	78 62%	111 66%	2 20%	94 66%	26 58%
NOT ANSWERED	5	109		3		2	1							3	1	4		5	
VALID CASES	188	3637	37	52	58	41	71					14	51	126	168	10	143	45	
NUMBER OF RESPONDENTS	193 100%	3746 100%	37 100%	55 100%	58 100%	43 100%	72 100%					14 100%	54 100%	127 100%	172 100%	10 100%	148 100%	45 100%	
MEAN	8.63	8.64	9.05	8.71	8.57	8.24	8.65					8.07	8.67	8.60	8.66	7.50	8.77	8.20	
p stat_(*=Sig @ p<=.05)		.945		~.696	.739		~.926	~	~	~	~	~	~.860	.661		~	~	~	~

[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		
	AHP 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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q15 NEVER	5 3%	66 2%	~	~	5%	5%	1%	~	~	~	~	~	14%	2%	3%	3	2	3	2
SOMETIMES	15 8%	356 10%	8%	12%	5%	7%	6%	~	~	~	~	~	~	16%	5%	15	6	10	5
USUALLY	57 30%	1161 32%	22%	27%	34%	37%	34%	~	~	~	~	~	36%	31%	31%	48	6	41	16
ALWAYS	111 59%	2060 57%	70%	62%	55%	51%	59%	~	~	~	~	~	50%	51%	61%	101	2	89	22
#ALWAYS + USUALLY (NET)	168 89%	3220 88%	92%	88%	90%	88%	93%	~	~	~	~	~	86%	82%	92%	149	8	130	38
TOP BOX SCORE	111 59%	2060 57%	70%	62%	55%	51%	59%	~	~	~	~	~	50%	51%	61%	101	2	89	22
NOT ANSWERED	5	104		3		2	2									3	2	5	5
VALID CASES	188	3642	37	52	58	41	70						14	51	125	167	10	143	45
NUMBER OF RESPONDENTS	193	3746	37	55	58	43	72						14	54	127	172	10	148	45
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q16 YES	202 72%	3847 71%	18 37%	61 74%	76 89%*	47 75%	77 73%	~	~	~	~	~	14 93%	56 67%	133 74%	184 72%	7 64%	157 71%	45 79%
NO	77 28%	1561 29%	31 63%	21 26%	9 11%*	16 25%	29 27%	~	~	~	~	~	1 7%	28 33%	47 26%	71 28%	4 36%	65 29%	12 21%
NOT ANSWERED	11	230	3	5	1	2									1			11	
VALID CASES	279	5408	49	82	85	63	106						15	84	180	255	11	222	57
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%						15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q17 YES	22 11%	421 11%	3 17%~	2 3%*	9 12%	8 18%~	7 9%	~	~	~	~	~	1 7%~	8 15%	11 8%	15 8%~	4 57%~	16 11%~	6 14%~
NO	173 89%	3279 89%	15 83%~	57 97%*	65 88%	36 82%~	67 91%	~	~	~	~	~	13 93%~	44 85%	119 92%	162 92%~	3 43%~	135 89%~	38 86%~
NOT ANSWERED	7	221		2	2	3	3							4	3	7		6	1
VALID CASES	195	3699	18	59	74	44	74						14	52	130	177	7	151	44
NUMBER OF RESPONDENTS	202	3920	18	61	76	47	77						14	56	133	184	7	157	45
	100%	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?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC	
Q18 #YES	21 95%	351 89%	3 100%	2 100%	9 100%	7 88%	6 86%	~	~	~	~	~	1 100%	8 100%	10 91%	15 100%	3 75%	16 100%	5 83%
NO	1 5%	44 11%	~	~	~	1 13%	1 14%	~	~	~	~	~	~	1 9%	~	1 25%	~	1 17%	
NOT ANSWERED		4																	
VALID CASES	22	394	3	2	9	8	7					1	8	11	15	4	16	6	
NUMBER OF RESPONDENTS	22 100%	398 100%	3 100%	2 100%	9 100%	8 100%	7 100%					1 100%	8 100%	11 100%	15 100%	4 100%	16 100%	6 100%	

[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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q19 YES	10 4%	201 4%	2 4%	1 1%	4 5%	3 5%	4 4%	~	~	~	~	~	2 13%	2 2%	7 4%	9 4%	1 9%	7 3%	3 5%
NO	266 96%	5179 96%	47 96%	79 99%	80 95%	60 95%	101 96%	~	~	~	~	~	13 87%	81 98%	172 96%	244 96%	10 91%	212 97%	54 95%
NOT ANSWERED	14	258	3	7	2	2	1							1	2	2		14	
VALID CASES	276	5380	49	80	84	63	105						15	83	179	253	11	219	57
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%						15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q20 NEVER	1 10%	19 10%	~	~	25%	~	~	~	~	~	~	50%	~	14%	11%	~	14%	~	
SOMETIMES	2 20%	32 16%	50%	~	~	33%	50%	~	~	~	~	~	~	29%	11%	100%	14%	33%	
USUALLY	3 30%	40 20%	~100%	1	1	33%	25%	~	~	~	~	~	50%	29%	33%	~	14%	67%	
ALWAYS	4 40%	107 54%	50%	1	2	33%	25%	~	~	~	~	50%	50%	29%	44%	~	57%	~	
#ALWAYS + USUALLY (NET)	7 70%	147 74%	50%	1	1	3	2	2	~	~	~	~	50%	100%	57%	78%	~	71%	67%
TOP BOX SCORE	4 40%	107 54%	50%	1	2	33%	25%	~	~	~	~	50%	50%	29%	44%	~	57%	~	
NOT ANSWERED		9																	
VALID CASES	10	198	2	1	4	3	4					2	2	7	9	1	7	3	
NUMBER OF RESPONDENTS	10	207	2	1	4	3	4					2	2	7	9	1	7	3	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q19 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q21 #YES	8	166	2	1	3	2	3	~	~	~	~	1	2	5	7	1	5	3
	80%	83%	100%	100%	75%	67%	75%	~	~	~	~	50%	100%	71%	78%	100%	71%	100%
NO	2	35			1	1	1	~	~	~	~	1	2	2	2		2	
	20%	17%	~	~	25%	33%	25%	~	~	~	~	50%	~	29%	22%	~	29%	~
NOT ANSWERED		6																
VALID CASES	10	201	2	1	4	3	4					2	2	7	9	1	7	3
NUMBER OF RESPONDENTS	10	207	2	1	4	3	4					2	2	7	9	1	7	3
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q22 YES	21 8%	487 9%	3 6%	6 7%	2 2%*	10 16%*	8 8%	~	~	~	~	~	7 8%	14 8%	19 8%	2 18%	8 4%*	13 23%*
NO	254 92%	4887 91%	45 94%	75 93%	82 98%*	52 84%*	96 92%	~	~	~	~	15 ~100%	76 92%	165 92%	232 92%	9 82%	211 96%*	43 77%*
NOT ANSWERED	15	264	4	6	2	3	2						1	2	4		14	1
VALID CASES	275	5374	48	81	84	62	104					15	83	179	251	11	219	56
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106					15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q23 NEVER	4 20%	64 14%	~	2 33%	~	2 22%	3 43%	~	~	~	~	~	~	4 31%	3 16%	1 100%	1 13%	3 25%
SOMETIMES	3 15%	82 18%	~	2 33%	~	1 11%	~	~	~	~	~	~	3 43%	~	3 16%	~	1 13%	2 17%
USUALLY	8 40%	105 23%	2 67%	1 17%	2 100%	3 33%	3 43%	~	~	~	~	~	3 43%	5 38%	8 42%	~	3 38%	5 42%
ALWAYS	5 25%	198 44%	1 33%	1 17%	~	3 33%	1 14%	~	~	~	~	~	1 14%	4 31%	5 26%	~	3 38%	2 17%
#ALWAYS + USUALLY (NET)	13 65%	303 68%	3 100%	2 33%	2 100%	6 67%	4 57%	~	~	~	~	~	4 57%	9 69%	13 68%	~	6 75%	7 58%
TOP BOX SCORE	5 25%	198 44%	1 33%	1 17%	~	3 33%	1 14%	~	~	~	~	~	1 14%	4 31%	5 26%	~	3 38%	2 17%
NOT ANSWERED	1	21				1	1							1		1		1
VALID CASES	20	448	3	6	2	9	7						7	13	19	1	8	12
NUMBER OF RESPONDENTS	21	469	3	6	2	10	8						7	14	19	2	8	13
	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?

	AHP 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	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q24 #YES	14 70%	310 69%	3 100%	5 83%	1 100%	5 50%	5 63%	~	~	~	~	~	~	4 67%	10 71%	13 72%	1 50%	5 63%	9 75%
NO	6 30%	142 31%	~	1 17%	~	5 50%	3 38%	~	~	~	~	~	~	2 33%	4 29%	5 28%	1 50%	3 38%	3 25%
NOT ANSWERED	1	17			1									1		1			1
VALID CASES	20	452	3	6	1	10	8							6	14	18	2	8	12
NUMBER OF RESPONDENTS	21	469	3	6	2	10	8							7	14	19	2	8	13
	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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q25 YES	29 11%	692 13%	3 6%	7 9%	8 10%	11 18%	13 12%	~	~	~	~	~	2 13%	7 9%	20 11%	24 10%	4 36%	10 5%*	19 33%*
NO	247 89%	4667 87%	46 94%	74 91%	76 90%	51 82%	92 88%	~	~	~	~	~	13 87%	75 91%	160 89%	228 90%	7 64%	209 95%*	38 67%*
NOT ANSWERED	14	279	3	6	2	3	1							2	1	3		14	
VALID CASES	276	5359	49	81	84	62	105						15	82	180	252	11	219	57
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q26 NEVER	5 17%	86 13%~	1 33%~	3 ~ 14%~	1 38%~	1 9%~	1 8%~	~	~	~	~	1 50%~	2 29%~	2 10%~	4 17%~	1 25%~	2 20%~	3 16%~
SOMETIMES	2 7%	135 20%~	~	1 ~ 14%~	1 ~ 9%~	2 15%~	~	~	~	~	~	~	2 ~ 10%~	2 8%~	~	2 ~ 20%~	~	
USUALLY	7 24%	147 22%~	1 33%~	3 43%~	3 ~ 27%~	3 23%~	~	~	~	~	~	~	2 29%~	5 25%~	5 21%~	2 50%~	2 20%~	5 26%~
ALWAYS	15 52%	290 44%~	1 33%~	3 43%~	5 63%~	6 55%~	7 54%~	~	~	~	~	1 50%~	3 43%~	11 55%~	13 54%~	1 25%~	4 40%~	11 58%~
#ALWAYS + USUALLY (NET)	22 76%	437 66%~	2 67%~	6 86%~	5 63%~	9 82%~	10 77%~	~	~	~	~	1 50%~	5 71%~	16 80%~	18 75%~	3 75%~	6 60%~	16 84%~
TOP BOX SCORE	15 52%	290 44%~	1 33%~	3 43%~	5 63%~	6 55%~	7 54%~	~	~	~	~	1 50%~	3 43%~	11 55%~	13 54%~	1 25%~	4 40%~	11 58%~
NOT ANSWERED		25																
VALID CASES	29	658	3	7	8	11	13					2	7	20	24	4	10	19
NUMBER OF RESPONDENTS	29	683	3	7	8	11	13					2	7	20	24	4	10	19
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

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

	AHP 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 ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q27 #YES	9 32%	342 52%~	2 67%~	1 14%~	3 38%~	3 30%~	4 33%~	~	~	~	~	~	1 50%~	3 43%~	6 32%~	9 38%~	1 10%~	8 44%~	
NO	19 68%	320 48%~	1 33%~	6 86%~	5 63%~	7 70%~	8 67%~	~	~	~	~	~	1 50%~	4 57%~	13 68%~	15 63%~	3 100%~	9 90%~	10 56%~
NOT ANSWERED	1	21				1	1								1		1		1
VALID CASES	28	662	3	7	8	10	12						2	7	19	24	3	10	18
NUMBER OF RESPONDENTS	29	683	3	7	8	11	13						2	7	20	24	4	10	19
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q28 YES	59 22%	1125 21%	10 21%~	10 12%*	20 24%	19 31%	26 25%	~	~	~	~	~	1 7%	9 11%*	43 24%	48 19%~	6 60%~	36 17%*	23 42%*
NO	214 78%	4219 79%	37 79%~	71 88%*	64 76%	42 69%	79 75%	~	~	~	~	~	14 93%~	72 89%*	135 76%	203 81%~	4 40%~	182 83%*	32 58%*
NOT ANSWERED	17	294	5	6	2	4	1							3	3	4	1	15	2
VALID CASES	273	5344	47	81	84	61	105						15	81	178	251	10	218	55
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q29 #YES	32 54%	616 57%	6 60%~	4 40%~	10 50%~	12 63%~	13 50%~	~	~	~	~	~	6 67%~	23 53%~	27 56%~	4 67%~	17 47%~	15 65%~
NO	27 46%	465 43%	4 40%~	6 60%~	10 50%~	7 37%~	13 50%~	~	~	~	~	1 ~100%~	3 33%~	20 47%~	21 44%~	2 33%~	19 53%~	8 35%~
NOT ANSWERED		36																
VALID CASES	59	1081	10	10	20	19	26					1	9	43	48	6	36	23
NUMBER OF RESPONDENTS	59	1117	10	10	20	19	26					1	9	43	48	6	36	23
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q28 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q30 YES	249 92%	4642 88%*	45 96%~	75 93%	76 90%	53 91%	95 94%	~	~	~	~	~	14 93%~	71 88%	164 94%	228 92%~	9 82%~	197 92%	52 95%
NO	21 8%	640 12%*	2 4%~	6 7%	8 10%	5 9%	6 6%	~	~	~	~	~	1 7%~	10 12%	11 6%	19 8%~	2 18%~	18 8%	3 5%
NOT ANSWERED	20	357	5	6	2	7	5							3	6	8		18	2
VALID CASES	270	5281	47	81	84	58	101						15	81	175	247	11	215	55
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%						15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q31 NONE	66 28%	1245 28%	6 14%	20 28%	27 37%*	13 26%	25 27%	~	~	~	~	~	3 23%	20 30%	43 27%	64 29%	~	56 30%	10 20%
1 TIME	93 39%	1677 37%	18 41%	28 39%	28 38%	19 38%	42 46%	~	~	~	~	~	5 38%	20 30%	67 42%	86 39%	2 22%	70 37%	23 46%
2	46 19%	850 19%	8 18%	18 25%	11 15%	9 18%	15 16%	~	~	~	~	~	2 15%	17 25%	28 18%	42 19%	2 22%	38 20%	8 16%
3	19 8%	387 9%	8 18%	3 4%	3 4%	5 10%	6 7%	~	~	~	~	~	3 23%	6 9%	13 8%	17 8%	2 22%	18 10%*	1 2%*
4	9 4%	160 4%	1 2%	3 4%	3 4%	2 4%	4 4%	~	~	~	~	~	~	2 3%	6 4%	7 3%	1 11%	4 2%	5 10%
5 TO 9	4 2%	163 4%*	2 5%	~	1 ~	1 2%	~	~	~	~	~	~	~	2 3%	~	2 0.9%	1 11%	3 2%	1 2%
10 OR MORE TIMES	2 0.8%	21 0.5%	1 2%	~	~	1 2%	~	~	~	~	~	~	~	2 1%	~	1 0.5%	1 11%	~	2 4%
NOT ANSWERED	10	173	1	3	3	3	3					1	4	5	9			8	2
VALID CASES	239	4503	44	72	73	50	92					13	67	159	219	9		189	50
NUMBER OF RESPONDENTS	249	4676	45	75	76	53	95					14	71	164	228	9		197	52
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%		100%	100%

[ASKED IF Q30 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC		
Q31A ALWAYS	2 1%	87 3%	~	2%	2%	~	~	~	~	~	~	~	~	2%	~	1%	~	2%	~	
USUALLY	1 0.6%	60 2%*	~	2%	~	~	~	~	~	~	~	~	~	2%	~	0.6%	~	0.8%	~	
SOMETIMES	8 5%	220 7%	5%	2%	4%	3% 7%	~	~	~	~	~	~	~	17%	~	5% 11%	~	5% 3%	~	
NEVER	161 94%	2850 89%*	95%	92%	91%	36% 97%	67% 100%	~	~	~	~	~	~	9% 79%	37% 100%	115% 100%	144% 94%	8% 89%	123% 92%	38% 97%
#NEVER + SOMETIMES (NET)	169 98%	3070 95%*	100%	96%	98%	44% 100%	37% 100%	67% 100%	~	~	~	~	~	9% 100%	45% 96%	115% 100%	151% 98%	9% 100%	130% 98%	39% 100%
TOP BOX SCORE	161 94%	2850 89%*	95%	92%	91%	36% 97%	67% 100%	~	~	~	~	~	~	9% 100%	37% 79%	115% 100%	144% 94%	8% 89%	123% 92%	38% 97%
NOT ANSWERED	1	23			1							1		1						1
VALID CASES	172	3216	38	52	45	37	67					9	47	115	154	9	133	39		
NUMBER OF RESPONDENTS	173	3239	38	52	46	37	67					10	47	116	155	9	133	40		
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%		

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q32 NEVER	4 2%	78 2%	~	4%	4%	~	~	~	~	~	~	~	2 4%	1 0.9%	3 2%	~	4 3%	~
SOMETIMES	5 3%	156 5%	~	2%	4%	5%	2 3%	~	~	~	~	~	3 6%	2 2%	4 3%	1 11%	3 2%	2 5%
USUALLY	24 14%	485 15%	6 16%	10 20%	5 11%	3 8%	8 12%	~	~	~	~	1 10%	10 21%	12 10%	22 14%	1 11%	20 15%	4 10%
ALWAYS	139 81%	2499 78%	32 84%	38 75%	37 80%	32 86%	57 85%	~	~	~	~	9 90%	32 68%	101 87%*	126 81%	7 78%	105 80%	34 85%
#ALWAYS + USUALLY (NET)	163 95%	2984 93%	38 100%	48 94%	42 91%	35 95%	65 97%	~	~	~	~	10 100%	42 89%	113 97%	148 95%	8 89%	125 95%	38 95%
TOP BOX SCORE	139 81%	2499 78%	32 84%	38 75%	37 80%	32 86%	57 85%	~	~	~	~	9 90%	32 68%	101 87%*	126 81%	7 78%	105 80%	34 85%
NOT ANSWERED	1	21	1														1	
VALID CASES	172	3218	38	51	46	37	67					10	47	116	155	9	132	40
NUMBER OF RESPONDENTS	173	3239	38	52	46	37	67					10	47	116	155	9	133	40
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP 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 #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q33 NEVER	1 0.6%	35 1%	~	~	2%~	~	~	~	~	~	~	~	~	1 2%~	~	1 0.6%~	~	1 0.8%~	~
SOMETIMES	12 7%	139 4%	3 8%~	4 8%	2 4%~	3 8%~	5 7%	~	~	~	~	~	~	2 4%~	8 7%	9 6%~	2 22%~	9 7%~	3 7%~
USUALLY	23 13%	518 16%	3 8%~	8 16%	9 20%~	3 8%~	6 9%	~	~	~	~	~	2 20%~	10 21%~	10 9%*	19 12%~	1 11%~	18 14%~	5 12%~
ALWAYS	136 79%	2521 78%	32 84%~	39 76%	34 74%~	31 84%~	56 84%	~	~	~	~	~	8 80%~	34 72%~	98 84%*	126 81%~	6 67%~	104 79%~	32 80%~
#ALWAYS + USUALLY (NET)	159 92%	3039 95%	35 92%~	47 92%	43 93%~	34 92%~	62 93%	~	~	~	~	~	10 100%~	44 94%~	108 93%	145 94%~	7 78%~	122 92%~	37 93%~
TOP BOX SCORE	136 79%	2521 78%	32 84%~	39 76%	34 74%~	31 84%~	56 84%	~	~	~	~	~	8 80%~	34 72%~	98 84%*	126 81%~	6 67%~	104 79%~	32 80%~
NOT ANSWERED	1	26		1															1
VALID CASES	172	3213	38	51	46	37	67						10	47	116	155	9	132	40
NUMBER OF RESPONDENTS	173	3239	38	52	46	37	67						10	47	116	155	9	133	40
	100%	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	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q34 NEVER	1 0.6%	28 0.9%	~	~	~	3%	~	~	~	~	~	~	~	1 ~0.9%	1 ~0.6%	~	~	1 2%
SOMETIMES	7 4%	104 3%	1 3%	4 8%	1 2%	1 3%	3 4%	~	~	~	~	~	2 4%	4 3%	7 5%	~	6 5%	1 2%
USUALLY	16 9%	398 12%	3 8%	4 8%	6 13%	3 8%	7 10%	~	~	~	~	2 20%	4 9%	11 9%	13 8%	2 22%	13 10%	3 7%
ALWAYS	148 86%	2679 83%	34 89%	43 84%	39 85%	32 86%	57 85%	~	~	~	~	8 80%	41 87%	100 86%	134 86%	7 78%	113 86%	35 88%
#ALWAYS + USUALLY (NET)	164 95%	3077 96%	37 97%	47 92%	45 98%	35 95%	64 96%	~	~	~	~	10 ~100%	45 96%	111 96%	147 95%	9 100%	126 95%	38 95%
TOP BOX SCORE	148 86%	2679 83%	34 89%	43 84%	39 85%	32 86%	57 85%	~	~	~	~	8 80%	41 87%	100 86%	134 86%	7 78%	113 86%	35 88%
NOT ANSWERED	1	30		1														1
VALID CASES	172	3209	38	51	46	37	67					10	47	116	155	9	132	40
NUMBER OF RESPONDENTS	173	3239	38	52	46	37	67					10	47	116	155	9	133	40
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q35 YES	123 72%	2175 68%	9 24%~	39 76%	40 87%~	35 95%~	44 66%	~	~	~	~	~	7 70%~	34 72%~	80 70%	108 70%~	7 78%~	92 70%~	31 78%~
NO	48 28%	1015 32%	28 76%~	12 24%	6 13%~	2 5%~	23 34%	~	~	~	~	~	3 30%~	13 28%~	35 30%	46 30%~	2 22%~	39 30%~	9 22%~
NOT ANSWERED	2	49	1	1										1	1			2	
VALID CASES	171	3190	37	51	46	37	67						10	47	115	154	9	131	40
NUMBER OF RESPONDENTS	173 100%	3239 100%	38 100%	52 100%	46 100%	37 100%	67 100%						10 100%	47 100%	116 100%	155 100%	9 100%	133 100%	40 100%

[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	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q36 NEVER	2 2%	30 1%	~	3%~	3%~	~	~	~	~	~	~	~	2 6%~	2 2%~	2 2%~	2 2%~	~	~
SOMETIMES	8 7%	137 6%	11%~	8%~	5%~	2 6%~	2 5%~	~	~	~	~	1 14%~	2 6%~	5 6%~	7 7%~	1 14%~	4 4%~	4 14%~
USUALLY	27 22%	493 23%	11%~	8%~	11%~	7 21%~	9 21%~	~	~	~	~	1 14%~	7 21%~	16 21%~	22 21%~	2 29%~	16 17%~	11 38%~
ALWAYS	84 69%	1509 70%	78%~	69%~	64%~	25 74%~	31 74%~	~	~	~	~	5 71%~	23 68%~	57 73%~	75 71%~	4 57%~	70 76%~	14 48%~
#ALWAYS + USUALLY (NET)	111 92%	2002 92%	89%~	90%~	92%~	32 94%~	40 95%~	~	~	~	~	6 86%~	30 88%~	73 94%~	97 92%~	6 86%~	86 93%~	25 86%~
TOP BOX SCORE	84 69%	1509 70%	78%~	69%~	64%~	25 74%~	31 74%~	~	~	~	~	5 71%~	23 68%~	57 73%~	75 71%~	4 57%~	70 76%~	14 48%~
NOT ANSWERED	2	40			1	1	2							2	2			2
VALID CASES	121	2170	9	39	39	34	42					7	34	78	106	7	92	29
NUMBER OF RESPONDENTS	123	2210	9	39	40	35	44					7	34	80	108	7	92	31
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q37 NEVER	4 2%	96 3%	1 3%~	1 2%	2 4%~	~	~	~	~	~	~	~	3 6%~	~	2 1%~	1 11%~	3 2%~	1 2%~
SOMETIMES	10 6%	305 10%*	2 5%~	3 6%	2 4%~	3 8%~	1 1%*	~	~	~	~	1 10%~	7 15%~	3 3%*	9 6%~	1 11%~	9 7%~	1 2%~
USUALLY	41 24%	799 25%	9 24%~	15 29%	10 22%~	7 19%~	16 24%	~	~	~	~	3 30%~	10 21%~	27 23%	34 22%~	3 33%~	30 23%~	11 27%~
ALWAYS	116 68%	1981 62%	26 68%~	32 63%	31 69%~	27 73%~	50 75%	~	~	~	~	6 60%~	27 57%~	86 74%*	110 71%~	4 44%~	89 68%~	27 68%~
#ALWAYS + USUALLY (NET)	157 92%	2780 87%*	35 92%~	47 92%	41 91%~	34 92%~	66 99%*	~	~	~	~	9 90%~	37 79%~	113 97%*	144 93%~	7 78%~	119 91%~	38 95%~
TOP BOX SCORE	116 68%	1981 62%	26 68%~	32 63%	31 69%~	27 73%~	50 75%	~	~	~	~	6 60%~	27 57%~	86 74%*	110 71%~	4 44%~	89 68%~	27 68%~
NOT ANSWERED	2	58		1	1												2	
VALID CASES	171	3181	38	51	45	37	67					10	47	116	155	9	131	40
NUMBER OF RESPONDENTS	173	3239	38	52	46	37	67					10	47	116	155	9	133	40
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q38 #YES	141 83%	2742 86%	35 92%~	42 82%	36 84%~	28 76%~	57 86%	~	~	~	~	~	8 80%~	38 81%~	98 85%	130 84%~	6 67%~	107 83%~	34 85%~
NO	28 17%	440 14%	3 8%~	9 18%	7 16%~	9 24%~	9 14%	~	~	~	~	~	2 20%~	9 19%~	17 15%	24 16%~	3 33%~	22 17%~	6 15%~
NOT ANSWERED	4	57		1	3		1							1	1			4	
VALID CASES	169	3182	38	51	43	37	66						10	47	115	154	9	129	40
NUMBER OF RESPONDENTS	173	3239	38	52	46	37	67						10	47	116	155	9	133	40
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER ALSK NATV ##	MUL-OTHR ##	TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q39 YES	60 36%	1245 39%	13 34%~	14 28%	17 39%~	16 43%~	22 33%	~	~	~	~	~	2 ~ 20%~	18 38%~	38 33%	52 34%~	6 67%~	40 31%~	20 50%~
NO	109 64%	1935 61%	25 66%~	36 72%	27 61%~	21 57%~	44 67%	~	~	~	~	~	8 ~ 80%~	29 62%~	77 67%	102 66%~	3 33%~	89 69%~	20 50%~
NOT ANSWERED	4	59		2	2		1								1	1		4	
VALID CASES	169	3180	38	50	44	37	66						10	47	115	154	9	129	40
NUMBER OF RESPONDENTS	173	3239	38	52	46	37	67						10	47	116	155	9	133	40
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q40 NEVER	2 4%	77 7%	1 8%	1 8%	~	~	1 5%	~	~	~	~	~	1 6%	1 3%	2 4%	~	2 5%	~
SOMETIMES	9 16%	132 11%	3 23%	1 8%	3 18%	2 14%	4 20%	~	~	~	~	~	3 17%	5 14%	8 16%	1 17%	5 12%	4 24%
USUALLY	15 26%	337 29%	1 8%	5 38%	5 29%	4 29%	4 20%	~	~	~	~	~	6 33%	7 20%	11 22%	3 50%	9 22%	6 35%
ALWAYS	31 54%	626 53%	8 62%	6 46%	9 53%	8 57%	11 55%	~	~	~	~	2 100%	8 44%	22 63%	28 57%	2 33%	24 60%	7 41%
#ALWAYS + USUALLY (NET)	46 81%	962 82%	9 69%	11 85%	14 82%	12 86%	15 75%	~	~	~	~	2 100%	14 78%	29 83%	39 80%	5 83%	33 83%	13 76%
TOP BOX SCORE	31 54%	626 53%	8 62%	6 46%	9 53%	8 57%	11 55%	~	~	~	~	2 100%	8 44%	22 63%	28 57%	2 33%	24 60%	7 41%
NOT ANSWERED	3	42		1		2	2							3	3			3
VALID CASES	57	1171	13	13	17	14	20					2	18	35	49	6	40	17
NUMBER OF RESPONDENTS	60	1213	13	14	17	16	22					2	18	38	52	6	40	20
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q41 WORST PERSONAL DOCTOR POSSIBLE	8	0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	2	0.8%	2	~	~	~	~	~	~	~	~	~	~	~	2	2	0.9%	2	1%
02	19	0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	3	1%	~	3%	1%	~	1%	~	~	~	~	~	1	8%	~	2	1%	2	1%
04	5	2%	~	4%	~	4%	2	~	~	~	~	~	~	~	2	3	5	5	~
05	5	2%	2	~	1	2	~	~	~	~	~	~	~	~	3	2	4	1	3
06	5	2%	~	3%	~	3	1	~	~	~	~	~	~	~	1	4	5	3	2
07	17	7%	4	3	9	1	10	~	~	~	~	~	1	8%	4	12	16	13	4
08	32	14%	4	10	12	6	11	~	~	~	~	~	1	8%	9	23	30	2	7
09	47	20%	8	15	12	12	20	~	~	~	~	~	1	8%	20	27	43	3	13
BEST PERSONAL DOCTOR POSSIBLE	121	51%	25	36	35	25	48	~	~	~	~	~	9	69%	29	85	112	3	20
#8-10 (NET)	200	84%	37	61	59	43	79	~	~	~	~	~	11	85%	58	135	185	8	40

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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
9-10 (NET)	168 71%	3175 71%	33 73%	51 72%	47 67%	37 73%	68 73%	~	~	~	~	~	10 77%	49 72%	112 70%	155 70%	6 67%	135 72%	33 67%
NOT ANSWERED	12	208		4	6	2	2						1	3	4	8		9	3
VALID CASES	237	4468	45	71	70	51	93						13	68	160	220	9	188	49
NUMBER OF RESPONDENTS	249 100%	4676 100%	45 100%	75 100%	76 100%	53 100%	95 100%						14 100%	71 100%	164 100%	228 100%	9 100%	197 100%	52 100%
MEAN	8.84	8.91	8.76	8.82	8.93	8.80	8.98						9.00	8.81	8.84	8.82	8.67	8.87	8.69
p stat_(*=Sig @ p<=.05)		.477	~.915	.548	.883	.305	~	~	~	~	~	~	~.872	.915	~	~	~	~	~

[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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q42 YES	53 22%	1079 24%	6 13%	13 19%	18 25%	16 31%	24 26%	~	~	~	~	~	5 38%	8 12%*	43 27%*	47 21%~	5 56%~	14 7%*	39 76%*
NO	185 78%	3404 76%	39 87%	57 81%	53 75%	36 69%	69 74%	~	~	~	~	~	8 62%	60 88%*	117 73%*	175 79%~	4 44%~	173 93%*	12 24%*
NOT ANSWERED	11	193		5	5	1	2						1	3	4	6		10	1
VALID CASES	238	4483	45	70	71	52	93						13	68	160	222	9	187	51
NUMBER OF RESPONDENTS	249 100%	4676 100%	45 100%	75 100%	76 100%	53 100%	95 100%						14 100%	71 100%	164 100%	228 100%	9 100%	197 100%	52 100%

[ASKED IF Q30 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q43 #YES	48 94%	932 89%	6 100%	10 77%	17 100%	15 100%	21 91%	~	~	~	~	~	5 ~100%	8 ~100%	38 93%	43 93%	4 100%	12 86%	36 97%
NO	3 6%	112 11%	~	3 23%	~	~	2 9%	~	~	~	~	~	~	3 7%	3 7%	~	2 14%	1 3%	
NOT ANSWERED	2	26			1	1	1							2	1	1		2	
VALID CASES	51	1045	6	13	17	15	23						5	8	41	46	4	14	37
NUMBER OF RESPONDENTS	53	1071	6	13	18	16	24						5	8	43	47	5	14	39
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q44 #YES	46 90%	903 87%	6 100%	11 85%	17 100%	12 80%	21 91%	~	~	~	~	~	5 ~100%	7 88%	37 90%	42 91%	3 75%	13 93%	33 89%
NO	5 10%	141 13%	~	2 15%	~	3 20%	2 9%	~	~	~	~	~	~	1 13%	4 10%	4 9%	1 25%	1 7%	4 11%
NOT ANSWERED	2	27			1	1	1							2	1	1			2
VALID CASES	51	1044	6	13	17	15	23						5	8	41	46	4	14	37
NUMBER OF RESPONDENTS	53 100%	1071 100%	6 100%	13 100%	18 100%	16 100%	24 100%						5 100%	8 100%	43 100%	47 100%	5 100%	14 100%	39 100%

[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	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- #	AS- IAN ##	NATV ILND #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q45 YES	47 17%	851 16%	10 20%~	8 10%*	16 20%	13 21%	21 20%	~	~	~	~	~	4 ~ 27%~	10 12%	35 19%	41 16%~	5 45%~	25 12%*	22 39%*
NO	225 83%	4406 84%	39 80%~	72 90%*	64 80%	50 79%	84 80%	~	~	~	~	~	11 ~ 73%~	74 88%	145 81%	213 84%~	6 55%~	190 88%*	35 61%*
NOT ANSWERED	18	381	3	7	6	2	1								1	1		18	
VALID CASES	272	5257	49	80	80	63	105						15	84	180	254	11	215	57
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q46 NEVER	3 7%	36 5%	1 11%	1 13%	1 6%	1 5%	1 ~	~	~	~	~	~	1 10%	1 3%	3 8%	~	3 12%	~
SOMETIMES	9 20%	163 21%	2 22%	3 38%	2 13%	2 17%	4 20%	~	~	~	~	1 25%	3 30%	6 18%	7 18%	2 40%	6 24%	3 15%
USUALLY	9 20%	221 28%	2 22%	~	5 31%	2 17%	5 25%	~	~	~	~	1 25%	1 10%	8 24%	8 21%	1 20%	6 24%	3 15%
ALWAYS	24 53%	367 47%	4 44%	4 50%	8 50%	8 67%	10 50%	~	~	~	~	2 50%	5 50%	18 55%	21 54%	2 40%	10 40%	14 70%
#ALWAYS + USUALLY (NET)	33 73%	589 75%	6 67%	4 50%	13 81%	10 83%	15 75%	~	~	~	~	3 75%	6 60%	26 79%	29 74%	3 60%	16 64%	17 85%
TOP BOX SCORE	24 53%	367 47%	4 44%	4 50%	8 50%	8 67%	10 50%	~	~	~	~	2 50%	5 50%	18 55%	21 54%	2 40%	10 40%	14 70%
NOT ANSWERED	2	15	1			1	1							2	2			2
VALID CASES	45	787	9	8	16	12	20					4	10	33	39	5	25	20
NUMBER OF RESPONDENTS	47	802	10	8	16	13	21					4	10	35	41	5	25	22
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q47 NONE	2 4%	55 7%	1 10%	~	1 6%	~	~	~	~	~	~	~	1 10%	~	2 5%	~	2 8%	~
1 SPECIALIST	37 80%	514 65%	7 70%	8 100%	15 94%	7 58%	18 90%	~	~	~	~	4 100%	8 80%	28 82%	32 80%	4 80%	21 84%	16 76%
2	5 11%	134 17%	1 10%	~	4 33%	1 5%	~	~	~	~	~	~	1 10%	4 12%	4 10%	1 20%	1 4%	4 19%
3	2 4%	51 6%	1 10%	~	1 8%	1 5%	~	~	~	~	~	~	~	2 6%	2 5%	~	1 4%	1 5%
4		13 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS		19 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	1	16				1	1							1	1			1
VALID CASES	46	786	10	8	16	12	20					4	10	34	40	5	25	21
NUMBER OF RESPONDENTS	47	802	10	8	16	13	21					4	10	35	41	5	25	22
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

	AHP TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ PAC ALSK ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q48 WORST SPECIALIST POSSIBLE		7 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	1 2%	4 0.5%~	~	~	1 7%~	~	~	~	~	~	1 25%~	~	1 3%~	1 3%~	~	1 5%~	~	
02	1 2%	6 0.9%~	~	~	1 7%~	~	~	~	~	~	~	1 11%~	~	1 3%~	~	1 5%~	~	
03		5 0.6%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
04	1 2%	6 0.9%~	~	~	~	1 8%~	~	~	~	~	~	~	1 3%~	1 3%~	~	~	1 5%~	
05	1 2%	29 4%~	1 11%~	~	~	~	1 5%~	~	~	~	~	~	1 3%~	1 3%~	~	1 5%~	~	
06	3 7%	32 4%~	~	~	2 13%~	1 8%~	1 5%~	~	~	~	1 25%~	1 11%~	2 6%~	3 8%~	~	3 14%~	~	
07	5 12%	59 8%~	3 33%~	~	1 7%~	1 8%~	3 16%~	~	~	~	~	~	5 15%~	5 14%~	~	3 14%~	2 10%~	
08	8 19%	116 16%~	1 11%~	1 14%~	3 20%~	3 25%~	2 11%~	~	~	~	~	3 33%~	5 15%~	6 16%~	2 40%~	2 9%~	6 29%~	
09	7 16%	143 20%~	1 11%~	4 57%~	1 7%~	1 8%~	4 21%~	~	~	~	~	2 22%~	5 15%~	6 16%~	1 20%~	3 14%~	4 19%~	
BEST SPECIALIST POSSIBLE	16 37%	312 43%~	3 33%~	2 29%~	6 40%~	5 42%~	8 42%~	~	~	~	2 50%~	2 22%~	13 39%~	13 35%~	2 40%~	8 36%~	8 38%~	

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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- #	AS- IAN ##	NATV ILND #	AMER ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
#8-10 (NET)	31 72%	570 80%	5 56%	7 100%	10 67%	9 75%	14 74%	~	~	~	~	~	2 50%	7 78%	23 70%	25 68%	5 100%	13 59%	18 86%
9-10 (NET)	23 53%	455 63%	4 44%	6 86%	7 47%	6 50%	12 63%	~	~	~	~	~	2 50%	4 44%	18 55%	19 51%	3 60%	11 50%	12 57%
NOT ANSWERED	1	7		1			1							1	1			1	
VALID CASES	43	717	9	7	15	12	19					4	9	33	37	5		22	21
NUMBER OF RESPONDENTS	44	724	9	8	15	12	20					4	9	34	38	5		23	21
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%		100%	100%
MEAN	8.19	8.55	8.11	9.14	7.67	8.33	8.63					6.75	7.78	8.24	8.03	9.00		7.73	8.67
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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q49 YES	70 26%	1347 26%	16 33%~	19 24%	22 27%	13 21%	24 23%	~	~	~	~	~	2 13%~	30 36%*	38 21%*	63 25%~	5 45%~	53 25%	17 30%
NO	199 74%	3870 74%	32 67%~	60 76%	58 73%	49 79%	82 77%	~	~	~	~	~	13 87%~	53 64%*	141 79%*	189 75%~	6 55%~	160 75%	39 70%
NOT ANSWERED	21	421	4	8	6	3								1	2	3		20	1
VALID CASES	269	5217	48	79	80	62	106						15	83	179	252	11	213	56
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q50 NEVER		453	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	1116%	22117%	319%~	316%~	314%~	215%~	14%~	~	~	~	~	~	930%~	25%~	1016%~	120%~	713%~	424%~
USUALLY	2333%	37829%	744%~	947%~	524%~	215%~	1146%~	~	~	~	~	~	723%~	1539%~	2133%~	120%~	1835%~	529%~
ALWAYS	3551%	65150%	638%~	737%~	1362%~	969%~	1250%~	~	~	~	~	2100%~	1447%~	2155%~	3251%~	360%~	2752%~	847%~
#ALWAYS + USUALLY (NET)	5884%	102979%	1381%~	1684%~	1886%~	1185%~	2396%~	~	~	~	~	2100%~	2170%~	3695%~	5384%~	480%~	4587%~	1376%~
TOP BOX SCORE	3551%	65150%	638%~	737%~	1362%~	969%~	1250%~	~	~	~	~	2100%~	1447%~	2155%~	3251%~	360%~	2752%~	847%~
NOT ANSWERED	1	28			1													1
VALID CASES	69	1295	16	19	21	13	24					2	30	38	63	5	52	17
NUMBER OF RESPONDENTS	70	1323	16	19	22	13	24					2	30	38	63	5	53	17
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]

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

	AHP TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD POOR	NO CCC	CCC	
Q51 NEVER		23 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	2 3%	90 7%	~	1 5%	1 5%	~	~	~	~	~	~	~	2 7%	2 3%	2 4%	~	~		
USUALLY	21 31%	268 21%	6 38%	7 37%	7 35%	1 8%	8 33%	~	~	~	~	~	1 50%	8 29%	13 34%	19 31%	1 20%	16 32%	5 29%
ALWAYS	44 66%	903 70%	10 63%	11 58%	12 60%	11 92%	16 67%	~	~	~	~	~	1 50%	18 64%	25 66%	40 66%	4 80%	32 64%	12 71%
#ALWAYS + USUALLY (NET)	65 97%	1171 91%	16 100%	18 95%	19 95%	12 100%	24 100%	~	~	~	~	~	2 100%	26 93%	38 100%	59 97%	5 100%	48 96%	17 100%
TOP BOX SCORE	44 66%	903 70%	10 63%	11 58%	12 60%	11 92%	16 67%	~	~	~	~	~	1 50%	18 64%	25 66%	40 66%	4 80%	32 64%	12 71%
NOT ANSWERED	3	39			2	1							2	2	3				
VALID CASES	67	1284	16	19	20	12	24						2	28	38	61	5	50	17
NUMBER OF RESPONDENTS	70	1323	16	19	22	13	24						2	30	38	63	5	53	17
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q52 YES	86 32%	1805 35%	19 40%~	25 32%	21 27%	21 34%	28 27%	~	~	~	~	~	3 21%~	32 39%	50 28%*	79 32%~	5 45%~	67 32%	19 33%
NO	179 68%	3343 65%	29 60%~	54 68%	56 73%	40 66%	77 73%	~	~	~	~	~	11 79%~	50 61%	127 72%*	170 68%~	6 55%~	141 68%	38 67%
NOT ANSWERED	25	490	4	8	9	4	1						1	2	4	6		25	
VALID CASES	265	5148	48	79	77	61	105						14	82	177	249	11	208	57
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%						15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
PQ53 NEVER	5 2%	124 2%	3 6%~	1 1%	~	1 2%	2 2%	~	~	~	~	~	2 2%	3 2%	5 2%~	~	3 1%	2 4%	
SOMETIMES	13 5%	397 8%*	3 6%~	4 5%	4 5%	2 3%	2 2%*	~	~	~	~	~	~	4 5%	7 4%	10 4%~	2 18%~	8 4%	5 9%
USUALLY	25 10%	575 11%	5 11%~	4 5%	8 11%	8 13%	11 11%	~	~	~	~	~	2 14%~	11 14%	14 8%	22 9%~	3 27%~	22 11%	3 5%
ALWAYS	219 84%	3983 78%*	36 77%~	69 88%	64 84%	50 82%	89 86%	~	~	~	~	~	12 86%~	64 79%	152 86%	209 85%~	6 55%~	172 84%	47 82%
#ALWAYS + USUALLY (NET)	244 93%	4559 90%*	41 87%~	73 94%	72 95%	58 95%	100 96%	~	~	~	~	~	14 100%~	75 93%	166 94%	231 94%~	9 82%~	194 95%	50 88%
TOP BOX SCORE	219 84%	3983 78%*	36 77%~	69 88%	64 84%	50 82%	89 86%	~	~	~	~	~	12 86%~	64 79%	152 86%	209 85%~	6 55%~	172 84%	47 82%
NOT ANSWERED	28	559	5	9	10	4	2					1	3	5	9		28		
VALID CASES	262	5079	47	78	76	61	104					14	81	176	246	11	205	57	
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%					15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%	

[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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD POOR	NO CCC	CCC
Q54 WORST HEALTH PLAN POSSIBLE	1 0.4%	17 0.3%	~	~	~	2%	1 1%	~	~	~	~	~	~	~	1 ~0.6%	1 ~	10%~	~	1 2%~
01		27 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	2 0.7%	33 0.6%	~	1%	~	2%	2 2%	~	~	~	~	~	~	~	2 ~	2 ~	0.8%~	~	2 0.9%~
03	3 1%	44 0.9%	~	2%	1%	~	~	~	~	~	~	~	1 7%	~	2 ~	3 1%	~	~	3 1%
04	1 0.4%	62 1%*	~	~	1%	~	1 1%	~	~	~	~	~	~	~	1 ~0.6%	1 ~	0.4%~	~	1 0.5%~
05	11 4%	275 5%	1 2%	5 6%	4 5%	1 2%	3 3%	~	~	~	~	~	2 13%	4 5%	7 4%	11 4%	~	9 4%	2 4%
06	15 6%	233 5%	2 4%	3 4%	7 9%	3 5%	8 8%	~	~	~	~	~	1 7%	2 2%	13 7%*	14 6%	1 10%	9 4%	6 11%
07	29 11%	496 10%	6 12%	8 10%	5 6%	10 17%	13 12%	~	~	~	~	~	1 7%	8 10%	21 12%	28 11%	1 10%	25 12%	4 7%
08	54 20%	982 19%	8 16%	13 16%	20 25%	13 22%	25 24%	~	~	~	~	~	5 33%	15 18%	38 21%	50 20%	2 20%	45 21%	9 16%
09	57 21%	974 19%	10 20%	19 24%	18 23%	10 17%	25 24%	~	~	~	~	~	~	18 22%	39 22%	56 22%	1 10%	42 20%	15 27%
BEST HEALTH PLAN POSSIBLE	95 35%	2033 39%	22 45%	29 36%	23 29%	21 35%	27 26%*	~	~	~	~	~	5 33%	35 43%	56 31%*	89 35%	4 40%	77 36%	18 33%
#8-10 (NET)	206 77%	3988 77%	40 82%	61 76%	61 77%	44 73%	77 73%	~	~	~	~	~	10 67%	68 83%	133 74%	195 77%	7 70%	164 77%	42 76%

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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
9-10 (NET)	152 57%	3007 58%	32 65%	48 60%	41 52%	31 52%	52 50%	~	~	~	~	~	5 33%	53 65%	95 53%	145 57%	5 50%	119 56%	33 60%
NOT ANSWERED	22	462	3	7	7	5	1							2	1	1	1	20	2
VALID CASES	268	5176	49	80	79	60	105					15	82	180	254	10	213	55	
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%					15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%	
MEAN	8.43	8.44	8.84	8.40	8.30	8.32	8.16					7.73	8.78	8.27	8.45	7.80	8.45	8.38	
p stat_(*=Sig @ p<=.05)		.980	~.847	.419	.587	.045*	~	~	~	~	~	~.016*	.021*	~	~	~.818	.818		

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q55 YES	109 41%	1994 38%	21 43%	27 34%	34 43%	27 44%	43 41%	~	~	~	~	~	9 60%	30 36%	77 43%	101 40%	8 73%	71 34%*	38 67%*
NO	159 59%	3218 62%	28 57%	52 66%	45 57%	34 56%	63 59%	~	~	~	~	~	6 40%	53 64%	102 57%	152 60%	3 27%	140 66%*	19 33%*
NOT ANSWERED	22	425	3	8	7	4								1	2	2		22	
VALID CASES	268	5213	49	79	79	61	106						15	83	179	253	11	211	57
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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			
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q56 NEVER	1 1%	36 2%	~	4%	~	~	~	~	~	~	~	~	~	~	1%	1%	~	1%	~	
SOMETIMES	3 3%	176 9%*	~	~	2% 6%~	1% 4%~	1% 2%~	~	~	~	~	~	11%~	1% 4%~	2% 3%~	3% 3%~	~	3% 4%~	~	
USUALLY	27 26%	474 24%	8% 38%~	5% 19%~	8% 24%~	6% 24%~	10% 24%~	~	~	~	~	~	33%~	3% 33%~	9% 22%~	17% 24%~	3% 43%~	19% 27%~	8% 23%~	
ALWAYS	74 70%	1301 65%	13% 62%~	20% 77%~	23% 70%~	18% 72%~	31% 74%~	~	~	~	~	~	56%~	5% 63%~	17% 74%~	56% 71%~	4% 57%~	47% 67%~	27% 77%~	
#ALWAYS + USUALLY (NET)	101 96%	1775 89%*	21% 100%~	25% 96%~	31% 94%~	24% 96%~	41% 98%~	~	~	~	~	~	89%~	8% 96%~	26% 96%~	73% 96%~	94% 96%~	7% 100%~	66% 94%~	35% 100%~
TOP BOX SCORE	74 70%	1301 65%	13% 62%~	20% 77%~	23% 70%~	18% 72%~	31% 74%~	~	~	~	~	~	56%~	5% 63%~	17% 74%~	56% 71%~	4% 57%~	47% 67%~	27% 77%~	
NOT ANSWERED	4	29	~	1	1	2	1	~	~	~	~	~	~	3	1	3	1	1	3	
VALID CASES	105	1988	21	26	33	25	42	~	~	~	~	~	9	27	76	98	7	70	35	
NUMBER OF RESPONDENTS	109 100%	2017 100%	21 100%	27 100%	34 100%	27 100%	43 100%	~	~	~	~	~	9 100%	30 100%	77 100%	101 100%	8 100%	71 100%	38 100%	

[ASKED IF Q55 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q57 #YES	73 69%	1177 60%*	17 81%~	17 65%~	23 70%~	16 62%~	24 56%~	~	~	~	~	~	7 78%~	24 86%~	47 62%~	67 68%~	6 75%~	47 67%~	26 72%~
NO	33 31%	795 40%*	4 19%~	9 35%~	10 30%~	10 38%~	19 44%~	~	~	~	~	~	2 22%~	4 14%~	29 38%~	31 32%~	2 25%~	23 33%~	10 28%~
NOT ANSWERED	3	45		1	1	1								2	1	3		1	2
VALID CASES	106	1972	21	26	33	26	43						9	28	76	98	8	70	36
NUMBER OF RESPONDENTS	109	2017	21	27	34	27	43						9	30	77	101	8	71	38
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q55 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q57A YES	214 82%	4014 79%	32 67%	62 81%	67 88%	53 87%	84 82%	~	~	~	~	~	11 73%	64 81%	144 81%	201 81%	9 82%	171 83%	43 78%
NO	48 18%	1085 21%	16 33%	15 19%	9 12%	8 13%	19 18%	~	~	~	~	~	4 27%	15 19%	33 19%	46 19%	2 18%	36 17%	12 22%
NOT ANSWERED	28	539	4	10	10	4	3							5	4	8		26	2
VALID CASES	262	5099	48	77	76	61	103						15	79	177	247	11	207	55
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%						15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK NATV ##	MUL-OTHR ##	TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q57B NEVER	30 27%	667 28%	11 65%~	6 15%~	7 23%~	6 24%~	7 39%~	~	~	~	~	~	2 67%~	12 26%~	17 28%	25 25%~	4 67%~	22 25%~	8 35%~
SOMETIMES	19 17%	484 20%	2 12%~	6 15%~	5 16%~	6 24%~	2 11%~	~	~	~	~	~	~	10 21%~	9 15%	17 17%~	2 33%~	15 17%~	4 17%~
USUALLY	23 21%	468 20%	1 6%~	9 23%~	7 23%~	6 24%~	2 11%~	~	~	~	~	~	1 33%~	10 21%~	13 21%	22 22%~	~	20 22%~	3 13%~
ALWAYS	40 36%	771 32%	3 18%~	18 46%~	12 39%~	7 28%~	7 39%~	~	~	~	~	~	~	15 32%~	22 36%	37 37%~	~	32 36%~	8 35%~
#ALWAYS + USUALLY (NET)	63 56%	1239 52%	4 24%~	27 69%~	19 61%~	13 52%~	9 50%~	~	~	~	~	~	1 33%~	25 53%~	35 57%	59 58%~	~	52 58%~	11 48%~
TOP BOX SCORE	40 36%	771 32%	3 18%~	18 46%~	12 39%~	7 28%~	7 39%~	~	~	~	~	~	~	15 32%~	22 36%	37 37%~	~	32 36%~	8 35%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	153	2768	32	39	47	35	85						11	35	116	148	5	120	33
NOT ANSWERED	25	480	3	9	8	5	3						1	2	4	6		24	1
VALID CASES	112	2390	17	39	31	25	18						3	47	61	101	6	89	23
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%						15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

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	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- #	AS- IAN ##	NATV ILND #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57C YES	60 23%	1124 22%	13 27%~	19 25%	12 16%	16 26%	12 12%*	~	~	~	~	~	1 7%~	22 27%	34 20%	52 21%~	6 55%~	45 22%	15 27%
NO	199 77%	3960 78%	35 73%~	56 75%	62 84%	46 74%	92 88%*	~	~	~	~	~	14 93%~	58 73%	139 80%	192 79%~	5 45%~	158 78%	41 73%
NOT ANSWERED	31	553	4	12	12	3	2							4	8	11		30	1
VALID CASES	259	5085	48	75	74	62	104						15	80	173	244	11	203	56
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q57D #YES	53 90%	945 87%	11 85%~	16 89%~	11 92%~	15 94%~	11 92%~	~	~	~	~	~	1 ~100%~	21 95%~	31 94%~	47 92%~	5 83%~	38 86%~	15 100%~
NO	6 10%	135 13%	2 15%~	2 11%~	1 8%~	1 6%~	1 8%~	~	~	~	~	~	~	1 5%~	2 6%~	4 8%~	1 17%~	6 14%~	~
NOT ANSWERED	1	16		1											1	1		1	
VALID CASES	59	1081	13	18	12	16	12					1	22	33	51	6	44	15	
NUMBER OF RESPONDENTS	60 100%	1097 100%	13 100%	19 100%	12 100%	16 100%	12 100%					1 100%	22 100%	34 100%	52 100%	6 100%	45 100%	15 100%	

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q57E #YES	49 83%	905 84%	11 85%~	14 74%~	11 92%~	13 87%~	11 92%~	~	~	~	~	~	1 ~100%~	21 95%~	28 82%~	44 85%~	4 67%~	37 84%~	12 80%~
NO	10 17%	169 16%	2 15%~	5 26%~	1 8%~	2 13%~	1 8%~	~	~	~	~	~	~	1 5%~	6 18%~	8 15%~	2 33%~	7 16%~	3 20%~
NOT ANSWERED	1	24				1													1
VALID CASES	59	1073	13	19	12	15	12					1	22	34	52	6	44	15	
NUMBER OF RESPONDENTS	60	1097	13	19	12	16	12					1	22	34	52	6	45	15	
	100%	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?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q57F NEVER	2 3%	20 2%	~	5%~	~	7%~	~	~	~	~	~	~	2 9%~	~	~	2 33%~	1 2%~	1 7%~
SOMETIMES	5 8%	94 9%	~	11%~	8%~	13%~	~	~	~	~	~	~	2 9%~	2 6%~	4 8%~	~	5 11%~	~
USUALLY	15 25%	257 24%	31%~	26%~	8%~	33%~	42%~	~	~	~	~	~	2 9%~	13 38%~	13 25%~	2 33%~	11 25%~	4 27%~
ALWAYS	37 63%	704 66%	69%~	58%~	83%~	47%~	58%~	~	~	~	~	1 100%~	16 73%~	19 56%~	35 67%~	2 33%~	27 61%~	10 67%~
#ALWAYS + USUALLY (NET)	52 88%	960 89%	100%~	84%~	92%~	80%~	100%~	~	~	~	~	1 100%~	18 82%~	32 94%~	48 92%~	4 67%~	38 86%~	14 93%~
TOP BOX SCORE	37 63%	704 66%	69%~	58%~	83%~	47%~	58%~	~	~	~	~	1 100%~	16 73%~	19 56%~	35 67%~	2 33%~	27 61%~	10 67%~
NOT ANSWERED	1	23				1												1
VALID CASES	59	1074	13	19	12	15	12					1	22	34	52	6	44	15
NUMBER OF RESPONDENTS	60	1097	13	19	12	16	12					1	22	34	52	6	45	15
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q57G NEVER	3 5%	53 5%	~	5%~	8%~	7%~	~	~	~	~	~	~	2 9%~	1 3%~	2 4%~	1 17%~	3 7%~	~
SOMETIMES	9 15%	120 11%	15%~	21%~	~	20%~	25%~	~	~	~	~	~	2 9%~	6 18%~	7 13%~	2 33%~	7 16%~	2 13%~
USUALLY	11 19%	238 22%	8%~	5 26%~	2 17%~	3 20%~	4 33%~	~	~	~	~	~	2 9%~	9 26%~	10 19%~	1 17%~	7 16%~	4 27%~
ALWAYS	36 61%	662 62%	77%~	10 47%~	9 75%~	8 53%~	5 42%~	~	~	~	~	1 ~100%~	16 73%~	18 53%~	33 63%~	2 33%~	27 61%~	9 60%~
#ALWAYS + USUALLY (NET)	47 80%	901 84%	85%~	11 74%~	14 92%~	11 73%~	9 75%~	~	~	~	~	1 ~100%~	18 82%~	27 79%~	43 83%~	3 50%~	34 77%~	13 87%~
TOP BOX SCORE	36 61%	662 62%	77%~	10 47%~	9 75%~	8 53%~	5 42%~	~	~	~	~	1 ~100%~	16 73%~	18 53%~	33 63%~	2 33%~	27 61%~	9 60%~
NOT ANSWERED	1	23				1												1
VALID CASES	59	1074	13	19	12	15	12					1	22	34	52	6	44	15
NUMBER OF RESPONDENTS	60	1097	13	19	12	16	12					1	22	34	52	6	45	15
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q57H NEVER	2 3%	23 2%	~	5%~	1 8%~	1	~	~	~	~	~	~	1 5%~	1 3%~	1 2%~	1 17%~	2 5%~	1 ~	
SOMETIMES	3 5%	97 9%	~	11%~	2 ~	1 7%~	~	~	~	~	~	~	1 5%~	1 3%~	2 4%~	1 17%~	2 5%~	1 7%~	
USUALLY	10 17%	214 20%	15%~	2 16%~	3 ~	5 33%~	4 33%~	~	~	~	~	~	3 14%~	7 21%~	8 15%~	2 33%~	7 16%~	3 20%~	
ALWAYS	44 75%	741 69%	85%~	11 68%~	13 ~	11 92%~	9 60%~	8 67%~	~	~	~	~	1 ~100%~	17 77%~	25 74%~	41 79%~	2 33%~	33 75%~	11 73%~
#ALWAYS + USUALLY (NET)	54 92%	955 89%	100%~	13 84%~	16 ~	11 92%~	14 93%~	12 100%~	~	~	~	~	1 ~100%~	20 91%~	32 94%~	49 94%~	4 67%~	40 91%~	14 93%~
TOP BOX SCORE	44 75%	741 69%	85%~	11 68%~	13 ~	11 92%~	9 60%~	8 67%~	~	~	~	~	1 ~100%~	17 77%~	25 74%~	41 79%~	2 33%~	33 75%~	11 73%~
NOT ANSWERED	1	23				1												1	
VALID CASES	59	1074	100%	13	19	12	15	12					1	22	34	52	6	44	15
NUMBER OF RESPONDENTS	60	1097	100%	13	19	12	16	12					1	22	34	52	6	45	15
	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP 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
Q58																		
EXCELLENT	107 40%	2143 41%	24 49%	38 48%	25 32%	20 33%	42 40%	~	~	~	~	5 33%	30 36%	76 42%	107 42%	~	97 46%*	10 18%*
VERY GOOD	103 39%	1856 36%	15 31%	30 38%	36 47%	22 36%	45 43%	~	~	~	~	8 53%	27 33%	74 41%	103 40%	~	82 39%	21 38%
GOOD	45 17%	944 18%	9 18%	10 13%	14 18%	12 20%	14 13%	~	~	~	~	2 13%	20 24%	24 13%*	45 18%	~	27 13%*	18 32%*
FAIR	10 4%	237 5%	1 2%	1 1%	1 1%	7 11%*	4 4%	~	~	~	~	~	5 6%	5 3%	10 ~	91%*	3 1%*	7 13%*
POOR	1 0.4%	15 0.3%	~	~	1 1%	~	~	~	~	~	~	~	1 1%	~	1 ~	9%*	1 0.5%*	~
#EXCELLENT + VERY GOOD + GOOD (NET)	255 96%	4943 95%	48 98%	78 99%*	75 97%	54 89%*	101 96%	~	~	~	~	15 ~100%	77 93%	174 97%	255 100%	~	206 98%*	49 88%*
NOT ANSWERED	24	443	3	8	9	4	1						1	2			23	1
VALID CASES	266	5195	49	79	77	61	105					15	83	179	255	11	210	56
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%					15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q59																		
EXCELLENT	120 45%	2231 43%	32 65%	40 51%	29 38%	19 31%*	46 43%	~	~	~	~	10 67%	32 39%	87 48%	117 46%	3 27%	106 50%*	14 25%*
VERY GOOD	77 29%	1483 29%	8 16%	24 30%	27 35%	18 29%	31 29%	~	~	~	~	4 27%	26 31%	50 28%	77 30%	~	70 33%*	7 12%*
GOOD	47 18%	1030 20%	6 12%	13 16%	15 19%	13 21%	17 16%	~	~	~	~	1 7%	18 22%	28 16%	45 18%	2 18%	29 14%*	18 32%*
FAIR	14 5%	368 7%	3 6%	2 3%	5 6%	4 6%	7 7%	~	~	~	~	~	5 6%	9 5%	12 5%	2 18%	5 2%*	9 16%*
POOR	9 3%	70 1%	~	~	1 1%	8 13%*	5 5%	~	~	~	~	~	2 2%	6 3%	4 2%	4 36%	~	9 16%*
#EXCELLENT + VERY GOOD + GOOD (NET)	244 91%	4745 92%	46 94%	77 97%*	71 92%	50 81%*	94 89%	~	~	~	~	15 100%	76 92%	165 92%	239 94%	5 45%	205 98%*	39 68%*
NOT ANSWERED	23	455	3	8	9	3							1	1			23	
VALID CASES	267	5183	49	79	77	62	106					15	83	180	255	11	210	57
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%					15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q60 YES	52 19%	1055 20%	5 10%~	8 10%*	19 25%	20 32%*	20 19%	~	~	~	~	~	6 40%~	15 18%	37 21%	45 18%~	7 64%~	14 7%*	38 67%*
NO	215 81%	4144 80%	44 90%~	71 90%*	58 75%	42 68%*	86 81%	~	~	~	~	~	9 60%~	68 82%	143 79%	210 82%~	4 36%~	196 93%*	19 33%*
NOT ANSWERED	23	439	3	8	9	3								1	1			23	
VALID CASES	267	5199	49	79	77	62	106						15	83	180	255	11	210	57
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q61 YES	41 80%	796 77%	4 80%	8 100%	14 78%	15 75%	15 79%	~	~	~	~	~	5 83%	11 73%	30 83%	34 77%	7 100%	3 23%	38 100%
NO	10 20%	235 23%	1 20%	~	4 22%	5 25%	4 21%	~	~	~	~	~	1 17%	4 27%	6 17%	10 23%	~	10 77%	~
NOT ANSWERED	1	22			1		1								1	1		1	
VALID CASES	51	1030	5	8	18	20	19						6	15	36	44	7	13	38
NUMBER OF RESPONDENTS	52 100%	1052 100%	5 100%	8 100%	19 100%	20 100%	20 100%						6 100%	15 100%	37 100%	45 100%	7 100%	14 100%	38 100%

[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	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q62 YES	38	716	4	7	14	13	15					5	11	27	31	7		38
	95%	91%	100%	88%	100%	93%	100%	~	~	~	~	~100%	~100%	93%	94%	100%	~	~100%
NO	2	75		1		1								2	2		2	
	5%	9%	~	13%	~	7%	~	~	~	~	~	~	~	7%	6%	~	~100%	~
NOT ANSWERED	1	15				1								1	1		1	
VALID CASES	40	791	4	8	14	14	15					5	11	29	33	7	2	38
NUMBER OF RESPONDENTS	41	806	4	8	14	15	15					5	11	30	34	7	3	38
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES AND Q61 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q63 YES	43 16%	788 15%	6 12%	8 10%	13 17%	16 26%*	18 17%	~	~	~	~	~	2 13%	9 11%	32 18%	36 14%	6 55%	8 4%*	35 63%*
NO	224 84%	4394 85%	42 88%	71 90%	65 83%	46 74%*	88 83%	~	~	~	~	~	13 87%	74 89%	148 82%	218 86%	5 45%	203 96%*	21 37%*
NOT ANSWERED	23	456	4	8	8	3								1	1	1		22	1
VALID CASES	267	5182	48	79	78	62	106						15	83	180	254	11	211	56
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q64 YES	36 88%	637 85%	5 100%	7 88%	12 92%	12 80%	15 88%	~	~	~	~	~	2 100%	8 89%	27 90%	32 91%	3 60%	4 50%	32 97%
NO	5 12%	110 15%	~	1 13%	1 8%	3 20%	2 12%	~	~	~	~	~	~	1 11%	3 10%	3 9%	2 40%	4 50%	1 3%
NOT ANSWERED	2	19	1			1	1							2	1	1			2
VALID CASES	41	747	5	8	13	15	17						2	9	30	35	5	8	33
NUMBER OF RESPONDENTS	43	766	6	8	13	16	18						2	9	32	36	6	8	35
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES]

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC	
Q65 YES	31 89%	591 96%	3 75%	6 86%	12 100%	10 83%	13 87%	~	~	~	~	~	2 100%	8 100%	23 85%	28 90%	3 100%	31 97%	
NO	4 11%	26 4%	1 25%	1 14%	~	2 17%	2 13%	~	~	~	~	~	~	4 15%	3 10%	~	3 100%	1 3%	
NOT ANSWERED	1	7	1												1		1		
VALID CASES	35	617	4	7	12	12	15						2	8	27	31	3	3	32
NUMBER OF RESPONDENTS	36	624	5	7	12	12	15						2	8	27	32	3	4	32
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES AND Q64 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q66 YES	33 12%	639 12%	5 10%	8 10%	8 10%	12 19%	13 12%	~	~	~	~	~	1 7%	11 13%	21 12%	28 11%	5 45%	9 4%*	24 42%*
NO	236 88%	4546 88%	44 90%	72 90%	70 90%	50 81%	93 88%	~	~	~	~	~	14 93%	73 87%	160 88%	227 89%	6 55%	203 96%*	33 58%*
NOT ANSWERED	21	453	3	7	8	3												21	
VALID CASES	269	5185	49	80	78	62	106					15	84	181	255	11	212	57	
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106					15	84	181	255	11	233	57	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q67 YES	23 72%	445 77%	3 60%	4 50%	6 75%	10 91%	13 100%	~	~	~	~	~	1 ~100%	5 50%	18 86%	19 70%	4 80%	1 13%	22 92%
NO	9 28%	136 23%	2 40%	4 50%	2 25%	1 9%	~	~	~	~	~	~	~	5 50%	3 14%	8 30%	1 20%	7 88%	2 8%
NOT ANSWERED	1	22				1								1		1		1	
VALID CASES	32	582	5	8	8	11	13						1	10	21	27	5	8	24
NUMBER OF RESPONDENTS	33	604	5	8	8	12	13						1	11	21	28	5	9	24
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES]

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q68 YES	21	427	2	4	6	9	12	~	~	~	~	1	5	16	18	3	~	21
	91%	96%	67%	100%	100%	90%	92%	~	~	~	~	100%	100%	89%	95%	75%	~	95%
NO	2	17	1	~	~	1	1	~	~	~	~	~	2	1	1	1	1	1
	9%	4%	33%	~	~	10%	8%	~	~	~	~	~	11%	5%	25%	100%	~	5%
NOT ANSWERED		6																
VALID CASES	23	444	3	4	6	10	13					1	5	18	19	4	1	22
NUMBER OF RESPONDENTS	23	450	3	4	6	10	13					1	5	18	19	4	1	22
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES AND Q67 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q69 YES	28 11%	531 10%	4 8%~	6 8%	9 12%	9 15%	11 10%	~	~	~	~	~	10 12%	18 10%	24 9%~	4 36%~	10 5%*	18 32%*
NO	238 89%	4648 90%	44 92%~	73 92%	68 88%	53 85%	95 90%	~	~	~	~	15 ~100%~	73 88%	162 90%	229 91%~	7 64%~	199 95%*	39 68%*
NOT ANSWERED	24	459	4	8	9	3							1	1	2		24	
VALID CASES	266	5179	48	79	77	62	106					15	83	180	253	11	209	57
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%					15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP 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	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q70 YES	18	336	3	2	5	8	10	~	~	~	~	~	~	5	13	16	2	1	17
	67%	68%	75%	33%	63%	89%	91%	~	~	~	~	~	~	56%	72%	70%	50%	10%	100%
NO	9	157	1	4	3	1	1	~	~	~	~	~	~	4	5	7	2	9	~
	33%	32%	25%	67%	38%	11%	9%	~	~	~	~	~	~	44%	28%	30%	50%	90%	~
NOT ANSWERED	1	8			1									1		1			1
VALID CASES	27	493	4	6	8	9	11							9	18	23	4	10	17
NUMBER OF RESPONDENTS	28	501	4	6	9	9	11							10	18	24	4	10	18
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q69 = YES]

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q71 YES	16	293	2	2	5	7	9	~	~	~	~	~	~	5	11	15	1	16
	94%	92%	100%	100%	100%	88%	90%	~	~	~	~	~	~	100%	92%	100%	50%	94%
NO	1	24	~	~	~	1	1	~	~	~	~	~	~	1	1	1	1	1
	6%	8%	~	~	~	13%	10%	~	~	~	~	~	~	8%	~	50%	~	6%
NOT ANSWERED	1	3	1											1	1			1
VALID CASES	17	317	2	2	5	8	10							5	12	15	2	17
NUMBER OF RESPONDENTS	18	320	3	2	5	8	10							5	13	16	2	17
	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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q72 YES	35 13%	736 14%	4 9%	7 9%	9 12%	15 24%*	15 14%	~	~	~	~	~	2 13%	10 12%	24 13%	30 12%	4 36%	5 2%*	30 53%*
NO	229 87%	4444 86%	43 91%	71 91%	68 88%	47 76%*	90 86%	~	~	~	~	~	13 87%	73 88%	155 87%	221 88%	7 64%	202 98%*	27 47%*
NOT ANSWERED	26	458	5	9	9	3	1							1	2	4		26	
VALID CASES	264	5180	47	78	77	62	105						15	83	179	251	11	207	57
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q73 YES	29	628	3	5	8	13	14					1	8	20	25	3		29
	85%	90%	75%	83%	89%	87%	93%	~	~	~	~	~ 50%	89%	83%	86%	75%	~	~ 97%
NO	5	72	1	1	1	2	1					1	1	4	4	1	4	1
	15%	10%	25%	17%	11%	13%	7%	~	~	~	~	~ 50%	11%	17%	14%	25%	100%	3%
NOT ANSWERED	1	16		1									1		1		1	
VALID CASES	34	700	4	6	9	15	15					2	9	24	29	4	4	30
NUMBER OF RESPONDENTS	35	716	4	7	9	15	15					2	10	24	30	4	5	30
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q72 = YES]

NQ74 WHAT IS YOUR CHILD'S AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ74																			
3 YEARS OLD OR LESS	52 18%	971 17%	52 100%	~	~	~	20 19%	~	~	~	~	~	2 13%	14 17%	34 19%	48 19%	1 9%	45 19%	7 12%
4 TO 7 YEARS OLD	87 30%	1380 24%*	~	87 ~100%	~	~	28 26%	~	~	~	~	~	1 7%	27 32%	51 28%	78 31%	1 9%	77 33%*	10 18%*
8 TO 12 YEARS OLD	86 30%	1689 30%	~	~	86 ~100%	~	28 26%	~	~	~	~	~	10 67%	27 32%	51 28%	75 29%	2 18%	65 28%	21 37%
13 OR OLDER	65 22%	1597 28%*	~	~	65 ~100%	~	30 28%	~	~	~	~	~	2 13%	16 19%	45 25%	54 21%	7 64%	46 20%*	19 33%*
VALID CASES	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%						15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

[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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ75 MALE	141 49%	2948 52%	26 50%	40 46%	44 51%	31 48%	54 51%	~	~	~	~	~	5 33%	36 43%	88 49%	121 47%	3 27%	108 46%	33 58%
FEMALE	149 51%	2690 48%	26 50%	47 54%	42 49%	34 52%	52 49%	~	~	~	~	~	10 67%	48 57%	93 51%	134 53%	8 73%	125 54%	24 42%
VALID CASES	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%						15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

[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	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q76																		
HISPANIC OR LATINO	84 32%	2037 40%*	14 29%~	27 35%	27 35%	16 26%	~	~	~	~	~	~	84 ~100%~	~	77 ~31%~	6 55%~	69 33%	15 27%
NOT HISPANIC OR LATINO	181 68%	3094 60%*	34 71%~	51 65%	51 65%	45 74%	106 100%~	~	~	~	~	15 ~100%~	181 ~100%~	~	174 69%~	5 45%~	140 67%	41 73%
NOT ANSWERED	25	507	4	9	8	4									4		24	1
VALID CASES	265	5131	48	78	78	61	106					15	84	181	251	11	209	56
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106					15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

		AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q77.1 YES	156 54%	2548 45%*	25 48%	37 43%*	53 62%	41 63%	106 100%~	~	~	~	~	14 93%~	36 43%*	120 66%*	147 58%~	7 64%~	118 51%*	38 67%*
NO	134 46%	3090 55%*	27 52%	50 57%*	33 38%	24 37%	~	~	~	~	~	1 7%~	48 57%*	61 34%*	108 42%~	4 36%~	115 49%*	19 33%*
VALID CASES	290	5638	52	87	86	65	106				15	84	181	255	11	233	57	
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%				15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%	

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 IND/ALS PAC #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.2																		
YES	AHP TOT CHLD	4	139	1	2	1					2	2	2	4	3	1		
	OHP TOT CHLD	1%	2%	2%	~ 2%	2%	~	~	~	~	~ 13%	2%	1%	2%~	~ 1%	2%		
NO	AHP TOT CHLD	286	5499	51	87	84	64	106			13	82	179	251	11	230	56	
	OHP TOT CHLD	99%	98%	98%	100%	~ 98%	98%	100%	~	~	~ 87%	98%	99%	98%~100%	~ 99%	98%		
VALID CASES	AHP TOT CHLD	290	5638	52	87	86	65	106			15	84	181	255	11	233	57	
NUMBER OF RESPONDENTS	OHP TOT CHLD	290	5638	52	87	86	65	106			15	84	181	255	11	233	57	
		100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALS PAC #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q77.3	AHP TOT CHLD	9									5	1	8	9	6	3	
YES	OHP TOT CHLD	186	3	5	1						33%	1%	4%*	4%~	3%	5%	
		3%	~ 3%	6%	2%	~	~	~	~	~							
		281	52	84	81	64	106				10	83	173	246	11	227	
NO		5452	100%~	97%	94%	98%	100%~	~	~	~	67%~	99%	96%*	96%~	100%~	97%	
		97%	100%	97%	94%	98%	100%	~	~	~							
		290	52	87	86	65	106				15	84	181	255	11	233	
VALID CASES		5638	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	
NUMBER OF RESPONDENTS		290	52	87	86	65	106				15	84	181	255	11	233	
		5638	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	
		100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR		NO CCC	CCC	
Q77.4	AHP TOT CHLD																	
YES	2 0.7%	61 1%	~	~	2 2%	~	~	~	~	~	2 13%	2 1%	2 0.8%	~	~	~	2 4%	
NO	288 99%	5577 99%	52 100%	87 100%	84 98%	65 100%	106 100%	~	~	~	13 87%	84 100%	179 99%	253 99%	11 100%	233 100%	55 96%	
VALID CASES	290	5638	52	87	86	65	106				15	84	181	255	11	233	57	
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%				15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%	

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

		AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q77.5 YES	12 4%	168 3%	1 2%	9 ~ 10%*	2 3%	~	~	~	~	~	7 ~ 47%	4 5%	8 4%	12 5%	~	9 4%	3 5%		
NO	278 96%	5470 97%	51 98%	87 100%~	77 90%*	63 97%	106 100%~	~	~	~	8 ~ 53%	80 95%	173 96%	243 95%~	11 100%~	224 96%	54 95%		
VALID CASES	290	5638	52	87	86	65	106				15	84	181	255	11	233	57		
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%				15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%		

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 ##	OTHR ###	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q77.6																			
YES	AHP TOT CHLD 28 10%	OHP TOT CHLD 486 9%	4 8%	11 13%	7 8%	6 9%	~	~	~	~	~	3 20%~	21 25%*	5 3%*	26 10%~	1 9%~	24 10%	4 7%	
NO	262 90%	5152 91%	48 92%	76 87%	79 92%	59 91%	106 100%~	~	~	~	~	12 ~ 80%~	63 75%*	176 97%*	229 90%~	10 91%~	209 90%	53 93%	
VALID CASES	290	5638	52	87	86	65	106				15	84	181	255	11	233	57		
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%				15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%		

Q78 WHAT IS YOUR AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
			%	%	%	%	#	##	#	##	##	TI	%	%	%	%	%	%	
Q78 UNDER 18	12 5%	196 4%	1 2%~	1 1%*	5 6%	5 8%	7 7%	~	~	~	~	~	1 7%~	3 4%	9 5%	11 4%~	1 9%~	10 5%	2 4%
18 TO 24	10 4%	176 3%	5 10%~	4 5%	1 1%	~	3 3%	~	~	~	~	~	1 7%~	3 4%	7 4%	10 4%~	~	7 3%	3 5%
25 TO 34	105 39%	1691 33%*	29 60%~	46 59%*	25 32%	5 8%*	39 37%	~	~	~	~	~	5 33%~	32 38%	72 40%	104 41%~	1 9%~	90 43%*	15 26%*
35 TO 44	89 33%	2049 40%*	10 21%~	22 28%	27 35%	30 48%*	34 32%	~	~	~	~	~	2 13%~	32 38%	56 31%	84 33%~	5 45%~	71 34%	18 32%
45 TO 54	34 13%	738 14%	2 4%~	4 5%*	15 19%	13 21%	13 12%	~	~	~	~	~	5 33%~	12 14%	22 12%	29 11%~	4 36%~	21 10%*	13 23%*
55 TO 64	12 5%	229 4%	1 2%~	1 1%*	4 5%	6 10%	7 7%	~	~	~	~	~	1 7%~	1 1%*	11 6%*	11 4%~	~	7 3%	5 9%
65 TO 74	3 1%	87 2%	~	~	1 1%	2 3%	2 2%	~	~	~	~	~	~	1 1%	2 1%	3 1%~	~	2 1%	1 2%
75 OR OLDER	1 0.4%	15 0.3%	~	~	~	1 2%~	1 0.9%~	~	~	~	~	~	~	~	1 ~0.6%~	1 ~0.4%~	~	1 ~0.5%~	~
NOT ANSWERED	24	457	4	9	8	3									1	2		24	
VALID CASES	266	5181	48	78	78	62	106						15	84	180	253	11	209	57
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

Q79 ARE YOU MALE OR FEMALE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q79																			
MALE	41 15%	711 14%	7 15%	14 18%	11 14%	9 15%	8 8%*	~	~	~	~	~	4 27%	15 18%	26 14%	40 16%	1 9%	34 16%	7 12%
FEMALE	226 85%	4484 86%	41 85%	65 82%	67 86%	53 85%	98 92%*	~	~	~	~	~	11 73%	69 82%	155 86%	213 84%	10 91%	176 84%	50 88%
NOT ANSWERED	23	443	4	8	8	3										2		23	
VALID CASES	267	5195	48	79	78	62	106						15	84	181	253	11	210	57
NUMBER OF RESPONDENTS	290 100%	5638 100%	52 100%	87 100%	86 100%	65 100%	106 100%						15 100%	84 100%	181 100%	255 100%	11 100%	233 100%	57 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AFR- AMER	AS- IAN	NATV ILND	AMER ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q80																			
8TH GRADE OR LESS	16 6%	593 12%*	1 2%~	3 4%	8 10%	4 7%	3 3%*	~	~	~	~	~	1 7%~	12 14%*	4 2%*	15 6%~	1 10%~	12 6%	4 7%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	27 10%	565 11%	5 10%~	6 8%	14 18%*	2 3%*	8 8%	~	~	~	~	~	1 7%~	13 16%	14 8%	27 11%~	~	24 12%	3 5%
HIGH SCHOOL GRADUATE OR GED	86 33%	1483 29%	18 38%~	22 29%	21 27%	25 41%	35 33%	~	~	~	~	~	6 40%~	24 29%	62 34%	83 33%~	2 20%~	69 33%	17 30%
SOME COLLEGE OR 2-YEAR DEGREE	110 42%	1722 33%*	21 44%~	36 47%	27 35%	26 43%	45 42%	~	~	~	~	~	6 40%~	29 35%	80 44%	102 40%~	7 70%~	83 40%	27 47%
4-YEAR COLLEGE GRADUATE	19 7%	491 10%	3 6%~	7 9%	7 9%	2 3%	13 12%*	~	~	~	~	~	1 7%~	3 4%	16 9%	19 8%~	~	14 7%	5 9%
MORE THAN 4-YEAR COLLEGE DEGREE	6 2%	290 6%*	~	3 4%	1 1%	2 3%	2 2%	~	~	~	~	~	~	2 2%	4 2%	6 2%~	~	5 2%	1 2%
NOT ANSWERED	26	495	4	10	8	4								1	1	3	1	26	
VALID CASES	264	5143	48	77	78	61	106						15	83	180	252	10	207	57
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106						15	84	181	255	11	233	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

Q81 HOW ARE YOU RELATED TO THE CHILD?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q81																			
MOTHER OR FATHER	250 95%	4883 95%	47 100%~	78 99%*	71 92%	54 90%	96 93%	~	~	~	~	~100%~	15 81	167 94%	237 95%~	11 100%~	202 98%*	48 84%*	
GRANDPARENT	9 3%	145 3%	~	1 1%	4 5%	4 7%	6 6%	~	~	~	~	~	~	2 2%	7 4%	8 3%~	~	3 1%*	6 11%*
AUNT OR UNCLE	1 0.4%	13 0.2%	~	~	1 1%~	~	~	~	~	~	~	~	~	1 1%~	~	1 0.4%~	~	~	1 2%~
OLDER BROTHER OR SISTER		12 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OTHER RELATIVE		4 0.1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
LEGAL GUARDIAN	2 0.8%	51 1%	~	~	~	2 3%	1 1%	~	~	~	~	~	~	~	2 1%~	2 0.8%~	~	~	2 4%~
SOMEONE ELSE	1 0.4%	36 0.7%	~	~	1 1%~	~	~	~	~	~	~	~	~	1 0.6%~	1 0.4%~	~	~	1 0.5%~	~
NOT ANSWERED	27	494	5	8	9	5	3							4	6		27		
VALID CASES	263	5144	47	79	77	60	103					15	84	177	249	11	206	57	
NUMBER OF RESPONDENTS	290	5638	52	87	86	65	106					15	84	181	255	11	233	57	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

Q82 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q82 YES	5 3%	143 4%	1 3%~	2 4%~	2 3%		1 ~0.9%	~	~	~	~	~	4 8%	1 0.8%	4 2%~	1 14%~	4 3%~	1 2%~
NO	176 97%	3143 96%	30 97%~	44 96%~	58 97%	44 100%~	105 99%	~	~	~	~	13 ~100%~	49 92%	126 99%	168 98%~	6 86%~	135 97%~	41 98%~
NOT ANSWERED		43																
VALID CASES	181	3286	31	46	60	44	106					13	53	127	172	7	139	42
NUMBER OF RESPONDENTS	181 100%	3329 100%	31 100%	46 100%	60 100%	44 100%	106 100%					13 100%	53 100%	127 100%	172 100%	7 100%	139 100%	42 100%

[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	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.1 YES	1	56				1								1		1		1
	20%	41%	~	~	~	50%	~	~	~	~	~	~	~	25%	~	~	~	100%
NO	4	79	1	2	1	1								3	1	4		4
	80%	59%	~	100%	~	100%	~	~	~	~	~	~	~	75%	~	100%	~	100%
VALID CASES	5	135	1	2	2	1								4	1	4	1	4
NUMBER OF RESPONDENTS	5	135	1	2	2	1								4	1	4	1	4
	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		
AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q83.2 YES	1 20%	44 32%	~	~	50%~	~	~	~	~	~	~	~	25%~	~	~100%~	~	~100%~	
NO	4 80%	91 68%	100%~	100%~	50%~	~100%~	~	~	~	~	~	~	75%~	100%~	100%~	~100%~	~	
VALID CASES	5	135	1	2	2	1							4	1	4	1	4	1
NUMBER OF RESPONDENTS	5 100%	135 100%	100%	100%	100%	100%							4 100%	1 100%	4 100%	1 100%	4 100%	1 100%

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

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER PAC ALSK ##	OTH#	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.3	AHP TOT CHLD																
YES	OHP TOT CHLD	11															
		8%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NO		5	124	1	2	2	1					4	1	4	1	4	1
		100%	92%	~100%	~100%	~100%	~100%	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%
VALID CASES		5	135	1	2	2	1					4	1	4	1	4	1
NUMBER OF RESPONDENTS		5	135	1	2	2	1					4	1	4	1	4	1
		100%	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	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q83.4 YES	3 60%	76 56%	~100%	2	1	50%	~	~	~	~	~	~	~	3 75%	3 75%	3 75%	~	
NO	2 40%	59 44%	100%	1	1	50%	~100%	~	~	~	~	~	~	1 25%	1 100%	1 25%	1 100%	
VALID CASES	5	135	1	2	2		1							4	1	4	1	
NUMBER OF RESPONDENTS	5 100%	135 100%	100%	1 100%	2 100%	2 100%	1 100%							4 100%	1 100%	4 100%	1 100%	

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

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALS PAC #	OTH #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR		NO CCC	CCC	
Q83.5	AHP TOT CHLD																	
YES	OHP TOT CHLD	1	7	1		1							1	1	1			
		20%	5%	100%	~	~100%	~	~	~	~	~	~	~100%	25%	~	25%	~	
NO	AHP TOT CHLD	4	128	2	2								4	3	1	3	1	
	OHP TOT CHLD	80%	95%	~100%	~100%	~	~	~	~	~	~	~	~100%	75%	~100%	75%	~100%	
VALID CASES	AHP TOT CHLD	5	135	1	2	1							4	1	4	1	4	
NUMBER OF RESPONDENTS	OHP TOT CHLD	5	135	1	2	1							4	1	4	1	4	
		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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ14 0-6	16 9%	307 8%	3 8%	5 10%	5 9%	3 7%	3 4%	~	~	~	~	~	3 21%	6 12%	9 7%	15 9%	1 10%	11 8%	5 11%
7-8	52 28%	1107 30%	5 14%	13 25%	16 28%	18 44%	24 34%	~	~	~	~	~	1 7%	11 22%	39 31%	42 25%	7 70%	38 27%	14 31%
9-10	120 64%	2234 61%	29 78%	34 65%	37 64%	20 49%	44 62%	~	~	~	~	~	10 71%	34 67%	78 62%	111 66%	2 20%	94 66%	26 58%
VALID CASES	188	3648	37	52	58	41	71						14	51	126	168	10	143	45
NUMBER OF RESPONDENTS	188 100%	3648 100%	37 100%	52 100%	58 100%	41 100%	71 100%						14 100%	51 100%	126 100%	168 100%	10 100%	143 100%	45 100%
MEAN	2.55	2.53	2.70	2.56	2.55	2.41	2.58						2.50	2.55	2.55	2.57	2.10	2.58	2.47
p stat_(*=Sig @ p<=.05)		.587		~.953	.983		~.677	~	~	~	~	~	~.957	.867		~	~	~	~

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR		NO CCC	CCC	
NQ41 0-6	20 8%	330 7%	4 9%	7 10%	2 3%*	7 14%	4 4%*	~	~	~	~	~	1 8%	6 9%	13 8%	19 9%	1 11%	15 8%	5 10%
7-8	49 21%	960 22%	8 18%	13 18%	21 30%*	7 14%	21 23%	~	~	~	~	~	2 15%	13 19%	35 22%	46 21%	2 22%	38 20%	11 22%
9-10	168 71%	3168 71%	33 73%	51 72%	47 67%	37 73%	68 73%	~	~	~	~	~	10 77%	49 72%	112 70%	155 70%	6 67%	135 72%	33 67%
VALID CASES	237	4459	45	71	70	51	93						13	68	160	220	9	188	49
NUMBER OF RESPONDENTS	237 100%	4459 100%	45 100%	71 100%	70 100%	51 100%	93 100%						13 100%	68 100%	160 100%	220 100%	9 100%	188 100%	49 100%
MEAN	2.62	2.64	2.64	2.62	2.64	2.59	2.69						2.69	2.63	2.62	2.62	2.56	2.64	2.57
p stat_(*=Sig @ p<=.05)		.763		~.942	.754	.679	.216	~	~	~	~	~	~.904	.844		~	~	~	~

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC
NQ48 0-6	7 16%	88 12%	1 11%	4 ~	2 27%	2 17%	2 11%	~	~	~	~	2 50%	2 22%	5 15%	7 19%	~	6 27%	1 5%
7-8	13 30%	175 24%	4 44%	1 14%	4 27%	4 33%	5 26%	~	~	~	~	~	3 33%	10 30%	11 30%	2 40%	5 23%	8 38%
9-10	23 53%	456 63%	4 44%	6 86%	7 47%	6 50%	12 63%	~	~	~	~	2 50%	4 44%	18 55%	19 51%	3 60%	11 50%	12 57%
VALID CASES	43	718	9	7	15	12	19					4	9	33	37	5	22	21
NUMBER OF RESPONDENTS	43 100%	718 100%	9 100%	7 100%	15 100%	12 100%	19 100%					4 100%	9 100%	33 100%	37 100%	5 100%	22 100%	21 100%
MEAN	2.37	2.51	2.33	2.86	2.20	2.33	2.53					2.00	2.22	2.39	2.32	2.60	2.23	2.52
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		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ54 0-6	33 12%	696 13%	3 6%	11 14%	13 16%	6 10%	15 14%	~	~	~	~	~	4 27%	6 7%	26 14%	31 12%	2 20%	24 11%	9 16%
7-8	83 31%	1488 29%	14 29%	21 26%	25 32%	23 38%	38 36%	~	~	~	~	~	6 40%	23 28%	59 33%	78 31%	3 30%	70 33%	13 24%
9-10	152 57%	3026 58%	32 65%	48 60%	41 52%	31 52%	52 50%	~	~	~	~	~	5 33%	53 65%	95 53%	145 57%	5 50%	119 56%	33 60%
VALID CASES	268	5210	49	80	79	60	105						15	82	180	254	10	213	55
NUMBER OF RESPONDENTS	268 100%	5210 100%	49 100%	80 100%	79 100%	60 100%	105 100%						15 100%	82 100%	180 100%	254 100%	10 100%	213 100%	55 100%
MEAN	2.44	2.45	2.59	2.46	2.35	2.42	2.35						2.07	2.57	2.38	2.45	2.30	2.45	2.44
p stat_(*=Sig @ p<=.05)		.944		~.784	.197	.725	.090	~	~	~	~	~	~.035*	.035*		~	~	~.932	.932

GETTING NEEDED CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
NPRBSEE4 NQ46	2.27	2.21	2.11	2.00	2.31	2.50	2.25					2.25	2.10	2.33	2.28	2.00	2.04	2.55	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCARNES4 NQ15	2.48	2.45	2.62	2.50	2.45	2.39	2.51					2.36	2.33	2.53	2.50	2.00	2.53	2.33	
p stat_(*=Sig @ p<=.05)	.488		~	.843	.632		~	~	~	~	~	~	.090	.239	~	~	~	~	
COMPOSITE	2.38	2.33	2.37	2.25	2.38	2.45	2.38	x	x	x	x	x	2.30	2.22	2.43	2.39	2.00	2.29	2.44
p stat_(*=Sig @ p<=.05)	.194		~	.011*	.913		~	~	~	~	~	~	~	.001*	.008*	~	~	~	

GETTING CARE QUICKLY

			AGE				RACE						ETHNICITY	HEALTH STATUS		CCC SCREENER			
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NCARSN4 NQ4	2.82	2.68	2.90	2.88	2.75	2.71	2.84					2.60	2.82	2.80	2.83	2.50	2.83	2.80	
p stat_(*=Sig @ p<=.05)		.030*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NAPGET4 NQ6	2.48	2.42	2.65	2.46	2.47	2.40	2.49					2.58	2.23	2.56	2.51	1.90	2.50	2.42	
p stat_(*=Sig @ p<=.05)		.259	~	.782	~	~	.930	~	~	~	~	~	~	.076	~	~	~	~	
COMPOSITE	2.65	2.55	2.77	2.67	2.61	2.55	2.67	x	x	x	x	x	2.59	2.53	2.68	2.67	2.20	2.66	2.61
p stat_(*=Sig @ p<=.05)		.013*	~	.690	.460	~	.731	~	~	~	~	~	~	.277	~	~	~	~	

HOW WELL DOCTORS COMMUNICATE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
NDREXPL4 NQ32	2.76	2.70	2.84	2.69	2.72	2.81	2.82					2.90	2.57	2.84	2.77	2.67	2.74	2.80	
p stat_(*=Sig @ p<=.05)		.243	~.274		~		~.184	~	~	~	~	~	~.008*		~	~	~	~	
NDRLSTN4 NQ33	2.72	2.73	2.76	2.69	2.67	2.76	2.76					2.80	2.66	2.78	2.75	2.44	2.71	2.72	
p stat_(*=Sig @ p<=.05)		.712	~.682		~		~.416	~	~	~	~	~	~.055		~	~	~	~	
NDRESPU4 NQ34	2.81	2.79	2.87	2.76	2.83	2.81	2.81					2.80	2.83	2.82	2.81	2.78	2.81	2.82	
p stat_(*=Sig @ p<=.05)		.585	~.448		~		~.867	~	~	~	~	~	~.849		~	~	~	~	
NDRTMEN4 NQ37	2.60	2.50	2.61	2.55	2.60	2.65	2.73					2.50	2.36	2.72	2.64	2.22	2.59	2.62	
p stat_(*=Sig @ p<=.05)		.060	~.527		~		~.016*	~	~	~	~	~	~.002*		~	~	~	~	
COMPOSITE	2.72	2.68	2.77	2.67	2.70	2.76	2.78	x	x	x	x	x	2.75	2.61	2.79	2.74	2.53	2.71	2.74
p stat_(*=Sig @ p<=.05)		.429	~.439		~		~.245	~	~	~	~	~	~.015*		~	~	~	~	

CUSTOMER SERVICE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NPBCLCS4 NQ50	2.35	2.30	2.19	2.21	2.48	2.54	2.46					3.00	2.17	2.50	2.35	2.40	2.38	2.24	
p stat_(*=Sig @ p<=.05)	.587		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCSRESP NQ51	2.63	2.62	2.62	2.53	2.55	2.92	2.67					2.50	2.57	2.66	2.62	2.80	2.60	2.71	
p stat_(*=Sig @ p<=.05)	.881		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.49	2.46	2.41	2.37	2.51	2.73	2.56	x	x	x	x	x	2.75	2.37	2.58	2.49	2.60	2.49	2.47
p stat_(*=Sig @ p<=.05)	.691		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

SHARED DECISION MAKING

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NNRXWHY NQ11																			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NNRXWYNT NQ12	2.71	2.41	2.50	2.85	2.90	2.38	2.56						3.00	2.60	2.74	2.71	2.60	2.71	2.70
p stat_(*=Sig @ p<=.05)		.003*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NRXBST NQ13	2.53	2.60	2.50	2.38	2.90	2.08	2.44						3.00	2.87	2.42	2.59	1.80	2.60	2.40
p stat_(*=Sig @ p<=.05)		.529	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.62	2.51	2.50	2.62	2.90	2.23	2.50	x	x	x	x	x	3.00	2.73	2.58	2.65	2.20	2.66	2.55
p stat_(*=Sig @ p<=.05)		.109	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC	
NEZMDEQ NQ20	2.10	2.28	2.00	2.00	2.25	2.00	1.75				2.00	2.50	1.86	2.22	1.00	2.29	1.67			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTHP NQ23	1.90	2.12	2.33	1.50	2.00	2.00	1.71					1.71	2.00	1.95	1.00	2.13	1.75			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTC NQ26	2.28	2.11	2.00	2.29	2.25	2.36	2.31				2.00	2.14	2.35	2.29	2.00	2.00	2.42			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.09	2.17	2.11	1.93	2.17	2.12	1.92	x	x	x	x	x	2.00	2.12	2.07	2.15	1.33	2.14	1.95	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLK OR AFR-AMER #	AS-IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
PRBSEE4 Q46	73%	75%	67%	50%	81%	83%	75%						75%	60%	79%	74%	60%	64%	85%
CARNES4 Q15	89%	88%	92%	88%	90%	88%	93%						86%	82%	92%	89%	80%	91%	84%
AVERAGE	81.35	81.59	79.28	69.23	85.45	85.57	83.93	x	x	x	x	x	80.36	71.18	85.39	81.79	70.00	77.45	84.72

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
CARSN4 Q4	95%	92%	100%	100%	88%	94%	94%						80%	95%	95%	96%	83%	95%	96%
APGET4 Q6	86%	84%	90%	83%	89%	83%	90%						92%	70%	92%	87%	60%	87%	84%
AVERAGE	90.76	88.10	95.16	91.35	88.43	88.49	91.79	x	x	x	x	x	85.83	82.61	93.41	91.83	71.67	90.93	90.11

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
DREXPL4 Q32	95%	93%	100%	94%	91%	95%	97%					100%	89%	97%	95%	89%	95%	95%	
DRLSTN4 Q33	92%	95%	92%	92%	93%	92%	93%					100%	94%	93%	94%	78%	92%	93%	
DRESPU4 Q34	95%	96%	97%	92%	98%	95%	96%					100%	96%	96%	95%	100%	95%	95%	
DRTMEN4 Q37	92%	87%	92%	92%	91%	92%	99%					90%	79%	97%	93%	78%	91%	95%	
AVERAGE	93.6	92.6	95.4	92.6	93.4	93.2	95.9	x	x	x	x	x	97.5	89.4	95.9	94.2	86.1	93.4	94.4

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
PBCLCS4 Q50	84%	79%	81%	84%	86%	85%	96%						100%	70%	95%	84%	80%	87%	76%
CSRESP Q51	97%	91%	100%	95%	95%	100%	100%						100%	93%	100%	97%	100%	96%	100%
AVERAGE	90.54	85.33	90.63	89.47	90.36	92.31	97.92	x	x	x	x	x	100.0	81.43	97.37	90.42	90.00	91.27	88.24

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC	
NRXWHY Q11	94%	93%	100%	100%	90%	92%	100%					100%	87%	97%	94%	100%	94%	95%	
NRXWYNT Q12	85%	71%	75%	92%	95%	69%	78%					100%	80%	87%	86%	80%	86%	85%	
RXBST Q13	76%	80%	75%	69%	95%	54%	72%					100%	93%	71%	80%	40%	80%	70%	
AVERAGE	85.4	81.2	83.3	87.2	93.7	71.6	83.3	x	x	x	x	x	100	86.7	85.1	86.4	73.3	86.7	83.2

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
EZMDEQ Q20	70%	74%	50%	100%	75%	67%	50%					50%	100%	57%	78%	0%	71%	67%	
EZTHP Q23	65%	68%	100%	33%	100%	67%	57%						57%	69%	68%	0%	75%	58%	
EZTC Q26	76%	66%	67%	86%	63%	82%	77%					50%	71%	80%	75%	75%	60%	84%	
AVERAGE	70.3	69.4	72.2	59.5	79.2	71.7	61.4	x	x	x	x	x	50.0	76.2	68.8	73.7	75.0	68.8	69.7

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

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	AHP 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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
DRTLKU Q38	83%	86%	92%	82%	84%	76%	86%					80%	81%	85%	84%	67%	83%	85%	
DRUNCON Q43	94%	89%	100%	77%	100%	100%	91%					100%	100%	93%	93%	100%	86%	97%	
DRUNFAM Q44	90%	87%	100%	85%	100%	80%	91%					100%	88%	90%	91%	75%	93%	89%	
AVERAGE	89.2	87.3	97.4	81.3	94.6	85.2	89.7	x	x	x	x	x	93.3	89.5	89.4	89.7	80.6	87.2	90.5

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	AHP 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 #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
HELPCONT Q18	95%	89%	100%	100%	100%	88%	86%					100%	100%	91%	100%	75%	100%	83%	
HLPCOORD Q29	54%	57%	60%	40%	50%	63%	50%					0%	67%	53%	56%	67%	47%	65%	
AVERAGE	74.8	73.0	80.0	70.0	75.0	75.3	67.9	x	x	x	x	x	x	83.3	72.2	78.1	70.8	73.6	74.3

INDEX OF ADULT TABLES

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

PAGE QUESTION TITLE

3. YOUR PERSONAL DOCTOR

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

4. GETTING HEALTH CARE FROM SPECIALISTS

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

PAGE QUESTION TITLE

5. YOUR HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. ADDITIONAL QUESTIONS

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

5. ACCESS TO DENTAL CARE

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

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

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

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

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

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

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

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

INDEX OF CHILD TABLES

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

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

3. SPECIALIZED SERVICES

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

PAGE QUESTION TITLE

4. YOUR CHILD'S PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

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

6. YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

PAGE QUESTION TITLE

7. PRESCRIPTION MEDICINES

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

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

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

7. ACCESS TO DENTAL CARE

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

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

7. ADDITIONAL QUESTIONS

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

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

8. ABOUT YOUR CHILD AND YOU

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

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

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

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

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

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

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

91 Q78 WHAT IS YOUR AGE?

92 Q79 ARE YOU MALE OR FEMALE?

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

94 Q81 HOW ARE YOU RELATED TO THE CHILD?

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

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

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

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

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

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

PAGE QUESTION TITLE

9. RATINGS

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

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

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

104 NQ54 RATING OF CHILD'S HEALTH PLAN

10. COMPOSITES

105 GETTING NEEDED CARE

106 GETTING CARE QUICKLY

107 HOW WELL DOCTORS COMMUNICATE

108 CUSTOMER SERVICE

109 SHARED DECISION MAKING

110 ACCESS TO SPECIALIZED SERVICES

11. GLOBAL PROPORTION COMPOSITES

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

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

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

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

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

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

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

118 CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

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

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

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

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks 

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

Yes → *Go to Question 1*
 No

↓ **START HERE** ↓

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

- Yes → *Go to Question 3*
- No

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

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

- Never
 Sometimes
 Usually
 Always

YOUR PERSONAL DOCTOR

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

- Yes
 No → **Go to Question 24**

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

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

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → **Go to Question 23**

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

- Never
 Sometimes
 Usually
 Always

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

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



GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
 No → *Go to Question 28*

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

- Never
 Sometimes
 Usually
 Always

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

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

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

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

YOUR HEALTH PLAN

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

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

- Yes
 No → *Go to Question 30*

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 33*

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 35*



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



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

- Sí
- No

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

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

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

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

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

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

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

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

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

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

- Sí, definitivamente
- Sí, algo
- No

ACCESO A CUIDADO DENTAL

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

- Sí
- No

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

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

ACERCA DE USTED

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No
- No sé

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

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

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

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

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

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

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

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

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

- Sí
- No
- No sé

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

- Sí
- No
- No sé

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

- Sí
- No

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

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

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

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

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

- Sí
- No → **Pase a la pregunta 50**

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

- Sí
- No

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

- Sí
- No → **Pase a la pregunta 52**



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

- Sí
- No

52. ¿Qué edad tiene?

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

53. ¿Es usted hombre o mujer?

- Hombre
- Mujer

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

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

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

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

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

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

57. ¿Le ayudó alguien a completar esta encuesta?

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

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

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

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

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

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



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

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

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

INSTRUCCIONES PARA EL CUESTIONARIO

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

Marca
Correcta 

Marca
Incorrecta   

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

Sí ➔ *Pase a la Pregunta 1*
 No

↓ **COMIENCE AQUI** ↓

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

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

Sí ➔ *Pase a la pregunta 3*
 No

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

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

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

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

Sí
 No → *Pase a la pregunta 5*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

Sí
 No → *Pase a la pregunta 7*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

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

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

Sí
 No

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

SERVICIOS ESPECIALIZADOS

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

- Sí
- No → *Pase a la pregunta 22*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 25*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 28*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 30*

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

- Sí
- No

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

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



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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 41*

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 45*

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

- Sí
- No

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

- Sí
- No



LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

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

- Sí
- No → *Pase a la pregunta 49*

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

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

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

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

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

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

EL PLAN DE SALUD DE SU NIÑO

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

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

- Sí
- No → *Pase a la pregunta 52*

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

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

PREGUNTAS ADICIONALES

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

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

- Sí
- No → *Pase a la pregunta 58*

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

- Sí
- No

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

- Sí
- No

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

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

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

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

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

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

ACERCA DE USTED Y DE SU NIÑO

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No → *Pase a la pregunta 63*

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

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

74. ¿Qué edad tiene su niño?

Menos de un año

AÑOS (escriba la respuesta)

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

Masculino

Femenino

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

Sí, hispano o latino

No, ni hispano ni latino

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

Blanca

Negra o afroamericana

Asiática

Nativo de Hawái o de otras islas del Pacífico

Indígena americano o nativo de Alaska

Otra (Por favor escriba en letra de molde)

78. ¿Qué edad tiene usted?

Menos de 18 años

18 a 24

25 a 34

35 a 44

45 a 54

55 a 64

65 a 74

75 años o más

79. ¿Es usted hombre o mujer?

Hombre

Mujer

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

8 años de escuela o menos

9 a 12 años de escuela, pero sin graduarse

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

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

Título universitario de 4 años

Título universitario de más de 4 años

81. ¿Qué relación tiene con el niño?

Madre o padre

Abuelo o abuela

Tía o tío

Hermano o hermana mayor

Otro familiar

Tutor legal del niño

Otra persona

82. ¿Le ayudó alguien a completar esta encuesta?

Sí → **Pase a la pregunta 83**

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

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

Me leyó las preguntas

Anotó las respuestas que le di

Contestó las preguntas por mí

Tradujo las preguntas a mi idioma

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

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

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

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



DIAL.SCREEN

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

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

(IWER: THIS IS NOT A PROXY INTERVIEW.)

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

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

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

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

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

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

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

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

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

RETURN TO COVERSHEET

RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

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

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

SEX

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

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

Q1. / MEMBER

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

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

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

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

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

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

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

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

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

INTRO.INCARE

INTRO.INCARE

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

INCARE

Q3. / INCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

Q4. / CARSN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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

PRVENT5

Q8. / PRVENT5

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXSTP

9. / RXSTP

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

NRXWHY

10. / NRXWHY

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

11. / NRXWYNT

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

12. / RXBST

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

13. / RTALLCR

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

14. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PRSNLD4

15. / PRSNLD4

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

Do you have a personal doctor?

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

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

DRTMS

16. / DRTMS

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

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

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

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

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

DREXPL4

17. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

18. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

19. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

20. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DIFFDR

21. / DIFFDR

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

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

22. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RATEDR4

23. / RATEDR4

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

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

NDSPDR4

24. / NDSPDR4

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

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

(CLARIFY IF NEEDED: "Specialists are doctors who specialize in one area of health care. Please include all doctors you consider to be specialists, but do not include any dental visits.")

(IWER: IF RESPONDENT ASKS IF A PARTICULAR TYPE OF DOCTOR IS A SPECIALIST, CLARIFY, "I don't have any information about that, so please just interpret it however it seems best to you.")

(CLARIFY IF NEEDED: "You can interpret this question however it seems best to you.")

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

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

PRBSEE4

25. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

26. / SPDRS

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

(CLARIFY IF NEEDED: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Would you say you've seen...")

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

- 0. NONE, -----> INTRO.PLAN
- 1. 1 SPECIALIST,
- 2. 2,
- 3. 3,
- 4. 4, OR
- 5. 5 OR MORE SPECIALISTS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> INTRO.PLAN

RTSPDR4

27. / RTSPDR4

We want to know your rating of the specialist you saw most often in the last 6 months.

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

(Clarify if necessary: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.")

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

Now I'm going to ask you some questions about your experience with your health plan.

LOOMAT4

28. / LOOMAT4

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

1. YES
2. NO -----> CLCSRV4

DK/REFUSAL/NOT ASCERTAINED --> CLCSRV4

UNDINF4

29. / UNDINF4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CLCSRV4

30. / CLCSRV4

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

1. YES
2. NO -----> PLPRWK4

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

31. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

32. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

33. / PLPRWK4

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

- 1. YES
- 2. NO -----> RTPLEXP

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

34. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

35. / RTPLEXP

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

HPMDEQ

35a. / HPMDEQ

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

1. YES
 2. NO -----> POSTHP
- DK/REFUSAL/NOT ASCERTAINED

EZMDHP

35b. / EZMDHP

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

1. NEVER
 2. SOMETIMES
 3. USUALLY
 4. ALWAYS
- DK/REFUSAL/NOT ASCERTAINED

POSTHP

35c. / POSTHP

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

1. YES
 2. NO -----> DTLKTF
- DK/REFUSAL/NOT ASCERTAINED

EZPOST

35d. / EZPOST

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

1. NEVER
 2. SOMETIMES
 3. USUALLY
 4. ALWAYS
- DK/REFUSAL/NOT ASCERTAINED

INTRO.SHLTHIS

INTRO.SHLTHIS

A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse or anyone else you would see for health care. Please keep this in mind as you answer the following questions.

SHLTHIS

35e. / SHLTHIS

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

- 1. YES
- 2. NO -----> CHTREAT

DK/REFUSAL/NOT ASCERTAINED --> CHTREAT

EUNDER

35f. / EUNDER

How much effort was made to help you understand your health issue? Would you say...?

(READ LIST)

- 1. NO EFFORT AT ALL,
 - 2. A LITTLE EFFORT WAS MADE,
 - 3. SOME EFFORT WAS MADE, or
 - 4. A LOT OF EFFORT WAS MADE
- DK/REFUSAL/NOT ASCERTAINED

ELISTEN

35g. / ELISTEN

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

(READ LIST IF NECESSARY)

- 1. NO EFFORT AT ALL,
- 2. A LITTLE EFFORT WAS MADE,
- 3. SOME EFFORT WAS MADE, or
- 4. A LOT OF EFFORT WAS MADE

DK/REFUSAL/NOT ASCERTAINED

EINCLUD

35h. / EINCLUD

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

(READ LIST IF NECESSARY)

- 1. NO EFFORT AT ALL,
- 2. A LITTLE EFFORT WAS MADE,
- 3. SOME EFFORT WAS MADE, or
- 4. A LOT OF EFFORT WAS MADE

DK/REFUSAL/NOT ASCERTAINED

CHTREAT

35i. / CHTREAT

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

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

1. YES
2. NO -----> RESPCHT

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

PCTREAT

35j. / PCTREAT

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

1. YES
 2. NO
- DK/REFUSAL/NOT ASCERTAINED

BSTREAT

35k. / BSTREAT

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

1. YES
 2. NO
- DK/REFUSAL/NOT ASCERTAINED

EASYQC

35l. / EASYQC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DTLKTF

35m. / DTLKTF

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DINTER

35n. / DINTER

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

DRRUDE

35o. / DRRUDE

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

TRUSTDR

35p. / TRUSTDR

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

(READ LIST)

1. YES DEFINITELY,
2. YES SOMEWHAT, OR
3. NO?

DK/REFUSAL/NOT ASCERTAINED

REGDENT

35q. / REGDENT

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

1. YES
 2. NO
- DK/REFUSAL/NOT ASCERTAINED

DNTASAP

35r.

In the last 6 months, if you needed to see a dentist right away because of a DENTAL EMERGENCY, did you get to see a dentist as soon as you wanted?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?
5. I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS (DO NOT READ)

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

36. / HLTSTA4

In general, how would you rate your overall health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

37. / MNTLSTAT

In general, how would you rate your overall MENTAL OR EMOTIONAL health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

FLUSHOTQ

38. / FLUSHOTQ

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

CLCSRV4

49. / CLCSRV4

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

1. YES
2. NO -----> PLPRWK4

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

50. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

51. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

52. / PLPRWK4

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

1. YES
2. NO -----> RTPLEXP

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

53. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

54. / RTPLEXP

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CHPRES

55. / CHPRES

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

1. YES
2. NO -----> REGDENT

DK/REFUSAL/NOT ASCERTAINED --> REGDENT

EZPRES

56. / EZPRES

In the last 6 months, how often was it easy to get prescription medicines for your child through [his/her] health plan? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPPRES

57. / HELPPRES

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

REGDENT

57a. / REGDENT

A regular dentist is one you would go to for check-ups and cleanings or when [he/she] has a cavity or tooth pain.

Does your child have a regular dentist?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DNTASAP

57b. / DNTASAP

In the last 6 months, if your child needed to see a dentist right away because of a DENTAL EMERGENCY, did [he/she] get to see a dentist as soon as you wanted? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?
5. DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS (DO NOT READ)

DK/REFUSAL/NOT ASCERTAINED

CHTREAT

57c. / CHTREAT

Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment.

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

1. YES
2. NO -----> RESPCHT

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

PCTREAT

57d. / PCTREAT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

BSTREAT

57e. / BSTREAT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RESPCHT

57f. / RESPCHT

In the last 6 months, how often did your child's provider respect what health care and treatment choices you thought work best for your child? Would you say...?

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

DK/REFUSAL/NOT ASCERTAINED

ENCORQC

57g. / ENCORQC

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

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

DK/REFUSAL/NOT ASCERTAINED

EASYQC

57h. / EASYQC

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

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

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

58. / HLTSTA4

In general, how would you rate your child's overall health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

59. / MNTLSTAT

In general, how would you rate your child's overall MENTAL OR EMOTIONAL health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CUSEMED

60. / CUSEMED

Other than vitamins, does your child currently need or use medicine prescribed by a doctor?

1. YES
2. NO -----> MOREMED

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDA

61. / WHYMEDA

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

1. YES
2. NO -----> MOREMED

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDB

62. / WHYMEDB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

MOREMED

63. / MOREMED

Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREA

64. / WHYMOREA

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

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREB

65. / WHYMOREB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

LIMITED

66. / LIMITED

Is your child limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMA

67. / WHYLIMA

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

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMB

68. / WHYLIMB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPECTHP

69. / SPECTHP

Does your child need or get special therapy such as physical, occupational, or speech therapy?

1. YES
2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTA

70. / WHYSTA

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

1. YES
2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTB

71. / WHYSTB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CHCOUNS

72. / CHCOUNS

Does your child have any kind of emotional, developmental, or behavioral problem for which [he/she] needs or gets treatment or counseling?

1. YES
2. NO -----> CAGE

DK/REFUSAL/NOT ASCERTAINED --> CAGE

TIMCOUNA

73. / TIMCOUNA

Has this problem lasted or is it expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CAGE

74. / CAGE

I have just a few more questions.

What is YOUR CHILD'S age?

(IWER: ENTER 00 IF LESS THAN 1 YEAR OLD)

(IWER: IF NEEDED CLARIFY, "Please answer based on your child's age as of their last birthday.")

___ ENTER CHILD'S AGE

DK/REFUSAL/NOT ASCERTAINED

CGENDER

75. / CGENDER

(IF NEEDED: "Is your child male or female?")

1. MALE
2. FEMALE

REFUSAL/NOT ASCERTAINED

LATINO

76. / LATINO

Is your child of Hispanic or Latino origin or descent?

1. YES / HISPANIC OR LATINO
2. NO / NOT HISPANIC OR LATINO

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

I am going to read a list of race categories. For each category, please say YES or NO if it describes your child's race. I must ask you about all categories in case more than one applies.

PQRACE3.(1-6)

77.1-6) / PQRACE3.(1-6)

[(Is your child)]

1. "White"
2. "Black or African-American"
3. "Asian"
4. "Native Hawaiian or other Pacific Islander"
5. "American Indian or Alaska Native"
6. "Some other race"

(IWER: IF R REPLIES "WHY ARE YOU ASKING ABOUT MY CHILD'S RACE?" SAY "We ask about your child's race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(IWER: If R answers with a category not listed here, such as "HISPANIC" or "AMERICAN" or "MIXED RACE", probe using the category "OTHER".)

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PAGE

78. / PAGE

Now I have a few questions about you. What is YOUR age?

(IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your last birthday.")

(READ IF NEEDED, "Are you...")

0. UNDER 18,
1. 18 TO 24,
2. 25 TO 34,
3. 35 TO 44,
4. 45 TO 54,
5. 55 TO 64,
6. 65 TO 74, OR
7. 75 OR OLDER?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PGENDER

79. / PGENDER

(IWER: ENTER RESPONDENT'S SEX. "DK" NOT ALLOWED.)

(IWER: IF NECESSARY ASK, "Are you male or female?")

1. MALE
2. FEMALE

EDUCAT

80. / EDUCAT

What is the highest grade or level of school that you have COMPLETED?
Did you complete...

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE
SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT
LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS
SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH
SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST)

1. 8TH GRADE OR LESS,
2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
3. HIGH SCHOOL GRADUATE OR GED,
4. SOME COLLEGE OR 2-YEAR DEGREE,
5. 4-YEAR COLLEGE GRADUATE, OR
6. MORE THAN A 4-YEAR COLLEGE DEGREE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHRELT

81. / CHRELT

How are you related to the child?

(READ IF NEEDED: "Are you the ...")

1. MOTHER OR FATHER,
2. GRANDPARENT,
3. AUNT OR UNCLE,
4. OLDER BROTHER OR SISTER,
5. OTHER RELATIVE,
6. LEGAL GUARDIAN, OR
7. SOMEONE ELSE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.