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CARD RE-1

NATIONAL ORIGIN

- -- Puerto Rican
- -- Cuban
- -- Mexican, Mexican-American, Mexicano, Chicano
- -- Other Latin American
- -- Other Spanish

CARD RE-1A

NATIONAL ORIGIN

- 1. Puerto Rican
- 2. Cuban/Cuban American
- 3. Dominican (Republic)
- 4. Mexican
- 5. Mexican-American
- 6. Central or South American
- 91. Other Latin American
- 92. Other Hispanic/Latino

CARD RE-2

RACIAL BACKGROUND

- -- American Indian
- -- Aleut, Eskimo
- -- Asian or Pacific Islander
- -- Black
- -- White

RE-2A

CARD RE-2A

RACIAL BACKGROUND

White

Black/African American

Indian (American)

Alaska Native

Native Hawaiian

Guamanian

Samoan

Other Pacific Islander

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Some Other Race

CARD PG-1

- High Blood Pressure, Toxemia,Pre-Eclampsia, or Eclampsia
- -- Anemia
- Diabetes, Gestational Diabetes, or High Blood Sugar
- -- Low Lying Placenta (Placenta Previa)
- -- Vaginal Bleeding
- -- Premature Labor

CARD HE-1

- -- No Difficulty
- -- Some Difficulty
- -- A Lot of Difficulty
- -- Completely Unable To Do It

TYPES OF HEALTH CARE PROVIDERS AND FACILITIES

Medical Professionals and Practitioners:

Medical Doctor

Nurse or Nurse Practitioner

Paramedic

Health Aide

Physician's Assistant

Midwife/Nurse Midwife

Optometrist/Ophthalmologist

Podiatrist (Foot Doctor)

Chiropractor

Acupuncturist

Therapist - Physical, Speech,

Occupational

Audiologist

Physiatrist

Mental Health Professionals:

Psychiatrist

Psychologist

Psychiatric Social Worker

Mental Health Therapist

Medical Facility or Clinic:

Health Clinic

Walk-in Surgi-Clinic

Company or School Clinic

Infirmary

Neighborhood Health Clinic

Family Planning Center

Mental Health Facility

Dental Care:

Dentist

Dental or Oral Surgeon

Orthodontist

Dental Hygienist

Dental Technician

Dental Assistant

TYPES OF HOSPITAL SERVICES

TYPES OF LONG TERM CARE FACILITIES

Overnight Stay (1 or more nights)

Emergency Room Visit

Outpatient Department Visit

Convalescent Home

Nursing Home

Nursing Home Unit of a Hospital

Intermediate Care Facilities

Board and Care Homes

Residential Psychiatric Institution

Facility for the Mentally Retarded

Group Homes

Long Term Place that Provides Hospice Care

Long Term Place that Provides Respite Care

TYPES OF HOME CARE SERVICES

Skilled Medical Care

Home care from a nurse, any type of therapist, a doctor, a social worker, or anyone else providing nursing or medical care.

Personal Care

Home care services including bathing, dressing, or help getting around the house either paid or unpaid.

Household Chore Services

Help in the home with services like cooking or cleaning either paid or unpaid.

Companionship

Services such as reading, talking, or going for a walk, a drive, or to a restaurant either paid or unpaid.

Any Other Type of Home Care

TYPES OF OTHER MEDICAL SUPPLIES/EXPENSES

Eyeglasses or Contact Lenses ...

Bought

Replaced

Paid for Repairing

Diabetic Equipment or Supplies ...

Insulin

Syringes

Test Paper

Other Diabetic Equipment or Supplies

CARD PP-4A

AMBULANCE SERVICES

ORTHOPEDIC ITEMS

- -- Corrective shoes or inserts
- -- Braces
- -- Crutches
- -- Canes
- -- Walkers
- -- Wheelchairs
- -- Scooters

HEARING DEVICES

- -- Hearing aids
- -- Amplifiers for a telephone
- -- Adaptive speech equipment
- -- Speech synthesizer

PROSTHESES

-- Artificial limbs

BATHROOM AIDS

- -- Portable commodes
- -- Raised toilet seats
- -- Portable tub seats
- -- Handrails
- -- Other bathing equipment

MEDICAL EQUIPMENT

- -- Hospital beds
- -- Lifts
- -- Monitors
- -- Special chairs
- -- Oxygen
- -- Bed pans
- -- Adaptive feeding equipment
- -- Vaporizer or nebulizer
- -- Blood pressure monitor

DISPOSABLE SUPPLIES

- -- Ostomy supplies
- -- Bandages
- -- Dressings
- -- Tape
- -- Diapers
- -- Catheters
- -- Syringes not prescribed by a physician
- -- IV supplies

ALTERATIONS/MODIFICATIONS

- -- Ramps
- -- Handrails
- -- Elevators
- -- Automobile modifications

OTHER

PP-5

CARD PP-5

TYPES OF DENTAL CARE PROVIDERS

Dentist

Dental or Oral Surgeon

Orthodontist

Dental Hygienist

Dental Technician

Dental Assistant

PP-6

CARD PP-6

TYPES OF MEDICAL PROVIDERS

Medical Professionals:

Medical Doctor

Nurse

Nurse Practitioner

Nurse Midwife

Physiatrist

Mental Health Professionals:

Psychiatrist

Psychologist

TYPES OF HOSPITAL SERVICES

Overnight Stay (1 or more nights)

Emergency Room Visit

Outpatient Department Visit

TYPES OF OTHER MEDICAL PROVIDERS

Medical Professionals and Practitioners:

Paramedic

Health Aide

Physician's Assistant

Midwife

Optometrist/Ophthalmologist

Podiatrist (Foot Doctor)

Chiropractor

Acupuncturist

Therapist - Physical, Speech, Occupational

Audiologist

Medical Facility or Clinic:

Health Clinic

Walk-in Surgi-Clinic

Company or School Clinic

Infirmary

Neighborhood Health Clinic

Family Planning Center

Mental Health Facility

Mental Health Professionals:

Psychiatric Social Worker Mental Health Therapist

TYPES OF HOME CARE SERVICES

Skilled Medical Care

Home care from a nurse, any type of therapist, a doctor, a social worker, or anyone else providing nursing or medical care.

Personal Care

Home care services including bathing, dressing, or help getting around the house either paid or unpaid.

Household Chore Services

Help in the home with services like cooking or cleaning either paid or unpaid.

Companionship

Services such as reading, talking, or going for a walk, a drive, or to a restaurant either paid or unpaid.

Any Other Type of Home Care

PP-10

CARD PP-10

TYPES OF LONG TERM CARE FACILITIES

Convalescent Home

Nursing Home

Nursing Home Unit of a Hospital

Intermediate Care Facilities

Board and Care Homes

Residential Psychiatric Institution

Facility for the Mentally Retarded

Group Homes

Long Term Place that Provides Hospice Care

Long Term Place that Provides Respite Care

PP-11

CARD PP-11

TYPES OF OTHER MEDICAL SUPPLIES/EXPENSES

Eyeglasses or Contact Lenses ...

Bought

Replaced

Paid for Repairing

Diabetic Equipment or Supplies ...

Insulin

Syringes

Test Paper

Other Diabetic Equipment or Supplies

AMBULANCE SERVICES

ORTHOPEDIC ITEMS

- -- Corrective shoes or inserts
- -- Braces
- -- Crutches
- -- Canes
- -- Walkers
- -- Wheelchairs
- -- Scooters

HEARING DEVICES

- -- Hearing aids
- -- Amplifiers for a telephone
- -- Adaptive speech equipment
- -- Speech synthesizer

PROSTHESES

-- Artificial limbs

BATHROOM AIDS

- -- Portable commodes
- -- Raised toilet seats
- -- Portable tub seats
- -- Handrails
- -- Other bathing equipment

MEDICAL EQUIPMENT

- -- Hospital beds
- -- Lifts
- -- Monitors
- -- Special chairs
- -- Oxygen
- -- Bed pans
- -- Adaptive feeding equipment
- -- Vaporizer or nebulizer
- -- Blood pressure monitor

DISPOSABLE SUPPLIES

- -- Ostomy supplies
- -- Bandages
- -- Dressings
- -- Tape
- -- Diapers
- -- Catheters
- -- Syringes not prescribed by a physician
- -- IV supplies

ALTERATIONS/MODIFICATIONS

- -- Ramps
- -- Handrails
- -- Elevators
- -- Automobile modifications

OTHER

CARD HS-1

- -- Operation or Surgical Procedure
- -- Treatment or Therapy, Not Including Surgery
- -- Diagnostic Tests Only
- -- Give Birth To a Baby Normal or Caesarean Section (Mother)
- -- To Be Born (Baby)

CARD ER-1

- -- Diagnosis or Treatment
- -- Emergency (e.g., Accident or Injury)
- Psychotherapy or Mental Health Counseling
- -- Follow-up or Post-Operative Visit
- -- Immunization or Shots
- -- Maternity Care (Pre/Postnatal)

CARD ER-2

- -- Laboratory Tests
- -- Sonogram or Ultrasound
- -- X-Rays
- -- Mammogram
- -- MRI or CAT Scan
- -- EKG or ECG
- -- EEG
- -- Vaccination
- -- Anesthesia

CARD OP-1

- -- General Checkup
- -- Diagnosis or Treatment
- -- Emergency (e.g., Accident or Injury)
- -- Psychotherapy or Mental Health Counseling
- -- Follow-up or Post-Operative Visit
- -- Immunizations or Shots
- -- Vision Exam
- -- Maternity Care (Pre/Postnatal)
- -- Well Child Exam

CARD OP-2

- -- Physical Therapy
- -- Occupational Therapy
- -- Speech Therapy
- -- Chemotherapy
- -- Radiation Therapy
- -- Kidney Dialysis
- -- IV Therapy
- -- Drug or Alcohol Treatment
- -- Allergy Shot
- -- Psychotherapy/Counseling

CARD OP-3

- -- Laboratory Tests
- -- Sonogram or Ultrasound
- -- X-Rays
- -- Mammogram
- -- MRI or CAT Scan
- -- EKG or ECG
- -- EEG
- -- Vaccination
- -- Anesthesia

CARD MV-1

- -- General Checkup
- -- Diagnosis or Treatment
- -- Emergency (e.g., Accident or Injury)
- -- Psychotherapy or Mental Health Counseling
- -- Follow-up or Post-Operative Visit
- -- Immunizations or Shots
- -- Vision Exam
- -- Maternity Care (Pre/Postnatal)
- -- Well Child Exam

CARD MV-2

- -- Physical Therapy
- -- Occupational Therapy
- -- Speech Therapy
- -- Chemotherapy
- -- Radiation Therapy
- -- Kidney Dialysis
- -- IV Therapy
- -- Drug or Alcohol Treatment
- -- Allergy Shot
- -- Psychotherapy/Counseling

CARD MV-3

- -- Laboratory Tests
- -- Sonogram or Ultrasound
- -- X-Rays
- -- Mammogram
- -- MRI or CAT Scan
- -- EKG or ECG
- -- EEG
- -- Vaccination
- -- Anesthesia

CARD DN-1

* DIAGNOSTIC OR PREVENTATIVE

- -- General Exam, Checkup or Consultation
- -- Cleaning, Prophylaxis, or Polishing
- -- X-Rays, Radiographs, or Bitewings
- -- Fluoride Treatment
- -- Sealant (Plastic Coatings on Back Teeth)

* RESTORATIVE OR ENDODONTIC

- -- Fillings
- -- Inlays
- -- Crowns or Caps
- -- Root Canal

* PERIODONTIC (GUM TREATMENT)

- -- Periodontal Scaling, Root Planing, or Gum Surgery
- -- Periodontal Recall Visit (Periodic or Regular)

* ORAL SURGERY

- -- Extraction, Tooth Pulled
- -- Implants
- -- Abscess or Infection Treatment
- -- Other Oral Surgery

* PROSTHETICS

- -- Fixed Bridges
- -- Dentures or Removable Partial Dentures
- -- Relining or Repair of Bridges or Dentures

* ORTHODONTICS

-- Orthodontia, Braces, or Retainers

* ADDITIONAL PROCEDURES

- -- Bonding, Whitening, or Bleaching
- -- Treatment for TMD or TMJ

CARD HH-1

- -- Certified Nursing Assistant (CNA)
- -- Companion
- -- Dietitian/Nutritionist
- -- Home Health/Home Care Aide
- -- Hospice Worker
- -- Homemaker
- -- I.V. or Infusion Therapist
- -- Medical Doctor
- -- Nurse/Nurse Practitioner
- -- Nurse's Aide
- -- Occupational Therapist
- -- Personal Care Attendant
- -- Physical Therapist
- -- Respiratory Therapist
- -- Social Worker
- -- Speech Therapist

CARD HH-2

Medical Treatments

Changing bandages, wound care, giving medication, taking blood pressure, giving shots or injections, any type of therapy, other medical treatments

Help Using Medical Equipment or Assistive Device (Examples)

Oxygen tank, wheelchair, walker, hospital bed, tub seat, special railing, special commode, other medical equipment or assistive device

Help With Daily Activities or Personal Care (Examples)

Using the telephone, paying bills, shopping, driving, housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking, eating, other daily activities or personal care

CARD HH-3

Help With Daily Activities or Personal Care (Examples)

Using the telephone, paying bills, shopping, driving, housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking, eating, other daily activities or personal care

CARD CP-1

- -- Paid At Time Of Visit
- -- Made A Copayment
- -- Bill Sent Directly To Other Source
- -- Bill Has Not Arrived
- -- No Bill Sent:
 - -- HMO Plan
 - -- VA
 - -- Military Facility
 - -- Welfare/Medicaid
 - -- Worker's Compensation
 - School, Employer, or Other Private Health Center/Clinic
 - Public Clinic/Health Center or Private
 Charity (Include Community and Migrant
 Health Center, Federally Qualified
 Health Center, Indian Health Services)
- -- No Charge: Telephone Call
- -- Free From Provider (Professional Courtesy/Free Sample)
- Government-Financed Research And Clinical Trials

CARD AP-1

- -- Acupuncture
- -- Nutritional advice or lifestyle diets
- -- Massage therapy
- -- Herbal remedies purchased
- Bio-feedback training
- -- Training or practice of meditation, imagery, or relaxation techniques
- -- Homeopathic treatment
- -- Spiritual healing or prayer
- -- Hypnosis
- -- Traditional medicine, such as Chinese, Ayurvedic, American Indian, etc.
- -- Other treatment

CARD CN-1

- -- A Motor Vehicle
- -- A Gun
- -- Weapon Other Than a Gun
- -- A Poison or Something That Can Poison (Like Gasoline or a Cleaning Fluid or Chemical)
- -- A Fire or Something Hot That Would Cause a Burn
- -- A Drowning or Near-Drowning
- -- A Sports Injury
- -- A Fall (Exclude Falls Related to Sports)

CARD OC-1

TYPES OF OVER-THE-COUNTER MEDICATION

-- Digestive System Problem Medication

Examples: antacids, laxatives, adult pain relievers, and diarrhea remedies

-- Respiratory Problem Medication

Examples: allergy/hay fever remedies, adult and children pain relievers, room vaporizers, liquid cold remedies, cough remedies, chest rubs/ointments, sprays/inhalers, cough drops, sore throat lozenges/gum, anesthetic throat lozenges, asthma remedies, nose drops, and special sinus remedies

-- Pain Problem Medication

Examples: adult and children pain relievers and pain relieving rubs

-- Skin Problem Medication

Examples: jock itch remedy, hemorrhoid remedies, anti-itch cream/lotion, diaper rash remedies, medicated powder/talc, antiseptics, suntan lotion, sunburn remedies, acne cream/lotion, athlete's foot remedies, dandruff shampoos, wart removers, psoriasis remedies, skin spot remedies, ingrown toenail remedies, and skin cream/lotion

-- Eye/Ear/Mouth Problem Medication

Examples: eye drops, eye washes, ear drops, lip products, mouth or gum pain reliever, cold sore remedies, dental floss products, sensitive teeth remedies, dental rinse, and adult and children pain relievers

-- Feminine Problem Medication

Examples: adult pain relievers, pre-menstrual/menstrual relief products, vaginal itching and irritation creams, feminine douches, and water pills

-- General Well-Being Problem Medication

Examples: adult pain relievers, diet pills, sleep aids, stay awake products, and motion sickness remedies

CARD OE-1

- Hospital and Physician Benefits, Including Coverage Through an HMO
- -- Dental
- Prescription Drugs
- -- Vision
- -- Medicare Supplement or Medigap
- -- Long-Term Care in a Nursing Home
- -- Extra Cash for Hospital Stays
- -- Serious Disease or Dread Disease

PR-1

CARD PR-1

Medicare HMO'S [State Name Here]

CARD PR-2

Plan Names [State Name Here]

CARD PR-3

- -- TANF (Temporary Assistance for Needy Families)
- -- SSI (Supplemental Security Income)
- -- WIC (Women, Infants and Children)
- -- IHS (Indian Health Service)
- -- Public Health Clinic
- -- VA (Veterans Administration)

- -- From a Professional Association
- -- From a Small Business Group
- -- From a Union
- -- From a Health Insurance Purchasing Alliance
- -- Directly From an Insurance Agent
- -- Directly From Insurance Company
- -- Directly From an HMO
- -- From a Previous Employer
- -- From a Previous Employer (COBRA)

Sample Medicare Card

MEDICARE	_\ _ HEAL	TH INSURANCE
	San Ce	
S OCIAL SECURITY ACT		
NAME OF BENEFICIARY JOHN D. DOE		
MEDICARE CLAIM NUMBI 123-45-6789A	ER SEX MALI	E
IS ENTITLED TO	EFFECT	IVE DATE
HOSPITAL INSURANCE (PART A) 1/1/95 MEDICAL INSURANCE (PART B)		
SIGN HERE -		

Sample Medicaid Card [State Name Here]

- -- From a Group or Association
- -- From a Health Insurance Purchasing Alliance
- -- Directly Through a School
- -- Directly From an Insurance Agent
- -- Directly From Insurance Company
- -- Directly From an HMO
- -- From a Union
- -- From Anyone's Previous Employer (COBRA)
- From Anyone's Previous Employer (Not COBRA)
- From Spouse's/Deceased Spouse's Previous Employer
- -- From Some Other Employer
- -- Under Plan of Someone Not Living Here

Medicare HMO'S [State Name Here]

State-Specific Plan Names [State Name Here]

- Hospital and Physician Benefits, Including Coverage Through an HMO
- -- Dental
- -- Prescription Drugs
- -- Vision
- -- Medicare Supplement or Medigap
- -- Long-Term Care in a Nursing Home
- -- Extra Cash for Hospital Stays
- -- Serious Disease or Dread Disease

CARD IN-1

-- 100,001 or more

CARD IN-2

- -- 1 250
- -- 251 500
- -- 501 750
- -- 751 1,000
- -- 1,001 or more

CARD IN-3

- -- Wages and salary
- -- Farm income (or loss)
- -- Business income (or loss)
- -- Social Security/Railroad Retirement
- -- Private, military, or government pensions
- -- Interest
- -- Dividends
- -- Rental income (or loss)
- -- Other source

- -- 0 500
- -- 501 1,000
- -- 1,001 5,000
- -- 5,001 10,000
- -- 10,001 25,000
- -- 25,001 50,000
- -- 50,001 100,000
- -- 100,001 250,000
- -- 250,001 500,000
- -- 500,001 1,000,000
- -- 1,000,001 or more