

**MEDICAL EXPENDITURE PANEL SURVEY**

**HOUSEHOLD COMPONENT  
MAIN STUDY**

**SHOW CARDS**

**TO BE USED FOR PANELS 6, 7 AND 8**

**Spring 2003**

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# CARD RE-1A

RE-1A

Puerto Rican

Cuban/Cuban American

Dominican (Republic)

Mexican

Mexican-American

Central or South America

# CARD RE-1B

Puerto Rican

Cuban/Cuban American

Dominican

Mexican

Mexican-American

Central or South America

**RE-1B**

## CARD RE-2A

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

**RE-2A**

## CARD RE-2B

White

Black/African American

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

**RE-2B**

# CARD RE-2C

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

# CARD RE-3A

RE-3A

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

## Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$9,300	less than \$775
B. \$9,301 – \$14,000	\$776 – \$1,167
C. \$14,001 – \$18,700	\$1,168 – \$1,558
D. \$18,701 – \$28,000	\$1,559 – \$2,333
E. more than \$28,000	more than \$2,333

## CARD RE-3B

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

**RE-3B**

### Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$12,100	less than \$1,008
B. \$12,101 – \$18,100	\$1,009 – \$1,508
C. \$18,101 – \$24,200	\$1,509 – \$2,017
D. \$24,201 – \$36,300	\$2,018 – \$3,025
E. more than \$36,300	more than \$3,025

# CARD RE-3C

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

**RE-3C**

**Income Categories:**

<u>Yearly</u>	<u>Monthly</u>
A. less than \$8,600	less than \$716
B. \$8,601 – \$12,900	\$717 – \$1,075
C. \$12,901 – \$17,200	\$1,076 – \$1,433
D. \$17,201 – \$25,900	\$1,434 – \$2,158
E. more than \$25,900	more than \$2,158

## CARD RE-3D

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

### Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$10,900	less than \$908
B. \$10,901 – \$16,300	\$909 – \$1,358
C. \$16,301 – \$21,700	\$1,359 – \$1,808
D. \$21,701 – \$32,600	\$1,809 – \$2,717
E. more than \$32,600	more than \$2,717

**RE-3D**

## CARD RE-3E

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

### Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$14,300	less than \$1,192
B. \$14,301 – \$21,500	\$1,193 – \$1,792
C. \$21,501 – \$28,700	\$1,793 – \$2,392
D. \$28,701 – \$43,000	\$2,393 – \$3,583
E. more than \$43,000	more than \$3,583

# CARD RE-3F

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

## Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$18,400	less than \$1,533
B. \$18,401 – \$27,600	\$1,534 – \$2,300
C. \$27,601 – \$36,700	\$2,301 – \$3,058
D. \$36,701 – \$55,100	\$3,059 – \$4,592
E. more than \$55,100	more than \$4,592

# CARD RE-3G

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

RE-3G

## Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$21,700	less than \$1,808
B. \$21,701 – \$32,600	\$1,809 – \$2,717
C. \$32,601 – \$43,500	\$2,718 – \$3,625
D. \$43,501 – \$65,200	\$3,626 – \$5,433
E. more than \$65,200	more than \$5,433

# CARD RE-3H

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

RE-3H

## Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$24,600	less than \$2,050
B. \$24,601 – \$36,800	\$2,051 – \$3,067
C. \$36,801 – \$49,100	\$3,068 – \$4,092
D. \$49,101 – \$73,700	\$4,093 – \$6,142
E. more than \$73,700	more than \$6,142

## CARD RE-3I

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

### Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$27,900	less than \$2,325
B. \$27,901 – \$41,900	\$2,326 – \$3,492
C. \$41,901 – \$55,800	\$3,493 – \$4,650
D. \$55,801 – \$83,800	\$4,651 – \$6,983
E. more than \$83,800	more than \$6,983

**RE-3I**

## CARD RE-3J

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

### Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$31,000	less than \$2,583
B. \$31,001 – \$46,500	\$2,584 – \$3,875
C. \$46,501 – \$62,000	\$3,876 – \$5,167
D. \$62,001 – \$93,000	\$5,168 – \$7,750
E. more than \$93,000	more than \$7,750

## CARD RE-3K

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

## Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$36,600	less than \$3,050
B. \$36,601 – \$54,900	\$3,051 – \$4,575
C. \$54,901 – \$73,200	\$4,576 – \$6,100
D. \$73,201 – \$109,800	\$6,101 – \$9,150
E. more than \$109,800	more than \$9,150

## 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

# CARD HE-2

0 \_\_\_\_\_ 4  
NO PROBLEM A VERY BIG PROBLEM

**HE-2**

## CARD HE-3

- Definitely False
- Mostly False
- Mostly True
- Definitely True

## CARD CS-1

CS-1

- 1 Definitely True
- 2 Mostly True
- 3 Don't Know
- 4 Mostly False
- 5 Definitely False

## CARD CS-2

- 0 No Problem
- 1
- 2 Some Problem
- 3
- 4 A very Big Problem

CS-2

## CARD CS-3

- Never
- Sometimes
- Usually
- Always

## CARD CS-4

- A Big Problem
- A Small Problem
- Not A Problem

## CARD CS-5

0 Worst Health Care Possible

1

2

3

4

5

6

7

8

9

10 Best Health Care Possible

# CARD PP-1

## 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  
Physical Therapy or Rehabilitation Services

### 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

## CARD PP-2

### TYPES OF HOSPITAL SERVICES

Overnight Stay (1 or more nights)

Emergency Room Visit

Outpatient Department Visit

### 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

Assisted Living Facilities

## CARD PP-3

### **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, help getting around the house, or help with getting medication, 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**

## CARD PP-4

### **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**

## **TYPES OF DENTAL CARE PROVIDERS**

Dentist

Dental or Oral Surgeon

Orthodontist

Dental Hygienist

Dental Technician

Dental Assistant

## CARD PP-6

### TYPES OF MEDICAL PROVIDERS

#### Medical Professionals:

Medical Doctor

Nurse

Nurse Practitioner

Midwife/Nurse Midwife

Physiatrist

Paramedic

Health Aide

Physical Therapy or Rehabilitation Services

Therapist-Physical, Speech, Occupational

Physician's Assistant

Optometrist/Ophthalmologist

Podiatrist (Foot Doctor)

Chiropractor

Acupuncturist

Audiologist

PP-6

#### Mental Health Professionals:

Psychiatrist

Psychologist

Psychiatric Social Worker

Mental Health Therapist

## CARD PP-7

### **TYPES OF HOSPITAL SERVICES**

Overnight Stay (1 or more nights)

Emergency Room Visit

Outpatient Department Visit

**PP-7**

## CARD PP-8

### **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  
Physical Therapy or Rehabilitation Services

#### **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

## CARD PP-9

### **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, help getting around the house, or help with getting medication, 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 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

Assisted Living Facilities

## 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

# CARD PP-12

## **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

OP-1

## 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

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
- Other Diagnostic Test

# 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

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 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)

CN-1

CARD PC-1

# **TYPES OF STEROID INHALERS**

**PC-1**

## CARD AP-1

- Less than 79 pounds
- 80 to 99 pounds
- 100 to 119 pounds
- 120 to 139 pounds
- 140 to 159 pounds
- 160 to 179 pounds
- 180 to 199 pounds
- 200 to 219 pounds
- 220 to 239 pounds
- 240 to 259 pounds
- 260 to 279 pounds
- 280 to 299 pounds
- 300 to 319 pounds
- 320 to 339 pounds
- 340 to 359 pounds
- 360 to 379 pounds
- 380 to 399 pounds
- More than 400 pounds

CARD AC-1

- Very Difficult
- Somewhat Difficult
- Not Too Difficult
- Not At All Difficult

## CARD AC-2

- White
- Black/African American
- Asian
- Indian/Native American Alaska Native
- Other Pacific Islander
- Some Other Race

AC-2

## CARD AC-3

- Never
- Sometimes
- Usually
- Always

## CARD AC-4

- Couldn't Afford Care
- Insurance Company Wouldn't Approve, Cover Or Pay For Care
- Doctor Refused To Accept Family's Insurance Plan
- Problems Getting to Doctor's Office
- Different Language
- Couldn't Get Time Off Work
- Didn't Know Where To Go To Get Care
- Was Refused Services
- Couldn't Get Child Care
- Didn't Have Time Or Took Too Long

## CARD AC-5

- A Big Problem
- A Small Problem
- Not A Problem

## CARD OE-1

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

CARD PR-1

**Medicare HMO'S  
[State Name Here]**

**(One for Each State)**

**PR-1**

**CARD PR-2**

**Plan Names  
[State Name Here]**

**(One for Each State)**

**PR-2**

## CARD PR-3

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

## CARD HX-1

- 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)

# CARD HX-2

HX-2

## Sample Medicare Card

<b>MEDICARE</b>			<b>HEALTH INSURANCE</b>	
<b>SOCIAL SECURITY ACT</b>				
NAME OF BENEFICIARY				
<b>JOHN D. DOE</b>				
MEDICARE CLAIM NUMBER			SEX	
<b>123-45-6789A</b>			<b>MALE</b>	
IS ENTITLED TO			EFFECTIVE DATE	
<b>HOSPITAL INSURANCE (PART A)</b>			<b>1/1/95</b>	
<b>MEDICAL INSURANCE (PART B)</b>				
SIGN HERE		➔ _____		

**CARD HX-3**

**Sample Medicaid Card  
[State Name Here]**

**(One for Each State)**

**HX-3**

## CARD HX-4

- 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

CARD HX-5

**Medicare HMO'S**  
**[State Name Here]**

**(One for Each State)**

**HX-5**

CARD HX-6

**State-Specific Plan Names**  
**[State Name Here]**

**(One for Each State)**

## CARD HX-7

HX-7

- 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 HX-8

**PLAN NAME (FOR FEDERAL CIVILIAN EMPLOYEES)**

**(STATE NAME HERE)**

## CARD SP-1

- A Big Problem
- A Small Problem
- Not a Problem

## CARD SP-2

0 Worst Health Plan Possible

1

2

3

4

5

6

7

8

9

10 Best Health Plan Possible

**SP-2**

## CARD IN-1

- 1 - 2,500
- 2,501 - 5,000
- 5,001 - 10,000
- 10,001 - 20,000
- 20,001 - 30,000
- 30,001 - 40,000
- 40,001 - 50,000
- 50,001 - 75,000
- 75,001 - 100,000
- 100,001 or more

## CARD IN-2

**IN-2**

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

CARD IN-2A

**State-Specific TANF Program**  
**[State Name Here]**

**(One for Each State)**

**IN-2A**

## 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

## CARD AS-1

- 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

