

MEDICAL EXPENDITURE PANEL SURVEY

**HOUSEHOLD COMPONENT
MAIN STUDY**

**BLAISE/WVS
SHOW CARDS**

Panels 13, 14, and 15

January 2010

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CARD RE-1B

- Puerto Rican
- Cuban/Cuban American
- Dominican
- Mexican
- Mexican-American
- Central or South American

RE-1B

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

RE-2C

CARD 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/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 \$11,000		less than \$917
B.	\$11,000 – \$16,600		\$917 – \$1,383
C.	\$16,601 – \$22,100		\$1,384 – \$1,842
D.	\$22,101 – \$33,100		\$1,843 – \$2,758
E.	more than \$33,100		more than \$2,758

RE-3A

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/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.	\$14,300 – \$21,400	\$1,192 – \$1,783
C.	\$21,401 – \$28,600	\$1,784 – \$2,383
D.	\$28,601 – \$42,800	\$2,384 – \$3,567
E.	more than \$42,800	more than \$3,567

CARD RE-3C

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/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 \$10,200	less than \$850
B.	\$10,200 – \$15,300	\$850 – \$1,275
C.	\$15,301 – \$20,400	\$1,276 – \$1,700
D.	\$20,401 – \$30,500	\$1,701 – \$2,542
E.	more than \$30,500	more than \$2,542

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/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-3D

Income Categories:

	<u>Yearly</u>	<u>Monthly</u>
A.	less than \$12,800	less than \$1,067
B.	\$12,800 – \$19,300	\$1,067 – \$1,608
C.	\$19,301 – \$25,700	\$1,609 – \$2,142
D.	\$25,701 – \$38,500	\$2,143 – \$3,208
E.	more than \$38,500	more than \$3,208

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/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 \$16,900	less than \$1,408
B.	\$16,900 – \$25,400	\$1,408 – \$2,117
C.	\$25,401 – \$33,800	\$2,118 – \$2,817
D.	\$33,801 – \$50,800	\$2,818 – \$4,233
E.	more than \$50,800	more than \$4,233

RE-3E

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/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 \$21,700	less than \$1,808
B.	\$21,700 – \$32,600	\$1,808 – \$2,717
C.	\$32,601 – \$43,400	\$2,718 – \$3,617
D.	\$43,401 – \$65,100	\$3,618 – \$5,425
E.	more than \$65,100	more than \$5,425

RE-3F

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/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 \$25,700	less than \$2,142
B.	\$25,700 – \$38,500	\$2,142 – \$3,208
C.	\$38,501 – \$51,300	\$3,209 – \$4,275
D.	\$51,301 – \$77,000	\$4,276 – \$6,417
E.	more than \$77,000	more than \$6,417

CARD RE-3H

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/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 \$29,000	less than \$2,417
B.	\$29,000 – \$43,500	\$2,417 – \$3,625
C.	\$43,501 – \$58,000	\$3,626 – \$4,833
D.	\$58,001 – \$87,000	\$4,834– \$7,250
E.	more than \$87,000	more than \$7,250

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/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-3I

Income Categories:

	<u>Yearly</u>	<u>Monthly</u>
A.	less than \$33,000	less than \$2,750
B.	\$33,000 – \$49,500	\$2,750 – \$4,125
C.	\$49,501 – \$66,000	\$4,126 – \$5,500
D.	\$66,001 – \$99,000	\$5,501 – \$8,250
E.	more than \$99,000	more than \$8,250

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/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 \$36,700	less than \$3,058
B.	\$36,700 – \$55,000	\$3,058 – \$4,583
C.	\$55,001 – \$73,300	\$4,584 – \$6,108
D.	\$73,301 – \$110,000	\$6,109 – \$9,167
E.	more than \$110,000	more than \$9,167

RE-3J

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/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 \$43,700	less than \$3,642
B.	\$43,700 – \$65,600	\$3,642 – \$5,467
C.	\$65,601 – \$87,500	\$5,468 – \$7,292
D.	\$87,501 – \$131,200	\$7,293 – \$10,933
E.	more than \$131,200	more than \$10,933

RE-3K

CARD HE-1

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

CARD CS-1

CS-1

- Definitely True
- Mostly True
- Don't Know
- Mostly False
- 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-3A

None

1

2

3

4

5-9

10 or more

CS-3A

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

Hospital Stay

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 Intellectually Disabled

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

CARD PP-5

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

Hospital Stay

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
- Infirmery
- 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 Intellectually Disabled

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

PP-11

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 EV-1A (Rounds 1, 2 and 4)

- Hospital Stay
- Hospital Emergency Room
- Hospital Outpatient Department
- Medical Provider
 - e.g., Doctor's Office, Group Practice, Clinic, HMO, Lab, Mental Health Care, Alternative Care
- Dental Office/Dental Clinic
- At Home
- Other Medical Expenses
 - Eyeglasses or Contact Lenses
 - Insulin, Other Diabetic Equipment/Supplies
- Institutional/Long Term Care Stay
 - e.g., Nursing Home, Rehabilitation Facility, Drug Treatment, Psychiatric Facility

CARD EV-1B (Rounds 3 and 5)

- Hospital Stay
- Hospital Emergency Room
- Hospital Outpatient Department
- Medical Provider
 - e.g., Doctor's Office, Group Practice, Clinic, HMO, Lab, Mental Health Care, Alternative Care
- Dental Office/Dental Clinic
- At Home
- Other Medical Expenses
 - Eyeglasses or Contact Lenses
 - Insulin, Other Diabetic Equipment/Supplies
 - Ambulance, Orthopedic Items, Hearing Devices, Prostheses, Bathroom Aids, Medical Equipment, Disposable Supplies, Alterations/Modifications
- Institutional/Long Term Care Stay
 - e.g., Nursing Home, Rehabilitation Facility, Drug Treatment, Psychiatric Facility

CARD HS-1

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)
- Pregnancy-Related Complications

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
- Pregnancy-Related
(Including Prenatal Care and Delivery)

ER-1

CARD ER-2

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

ER-2

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
- Pregnancy-Related
(Including Prenatal Care and Delivery)
- Well Child Exam
- Laser Eye Surgery

CARD OP-2

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

CARD OP-3

- Laboratory Tests
- Throat Swab
- 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
- Pregnancy-Related
(Including Prenatal Care and Delivery)
- Well Child Exam
- Laser Eye Surgery

MV-1

CARD MV-2

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

MV-2

CARD MV-3

- Laboratory Tests
- Throat Swab
- 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 Co-payment
- Bill Sent Directly to Other Source
- Bill Has Not Arrived
- **No Bill Sent:**
 - HMO Plan
 - VA (Veterans Administration)/CHAMPVA
 - Military Facility
 - Public Assistance/Medicaid/SCHIP
 - Indian Health Service (IHS)
 - 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)
- No Charge: Telephone Call
- Free From Provider
(Professional Courtesy/Free Sample)
- Government-Financed Research And Clinical Trials

CARD PC-2

- Within the last 7 days
- More than 7 days ago, but within last 30 days
- More than 30 days ago

CARD AP-1

- 99 pounds or less
- 100 to 149 pounds
- 150 to 199 pounds
- 200 to 249 pounds
- 250 to 299 pounds
- 300 pounds or more

CARD AC-1

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

AC-1

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

- 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 Managed Care Plans
[State Name Here]**

(One for Each State)

PR-1

CARD PR-1A

- 1 - 50
- 51 - 100
- 101 - 200
- 201 - 300
- 301 or more

CARD PR-1B

- 1 - 30
- 31 - 60
- 61 - 90
- 91 - 120
- 121 or more

CARD PR-2

PR-2

Plan Names
[State Name Here]

(One for Each State)

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)/CHAMPVA

PR-3

CARD HX-1

- From a Professional Association
- From a Small Business Group
- From a Union
- 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

Sample Medicare Card

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

HX-2

CARD HX-3

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

(One for Each State)

CARD HX-4

HX-4

- From a Group or Association
- 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 Managed Care Plans
[State Name Here]**

(One for Each State)

HX-5

CARD HX-5A

- 1 - 50
- 51 - 100
- 101 - 200
- 201 - 300
- 301 or more

HX-5A

CARD HX-5B

- 1 - 30
- 31 - 60
- 61 - 90
- 91 - 120
- 121 or more

HX-5B

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]**

(One for Each State)

HX-8

CARD SP-1

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

SP-1

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 - 5,000
- 5,001 - 10,000
- 10,001 - 15,000
- 15,001 - 25,000
- 25,001 - 50,000
- 50,001 - 100,000
- 100,001 or more

CARD IN-1A

IN-1A

- 1 - 100
- 101 - 500
- 501 - 1,000
- 1,001 - 5,000
- 5,001 - 15,000
- 15,001 or more

CARD IN-2

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

IN-2

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 - 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

CARD AS-2

AS-2

- 0 - 100
- 101 - 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 or more

CARD AS-3

- 0 - 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 or more

AS-3