

**Attachment 2c. NHIS 2007 Flashcard  
Booklet**

54HIS-501(C) (2007)

NATIONAL  
HEALTH  
INTERVIEW  
SURVEY

U.S. Department  
of Commerce

BUREAU OF THE  
CENSUS

Field  
Representative=s  
Flashcard and  
Information  
Booklet (CAPI)

## CARD H1

*You may choose more than one.*

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

## CARD H2

*You may choose more than one.*

1. White
2. Black/African American
3. Indian (American)
4. Alaska Native
5. Native Hawaiian
6. Guamanian
7. Samoan
8. Other Pacific Islander
9. Asian Indian
10. Chinese
11. Filipino
12. Japanese
13. Korean
14. Vietnamese
15. Other Asian

### CARD H3

2. Spouse (husband/wife)
3. Unmarried Partner
4. Child (biological/adoptive/in-law/  
step/foster)
5. Child of Partner
6. Grandchild
7. Parent (biological/adoptive/in-law/  
step/foster)
8. Brother/Sister (biological/adoptive/in-law/  
step/foster)
9. Grandparent (Grandmother/Grandfather)
10. Aunt/Uncle
11. Niece/Nephew
12. Other relative
13. Housemate/Roommate
14. Roomer/Boarder
15. Other non-relative
16. Legal Guardian
17. Ward

## CARD F1

*You may choose more than one.*

1. Vision/problem seeing
  2. Hearing problem
  3. Speech problem
  4. Asthma/breathing problem
  5. Birth defect
  6. Injury
  7. Mental retardation
  8. Other developmental problem  
(e.g., cerebral palsy)
  9. Other mental, emotional, or behavioral  
problem
  10. Bone, joint, or muscle problem
  11. Epilepsy or seizures
  12. Learning disability
  13. Attention Deficit/Hyperactivity  
Disorder (ADD/ADHD)
- Other impairment/problem

## CARD F2

*You may choose more than one.*

1. Vision/problem seeing
  2. Hearing problem
  3. Arthritis/rheumatism
  4. Back or neck problem
  5. Fracture, bone/joint injury
  6. Other injury
  7. Heart problem
  8. Stroke problem
  9. Hypertension/high blood pressure
  10. Diabetes
  11. Lung/breathing problem (e.g., asthma and emphysema)
  12. Cancer
  13. Birth defect
  14. Mental retardation
  15. Other developmental problem (e.g., cerebral palsy)
  16. Senility
  17. Depression/anxiety/emotional problem
  18. Weight problem
- Other impairment/problem

# CARD F3

Beginning

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>8</b>	<b>9</b>	<b>10</b>				

Middle

			<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	

End

						<b>21</b>
<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>
<b>29</b>	<b>30</b>	<b>31</b>				

CARD F4

*You may choose up to four.*

Insert drawing of injured body parts here

Insert drawing of face here.

## CARD F5

*You may choose up to two.*

- . Broken bone or fracture
2. Sprain, strain, or twist
3. Cut
4. Scrape
5. Bruise
6. Burn
7. Insect bite
8. Animal bite
9. Other (specify)

## CARD F6

- . Passenger car
- . Passenger truck, such as a pickup truck, van, or SUV
- . Bus
- . Large commercial truck, such as a semi-truck, big rig, or 18-wheeler
- . Motorcycle (including mopeds, minibikes)
- . All terrain vehicle or ski/snow-mobile
- . Farm equipment (such as a tractor)
- . Industrial or construction vehicle
- . Other

## CARD F7

*You may choose up to two.*

On, down, from, or into:

1. Stairs, steps, or escalator
2. Floor or level ground
3. Curb (including sidewalk)
4. Ladder or scaffolding
5. Playground equipment
6. Sports field, court, or rink
7. Building or other structure
8. Chair, bed, sofa, or other furniture
9. Bathtub, shower, toilet, or commode
10. Hole or other opening
11. Other

## CARD F8

- . Slipping or tripping
- . Jumping or diving
- . Bumping into an object or another person
- . Being shoved or pushed by another person
- . Losing balance or having dizziness (becoming faint or having a seizure)
- . Other

## CARD F9

1. Swallowing a drug or medical substance mistakenly or in overdose
2. Swallowing or touching a harmful solid or liquid substance
3. Inhaling harmful gases or vapors
4. Eating a poisonous plant or other substance mistaken for food
5. Being bitten by a poisonous animal
6. Other (specify)

## CARD F10

*You may choose up to two.*

1. Driving or riding in a motor vehicle
2. Working at a paid job
3. Working around the house or yard
4. Attending school
5. Unpaid work (such as volunteer work)
6. Sports and exercise
7. Leisure activity (excluding sports)
8. Sleeping, resting, eating, or drinking
9. Cooking
10. Being cared for (hands-on care from other person)
11. Other (specify)

## CARD F11

*You may choose up to two.*

1. Home (inside)
2. Home (outside)
3. School (not residential)
4. Child care center or preschool
5. Residential institution (excluding hospital)
6. Health care facility (including hospital)
7. Street or highway
8. Sidewalk
9. Parking lot
10. Sport facility, athletic field, or playground
11. Shopping center, restaurant, store, bank, gas station, or other place of business
12. Farm
13. Park or recreation area (including bike or jog path)
14. River, lake, stream, or ocean
15. Industrial or construction area
16. Other public building
17. Other

## CARD F12

*You may choose more than one.*

1. Private health insurance\*
2. Medicare
3. Medi-Gap
4. Medicaid
5. SCHIP (CHIP/Children=s Health Insurance Program)
6. Military health care (TRICARE/VA/CHAMP-VA)
7. Indian Health Service
8. State-sponsored health plan
9. Other government program
10. Single service plan (e.g., dental, vision, prescriptions)
11. No coverage of any type

\*EXCLUDE private plans that only provide extra cash while hospitalized.

## CARD F13

Insert picture of Medicare card here.

## CARD F14 – Each State Has Separate Card

### STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL- SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Please find your state.

Note: Some Medicaid programs are called “Medical Assistance Program”, “Title 19” or “{State} Medicaid”, such as “Alabama Medicaid”. CHIP or S-CHIP programs can also be under “Title XXI Program” or “{State} CHIP”, such as “Pennsylvania CHIP”. The names provided below offer additional names for the public health insurance programs for each state.

<p style="text-align: center;"><b><u>ALABAMA</u></b></p> <p><b>Medicaid:</b> Patient 1st; SOBRA,</p> <p><b>CHIP:</b> AL-Kids, ALL KIDS</p> <p><b>State/Other:</b> Children's Rehabilitation Service (CRS), Alabama Child Caring Plan, Alabama Health Insurance Plan (AHIP); Alabama Health Plan</p>	<p style="text-align: center;"><b><u>ALASKA</u></b></p> <p><b>Medicaid:</b> Alaska Medicaid</p> <p><b>CHIP:</b> Denali KidCare, AKChip</p> <p><b>State/Other:</b> Chronic and Acute Medical Assistance (CAMA); Health Care Program for Children with Special Health Care Needs (HCP-CSN); Alaska Comprehensive Health Insurance Association (ACHIA)</p>	<p style="text-align: center;"><b><u>ARIZONA</u></b></p> <p><b>Medicaid:</b> AHCCCS; Arizona Health Care Cost Containment System; Healthy Arizona; SOBRA</p> <p><b>CHIP:</b> KidsCare</p> <p><b>State/Other:</b> Medically Indigent - Medically Needy Program (MI/MN); Office for Children with Special Health Care Needs (CSHCN); Young Adults Transitional Insurance (YATI)</p>
<p style="text-align: center;"><b><u>ARKANSAS</u></b></p> <p><b>Medicaid:</b> ConnectCare ; Katie Beckett; TEFRA</p> <p><b>CHIP:</b> ARKids First</p> <p><b>State/Other:</b> Arkansas Comprehensive Health Insurance Plan; Children's Medical Services (CMS)</p>	<p style="text-align: center;"><b><u>CALIFORNIA</u></b></p> <p><b>Medicaid:</b> Medi-Cal; Health Insurance Premium Payment Program (HIPP)</p> <p><b>CHIP:</b> Healthy Families Program (HFP)</p> <p><b>State/Other:</b> Access for Infants &amp; Mothers (AIM); County Medical Services Program (CMSP); California Children's Services (CCS); Major Risk Medical Insurance Program (MRMIP); CARE Health Insurance Premium Payment Program; California Major Risk Medical Insurance Program</p>	<p style="text-align: center;"><b><u>COLORADO</u></b></p> <p><b>Medicaid:</b> Primary Care Physician Program (PCPP); BabyCare / KidsCare</p> <p><b>CHIP:</b> Child Health Plan Plus (CHP+); Childrens Basic Health Plan</p> <p><b>State/Other:</b> Health Care Program for Children with Special Needs (HCP); CUHIP - Colorado Uninsurable Health Insurance Plan; CoverColorado; Colorado Indigent Care Program (CICP)</p>

<p style="text-align: center;"><b><u>CONNECTICUT</u></b></p> <p><b>Medicaid:</b> Medical Assistance Program; HUSKY Part A</p> <p><b>CHIP:</b> The HUSKY Plan; HUSKY PLUS, HUSKY Part B</p> <p><b>State/Other:</b> Refugee Medical Assistance; Children with Special Health Care Needs; Connecticut Health Reinsurance Association (HRA); Connecticut Insurance Assistance Program for AIDS Patients (CIAPAP); State-Administered General Assistance Medical Aid (SAGA); Family Health Services Division (BCH)</p>	<p style="text-align: center;"><b><u>DELAWARE</u></b></p> <p><b>Medicaid:</b> Diamond State Health Plan;</p> <p><b>CHIP:</b> Healthy Children The Delaware Healthy Children Program (DHCP)</p> <p><b>State/Other:</b> Children with Special Health Care Needs (CSHCN)</p>	<p style="text-align: center;"><b><u>DISTRICT OF COLUMBIA</u></b></p> <p><b>Medicaid:</b> Medical Assistance</p> <p><b>CHIP:</b> DC Healthy Families</p> <p><b>State/Other:</b> Medical Charities Program; Health Services for Children with Special Needs; DC Healthcare Alliance</p>
<p style="text-align: center;"><b><u>FLORIDA</u></b></p> <p><b>Medicaid:</b> MediPass</p> <p><b>CHIP:</b> KidCare ; MediKids; Florida Healthy Kids</p> <p><b>State/Other:</b> AIDS Insurance Continuation Program (AICP); Florida Comprehensive Health Association; Children's Medical Services (CMS)</p>	<p style="text-align: center;"><b><u>GEORGIA</u></b></p> <p><b>Medicaid:</b> Georgia Better Health Care; Right from the Start (RSM); Health Insurance Premium Payment Program (HIPP); Katie Beckett / TEFRA</p> <p><b>CHIP:</b> PeachCare for Kids</p> <p><b>State/Other:</b> Children's Medical Services (CMS); Indigent Care Trust Fund (ICTF)</p>	<p style="text-align: center;"><b><u>HAWAII</u></b></p> <p><b>Medicaid:</b> Hawaii-QUEST</p> <p><b>CHIP:</b> Hawaii CHIP</p> <p><b>State/Other:</b> QUEST-Net; HCOBRA; Children with Special Health Needs</p>

<p style="text-align: center;"><b><u>IDAHO</u></b></p> <p><b>Medicaid:</b> Healthy Connections; Medical Assistance</p> <p><b>CHIP:</b> Children’s Health Insurance Program; CHIP-A; CHIP-B; Access Card</p> <p><b>State/Other:</b> Catastrophic Fund; Children’s Special Health Program (CSHP)</p>	<p style="text-align: center;"><b><u>ILLINOIS</u></b></p> <p><b>Medicaid:</b> Medical Assistance; Healthy Start; Family Care; Parent Assist; Kidcare Assist; Kidcare Moms and Babies</p> <p><b>CHIP:</b> KidCare Share; KidCare Premium; Kidcare Rebate</p> <p><b>State/Other:</b> Comprehensive Health Insurance Plan (ICHIP); Specialized Care for Children (DSCC); Health Care for workers with Disabilities (HBWD)</p>	<p style="text-align: center;"><b><u>INDIANA</u></b></p> <p><b>Medicaid:</b> Hoosier Healthwise; Primestep; Risk Based Managed Care; Medicaid Select</p> <p><b>CHIP:</b> Hoosier Healthwise for Children; Children’s Health Plan; Benefit Package C</p> <p><b>State/Other:</b> Children’s Special Health Care Services (CSHCS); Indiana Comprehensive Health Insurance Association (ICHIA);</p>
<p style="text-align: center;"><b><u>IOWA</u></b></p> <p><b>Medicaid:</b> Medical Assistance; Health Insurance Premium Payment (HIPP); MediPASS; Iowa Plan</p> <p><b>CHIP:</b> Health and Well Kids in Iowa (HAWK-I)</p> <p><b>State/Other:</b> Children’s Health Specialty Clinics (CHSC); Iowa Comprehensive Health Association ; AIDS/HIV Health Insurance Premium Payment</p>	<p style="text-align: center;"><b><u>KANSAS</u></b></p> <p><b>Medicaid:</b> HealthConnect; Healthwave 19</p> <p><b>CHIP:</b> HealthWave 21</p> <p><b>State/Other:</b> Medi-KAN; Services for Children with Special Health Care Needs (CSHSN); Kansas Uninsurable Health Insurance Plan; Kansas Health Insurance Association (KHIA)</p>	<p style="text-align: center;"><b><u>KENTUCKY</u></b></p> <p><b>Medicaid:</b> Kentucky Patient Access and Care System (KenPAC)</p> <p><b>CHIP:</b> Kentucky Children’s Health Insurance Program (KCHIP)</p> <p><b>State/Other:</b> Kentucky HIV Health Insurance Assistance Program; Commission for Children with Special Health Care Needs; Kentucky Access</p>

<p style="text-align: center;"><b><u>LOUISIANA</u></b></p> <p><b>Medicaid:</b> CommunityCARE; LaMoms</p> <p><b>CHIP:</b> LACHIP</p> <p><b>State/Other:</b> Louisiana Health Plan; Children's Special Health Services; Louisiana Health Insurance Association</p>	<p style="text-align: center;"><b><u>MAINE</u></b></p> <p><b>Medicaid:</b> PrimeCare; Maine Care</p> <p><b>CHIP:</b> Cub Care</p> <p><b>State/Other:</b> Children with Special Health Care Needs Program (CSHNP)</p>	<p style="text-align: center;"><b><u>MARYLAND</u></b></p> <p><b>Medicaid:</b> Medical Assistance Program; HealthChoice; REM Program</p> <p><b>CHIP:</b> Maryland Childrens Health Program (MCHP)</p> <p><b>State/Other:</b> AIDS Insurance Assistance Program (MAIAP); Maryland Primary Care (MPC); Children's Medical Services (CMS)</p>
<p style="text-align: center;"><b><u>MASSACHUSETTS</u></b></p> <p><b>Medicaid:</b> MassHealth;</p> <p><b>CHIP:</b> MassHealth</p> <p><b>State/Other:</b> Children's Medical Security Plan (CMSP); Commonhealth; Medical Security Plan (MSP); Special Kids / Special Care; Insurance Partnership; Division of Special Health Care Needs</p>	<p style="text-align: center;"><b><u>MICHIGAN</u></b></p> <p><b>Medicaid:</b> Medical Assistance Program; Healthy Kids; MICHoice</p> <p><b>CHIP:</b> MICHild Program</p> <p><b>State/Other:</b> Children's Special Health Care Services; Trust Fund for Children with Special Health Care Needs</p>	<p style="text-align: center;"><b><u>MINNESOTA</u></b></p> <p><b>Medicaid:</b> Medical Assistance (MA)</p> <p><b>CHIP:</b> Children's Health Insurance Program</p> <p><b>State/Other:</b> Minnesota Care; Minnesota General Assistance Medical Care Program (GAMC); HIV/AIDS Insurance Continuation Program; Minnesota Children with Special Health Care Needs (MCSHN); Minnesota Comprehensive Health Association (MCHA)</p>

<p style="text-align: center;"><b><u>MISSISSIPPI</u></b></p> <p><b>Medicaid:</b> Medicaid</p> <p><b>CHIP:</b> Mississippi Children's Health Insurance Program (CHIP)</p> <p><b>State/Other:</b> Mississippi Comprehensive Health Insurance Risk Pool Children with Special Health Care Needs</p>	<p style="text-align: center;"><b><u>MISSOURI</u></b></p> <p><b>Medicaid:</b> Managed Care Plus (MC+); MCPlus; Sarah Lopez Waiver;</p> <p><b>CHIP:</b> MC+ for Kids</p> <p><b>State/Other:</b> General Relief Medical Assistance; Children with Special Health Care Needs; Missouri Health Insurance Pool (MHIP)</p>	<p style="text-align: center;"><b><u>MONTANA</u></b></p> <p><b>Medicaid:</b> Passport to Health</p> <p><b>CHIP:</b> Montana's CHIP</p> <p><b>State/Other:</b> Montana Comprehensive Health Insurance Association (MCHA); Health Insurance Continuum of Coverage Program (HICCP); Children's Special Health Services (SHS)</p>
<p style="text-align: center;"><b><u>NEBRASKA</u></b></p> <p><b>Medicaid:</b> Medical Assistance Program; Nebraska Health Connection (NHC);</p> <p><b>CHIP:</b> Kids Connection</p> <p><b>State/Other:</b> Medically Handicapped Children's Program (MHCP); Comprehensive Health Insurance Pool</p>	<p style="text-align: center;"><b><u>NEVADA</u></b></p> <p><b>Medicaid:</b> Nevada Medicaid; Child Assurance Program (CHAP)</p> <p><b>CHIP:</b> Nevada Check Up</p> <p><b>State/Other:</b> Family Health Services Bureau; Children with Special Health Care Needs</p>	<p style="text-align: center;"><b><u>NEW HAMPSHIRE</u></b></p> <p><b>Medicaid:</b> New Hampshire Medicaid; Healthy Kids Gold</p> <p><b>CHIP:</b> Healthy Kids Silver</p> <p><b>State/Other:</b> Special Medical Services (SMSB); Healthy Kids Buy-in; Catastrophic Illness Program</p>
<p style="text-align: center;"><b><u>NEW JERSEY</u></b></p> <p><b>Medicaid:</b> New Jersey Care 2000+; AIDS Community Care Alternatives (ACCAP);</p> <p><b>CHIP:</b> New Jersey Family Care/ New Jersey Kid Care</p> <p><b>State/Other:</b> Health Insurance Continuation Program (HICP); Special Child Adult and Early Intervention Services (SCAEIS)</p>	<p style="text-align: center;"><b><u>NEW MEXICO</u></b></p> <p><b>Medicaid:</b> SALUD!</p> <p><b>CHIP:</b> New MexiKids</p> <p><b>State/Other:</b> Insurance Assistance Program; Children's Medical Services (CMS); New Mexico Medical Insurance Pool (NMMIP); New Mexico Health Insurance Alliance (NMHIA)</p>	<p style="text-align: center;"><b><u>NEW YORK</u></b></p> <p><b>Medicaid:</b> The Partnership Plan; Medicaid; Child Health Plus A</p> <p><b>CHIP:</b> Child Health Plus B</p> <p><b>State/Other:</b> Family Health Plus; FHPlus; Healthy New York; Physically Handicapped Children's Program; Children with Special Health Care Needs Program (CSHCN); ADAP Plus Insurance continuation Program (APIC)</p>

<p style="text-align: center;"><b><u>NORTH CAROLINA</u></b></p> <p><b>Medicaid:</b> Carolina Access; HealthCare Connection; Access II;</p> <p><b>CHIP:</b> NC CHIP program; NC Health Choice for Children (NCHC)</p> <p><b>State/Other:</b> Title V Services for Children with Special Health Care Needs</p>	<p style="text-align: center;"><b><u>NORTH DAKOTA</u></b></p> <p><b>Medicaid:</b> Primary Care Provider Program; Altrucare</p> <p><b>CHIP:</b> Healthy Steps Program</p> <p><b>State/Other:</b> Comprehensive Health Association of North Dakota (CHAND); Children's Special Health Services (CSHS)</p>	<p style="text-align: center;"><b><u>OHIO</u></b></p> <p><b>Medicaid:</b> Healthy Families, Healthy Start;</p> <p><b>CHIP:</b> Healthy Start</p> <p><b>State/Other:</b> HIV Health Insurance Premium Payment Program (HIPP); Hemophilia Insurance Pilot Program; Bureau for Children with Medical Handicaps (BCMh);</p>
<p style="text-align: center;"><b><u>OKLAHOMA</u></b></p> <p><b>Medicaid:</b> SoonerCare Plus; SoonerCare Choice</p> <p><b>CHIP:</b> Oklahoma SCHIP</p> <p><b>State/Other:</b> Children with Special Health Care Needs (CSHCN); Oklahoma Health Insurance High Risk Pool</p>	<p style="text-align: center;"><b><u>OREGON</u></b></p> <p><b>Medicaid:</b> Oregon Health Plan (OHP)</p> <p><b>CHIP:</b> Oregon SCHIP</p> <p><b>State/Other:</b> CareAssist; Oregon Services for Children with Special Health Needs; Oregon Medical Insurance Pool (OMIP); Family Health Insurance Assistance Program (FHIAP); Insurance Purchasing Cooperative; Child Development and Rehabilitation Center</p>	<p style="text-align: center;"><b><u>PENNSYLVANIA</u></b></p> <p><b>Medicaid:</b> Medical Assistance; Access Card; - HealthChoices; Access Plus</p> <p><b>CHIP:</b> Pa CHIP</p> <p><b>State/Other:</b> Title V Program; Bureau of Family Health; Health Insurance Premium Payment Program; Adult Basic</p>

<p style="text-align: center;"><b><u>RHODE ISLAND</u></b></p> <p><b>Medicaid:</b> Rlte Care; RI Medical Assistance; Katie Beckett</p> <p><b>CHIP:</b> Rlte Care</p> <p><b>State/Other:</b> Subsidy for Health Insurance for Center-Based Child-Care Providers; Office of Children with Special Health Care Needs (OCSHN); Rlte share Premium Assistance Program; Child Care Provider Rite Care Program (CCPRC)</p>	<p style="text-align: center;"><b><u>SOUTH CAROLINA</u></b></p> <p><b>Medicaid:</b> Healthy Options Program (HOP); Physicians Enhanced Program (PEP); South Carolina Partners for Health</p> <p><b>CHIP:</b> Partners for Healthy Children (PHC)</p> <p><b>State/Other:</b> South Carolina Health Insurance Pool; Children’s Rehabilitative Services (CRS); Medically Indigent Assistance Program (MIAP)</p>	<p style="text-align: center;"><b><u>SOUTH DAKOTA</u></b></p> <p><b>Medicaid:</b> Medical Assistance; Medicaid</p> <p><b>CHIP:</b> CHIP-NM</p> <p><b>State/Other:</b> Catastrophic County-Poor Relief Program (CCPR); Continuation of Health Insurance; Children’s Special Health Services (CSHS); Refugee Medical Assistance; South Dakota Risk Pool; Disabled Children’s Program</p>
<p style="text-align: center;"><b><u>TENNESSEE</u></b></p> <p><b>Medicaid:</b> TennCare Medicaid;</p> <p><b>CHIP:</b> TennCare Standard</p> <p><b>State/Other:</b> Children’s Special Services (CSS); TennCare Standard; TennCare Assist</p>	<p style="text-align: center;"><b><u>TEXAS</u></b></p> <p><b>Medicaid:</b> State of Texas Access Reform (STAR); Star+Plus;</p> <p><b>CHIP:</b> Texas CHIP</p> <p><b>State/Other:</b> Texas Health Insurance Risk Pool; State Kid Insurance Program (SKIP); Children with Special Health Care Needs (CSHCN)</p>	<p style="text-align: center;"><b><u>UTAH</u></b></p> <p><b>Medicaid:</b> Medicaid</p> <p><b>CHIP:</b> Children’s Health Insurance Program</p> <p><b>State/Other:</b> Utah’s Primary Care Network (PCN); Custody Medical Care Program; Children with Special Health Care Needs (CSHCN); Comprehensive Health Insurance Pool (HIPUtah); Health Insurance Continuation Program;</p>

<p style="text-align: center;"><b><u>VERMONT</u></b></p> <p><b>Medicaid:</b> Medicaid; Primary Care Plus</p> <p><b>CHIP:</b> Dr. Dynasaur</p> <p><b>State/Other:</b> Vermont Health Access Plan (VHAP); HIV Insurance Continuation Program (ICAP); Children with Special Health Needs (CSHN)</p>	<p style="text-align: center;"><b><u>VIRGINIA</u></b></p> <p><b>Medicaid:</b> Medicaid; Virginia Medallion. Medallion II</p> <p><b>CHIP:</b> Family Access to Medical Insurance Security Plan (FAMIS)</p> <p><b>State/Other:</b> State and Local Hospitalization (SLH) Program; Children's Specialty Services; Children with Special Health Care Needs (CSHCN)</p>	<p style="text-align: center;"><b><u>WASHINGTON</u></b></p> <p><b>Medicaid:</b> Childrens Medical; Family Medicaid; Healthy Options</p> <p><b>CHIP:</b> Children's Health Insurance Program</p> <p><b>State/Other:</b> Basic Health; Children with Special Health Care Needs (CSHCN); Washington State Health Insurance Pool; Children's Health Program (CHP); General Assistance Unemployable (GA-U)</p>
<p style="text-align: center;"><b><u>WEST VIRGINIA</u></b></p> <p><b>Medicaid:</b> Medical Assistance; Mountain Health Trust (MHT); Physician Assured Access System (PAAS)</p> <p><b>CHIP:</b> Children's Health Insurance Program (CHIP); WVCHIP</p> <p><b>State/Other:</b> Children with Special Health Care Needs</p>	<p style="text-align: center;"><b><u>WISCONSIN</u></b></p> <p><b>Medicaid:</b> Medical Assistance MA, Wisconsin Medicaid, Healthy Start</p> <p><b>CHIP:</b> BadgerCare</p> <p><b>State/Other:</b> Health Insurance Risk Sharing Program (HIRSP); Wisconsin AIDS/HIV Health Insurance Premium Subsidy Program; Children with Special Health Needs (CSHN)</p>	<p style="text-align: center;"><b><u>WYOMING</u></b></p> <p><b>Medicaid:</b> Wyoming Medicaid;</p> <p><b>CHIP:</b> Wyoming Kid Care</p> <p><b>State/Other:</b> Wyoming Health Insurance Pool (WHIP); Children's Special Health Services (CSH), Caring Program for Children</p>

## CARD F15

*You may choose more than one.*

- . Accidents
- . AIDS care
- . Cancer treatment
- . Catastrophic care
- . Dental care
- . Disability insurance (cash payments when unable to work for health reasons)
- . Hospice care
- . Hospitalization only
- . Long-term care (nursing home care)
- . Prescriptions
- . Vision care
- . Other (specify)



## CARD F16

1. Through employer
2. Through union
3. Through workplace, but don=t know if employer or union
4. Through workplace, self-employed or professional association
5. Purchased directly
6. Through a state/local government or community program
7. Other (specify)

## CARD F17

1. 6 months or less
2. More than 6 months, but not more than 1 year ago
3. More than 1 year, but not more than 3 years ago
4. More than 3 years
5. Never

## CARD F18

*You may choose up to five.*

1. Person in family with health insurance lost job or changed employers
2. Got divorced or separated/death of spouse or parent
3. Became ineligible because of age/left school
4. Employer does not offer coverage/ or not eligible for coverage
5. Cost is too high
6. Insurance company refused coverage
7. Medicaid/Medical plan stopped after pregnancy
8. Lost Medicaid/Medical plan because of new job or increase in income
9. Lost Medicaid (Other reason for losing Medicaid)
10. Other (specify)

## CARD F19

0. Zero
1. Less than \$500
2. \$500 - \$1,999
3. \$2,000 - \$2,999
4. \$3,000 - \$4,999
5. \$5,000 or more

## CARD F20

1. Yes, born in one of the 50 United States, or the District of Columbia
2. Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
3. Yes, born abroad to American parent(s)
4. Yes, U.S. citizen by naturalization
5. No, not a citizen of the United States

## CARD F21

0. Never attended/kindergarten only
1. 1st grade
2. 2nd grade
3. 3rd grade
4. 4th grade
5. 5th grade
6. 6th grade
7. 7th grade
8. 8th grade
9. 9th grade
10. 10th grade
11. 11th grade
12. 12th grade, no diploma
13. GED or equivalent
14. HIGH SCHOOL GRADUATE
15. Some college, no degree
16. Associate's degree: occupational, technical, or vocational program
17. Associate's degree: academic program
18. Bachelor's degree (Example: BA, AB, BS, BBA)
19. Master's degree (Example: MA, MS, MEng, MEd, MBA)
20. Professional School degree (Example: MD, DDS, DVM, JD)
21. Doctoral degree (Example: Phd, EdD)

## CARD F22

1. Working for pay at a job or business
2. With a job or business but not at work
3. Looking for work
4. Working, but not for pay, at a family-owned job or business
5. Not working at a job or business and not looking for work

## CARD F23 – Each State Has Individual Card

### CARD F23-AL

#### ALABAMA

Note: Where there is more than one program,  
an asterisk\* denotes which most resembles TANF.

**Family Assistance (FA) Program\***

**JOBS**

### CARD F23-AK

#### ALASKA

**Alaska Temporary Assistance Program (ATAP)**

### CARD F23-AZ

#### ARIZONA

**Employing and Moving People Off Welfare  
and Encouraging Responsibility (EMPOWER)**

### CARD F23-AR

#### ARKANSAS

**Transitional Employment Assistance (TEA)**

### CARD F23-CA

#### CALIFORNIA

**California Work Opportunity and Responsibility to Kids (CALWORKS)**

### CARD F23-CO

#### COLORADO

**Colorado Works**

### CARD F23-CT

#### CONNECTICUT

Note: Where there is more than one program,  
an asterisk\* denotes which most resembles TANF.

**Temporary Family Assistance (TFA)\***

**Jobs First**

### CARD F23-DE

#### DELAWARE

**A Better Chance (ABC)**

### CARD F23-DC

#### DISTRICT OF COLUMBIA

**Temporary Assistance for Needy Families (TANF)**

### CARD F23-FL

#### FLORIDA

**Work and Gain Economic Self Sufficiency (WAGES)**

**CARD F23-GA**  
**GEORGIA**  
**Temporary Assistance for Needy Families (TANF)**

**CARD F23-HI**  
**HAWAII**  
**Temporary Assistance for Needy Families (TANF)**  
**Pursuit of New Opportunities (PONO)**

**CARD F23-ID**  
**IDAHO**  
**Temporary Assistance for Families in Idaho (TAFI)**

**CARD F23-IL**  
**ILLINOIS**  
**Temporary Assistance for Needy Families (TANF)**

**CARD F23-IN**  
**INDIANA**  
Note: Where there is more than one program, an asterisk\* denotes which most resembles TANF.  
**Temporary Assistance for Needy Families (TANF)\***  
**Indiana Manpower Placement and Comprehensive Training (IMPACT)**

**CARD F23-IA**  
**IOWA**  
Note: Where there is more than one program, an asterisk\* denotes which most resembles TANF.  
**Family Investment Program (FIP)\***  
**PROMISE JOBS**

**CARD F23-KS**  
**KANSAS**  
Note: Where there is more than one program, an asterisk\* denotes which most resembles TANF.  
**Temporary Assistance for Families (TAF)\***  
**KansasWorks**

**CARD F23-KY**  
**KENTUCKY**  
**Kentucky Transitional Assistance Program (K-TAP)**

**CARD F23-LA**  
**LOUISIANA**  
Note: Where there is more than one program, an asterisk\* denotes which most resembles TANF.  
**Family Independence Temporary Assistance Program (FITAP)\***  
**Family Independence Work Program (FIND Work)**

**CARD F23-ME**

**MAINE**

Note: Where there is more than one program, an asterisk\* denotes which most resembles TANF.

**Temporary Assistance for Needy Families (TANF)\***

**Additional Support for People in Retraining and Employment (ASPIRE)**

**CARD F23-MD**

**MARYLAND**

**Family Investment Program (FIP)**

**CARD F23-MA**

**MASSACHUSETTS**

Note: Where there is more than one program, an asterisk\* denotes which most resembles TANF.

**Transitional Aid to Families with Dependent Children (TAFDC)\***

**Employment Services Program (ESP)**

**CARD F23-MI**

**MICHIGAN**

**Family Independence Program (FIP)**

**CARD F23-MN**

**MINNESOTA**

**Minnesota Family Investment Program (MFIP)**

**CARD F23-MS**

**MISSISSIPPI**

**Temporary Assistance for Needy Families (TANF)**

**CARD F23-MO**

**MISSOURI**

Note: Where there is more than one program, an asterisk\* denotes which most resembles TANF.

**Temporary Assistance\***

**Beyond Welfare**

**CARD F23-MT**

**MONTANA**

Note: Where there is more than one program, an asterisk\* denotes which most resembles TANF.

**Families Achieving Independence in Montana (FAIM)\***

**JOBS**

**CARD F23-NE**

**NEBRASKA**

Note: Where there is more than one program, an asterisk\* denotes which most resembles TANF.

**Aid to Dependent Children (ADC)\***

**Employment First**

**CARD F23-NV**

**NEVADA**

Note: Where there is more than one program, an asterisk\* denotes which most resembles TANF.

**Temporary Assistance for Needy Families (TANF)\*  
New Employees of Nevada (NEON)**

**CARD F23-NH**

**NEW HAMPSHIRE**

**Family Assistance Program (FAP)  
New Hampshire Employment Program (NHEP)**

**CARD F23-NJ**

**NEW JERSEY**

**Work First New Jersey (WFNJ)**

**CARD F23-NM**

**NEW MEXICO**

**NMWorks**

**CARD F23-NY**

**NEW YORK**

**Family Assistance (FA) Program**

**CARD F23-NC**

**NORTH CAROLINA**

**Work First**

**CARD F23-ND**

**NORTH DAKOTA**

**Training, Employment, Education Management (TEEM)**

**CARD F23-OH**

**OHIO**

**Ohio Works First (OWF)**

**CARD F23-OK**

**OKLAHOMA**

**Temporary Assistance for Needy Families (TANF)**

**CARD F23-OR**

**OREGON**

Note: Where there is more than one program, an asterisk\* denotes which most resembles TANF.

**Temporary Assistance for Needy Families (TANF)\*  
Job Opportunities and Basic Skills Program (JOBS)**

**CARD F23-PA**

**PENNSYLVANIA**

**Pennsylvania TANF**

**CARD F23-RI  
RHODE ISLAND  
Family Independence Program (FIP)**

**CARD F23-SC  
SOUTH CAROLINA  
Family Independence**

**CARD F23-SD  
SOUTH DAKOTA  
Temporary Assistance for Needy Families (TANF)**

**CARD F23-TN  
TENNESSEE  
Families First**

**CARD F23-TX  
TEXAS**

Note: Where there is more than one program, an asterisk\* denotes which most resembles TANF.  
**Texas Works (Department of Human Services)\*  
Choices**

**CARD F23-UT  
UTAH  
Family Employment Program (FEP)**

**CARD F23-VT  
VERMONT  
Aid to Needy Families with Children (ANFC)  
Reach UP**

**CARD F23-VA  
VIRGINIA  
Virginia Initiative for Employment not Welfare (VIEW)**

**CARD F23-WA  
WASHINGTON  
WorkFirst**

**CARD F23-WV  
WEST VIRGINIA  
West Virginia Works**

**CARD F23-WI  
WISCONSIN  
Wisconsin Works (W-2)**

**CARD F23-WY**

**WYOMING**

**Personal Opportunities with Employment Responsibility (POWER)**

## CARD C1

1. Parent (Biological, adoptive or step)
2. Grandparent
3. Aunt/Uncle
4. Brother/Sister
5. Other relative
6. Legal Guardian
7. Foster parent
8. Other non-relative

## CARD C2

*You may choose more than one.*

1. Down syndrome
2. Cerebral palsy
3. Muscular dystrophy
4. Cystic fibrosis
5. Sickle cell anemia
6. Autism
7. Diabetes
8. Arthritis
9. Congenital heart disease
10. Other heart condition

## CARD C3

0. Not true
1. Sometimes true
2. Often true

## CARD C4

0. Never
1. 6 months or less
2. More than 6 months, but not more than 1 year ago
3. More than 1 year, but not more than 2 years ago
4. More than 2 years, but not more than 5 years ago
5. More than 5 years ago

## CARD C5

0. None
1. 1
2. 2 - 3
3. 4 - 5
4. 6 - 7
5. 8 - 9
6. 10 - 12
7. 13 - 15
8. 16 or more

## CARD C6

1. 1
2. 2 - 3
3. 4 - 5
4. 6 - 7
5. 8 - 9
6. 10 - 12
7. 13 - 15
8. 16 or more

## CARD C7

1. Not true
2. Somewhat true
3. Certainly true

## CARD C8

Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

1. No
2. Yes, minor difficulties
3. Yes, definite difficulties
4. Yes, severe difficulties

## CARD C9

1. In the past 6 months
2. 7 to 12 months ago
3. More than 12 months ago

## CARD C10

*You may choose more than one.*

1. A pediatric or general medical care practice
2. A mental health private practice
3. A mental health clinic or center
4. The child's school
5. Other

## CARD CAL1

1. Acupuncture
2. Ayurveda
3. Biofeedback
4. Chelation Therapy
5. Chiropractic or Osteopathic Manipulation
6. Energy Healing Therapy  
(such as Reiki, Therapeutic Touch, Polarity Therapy, or Magnet Therapy)
7. Hypnosis
8. Massage  
(such as Deep Tissue, Swedish, Bowen, Rolfing, or Reflexology)
9. Naturopathy

## CARD CAL2

*You may choose more than one.*

1. Curandera
2. Espiritistas
3. Hierbero or Yerbera
4. Shaman
5. Botanica
6. Native American Healer / Medicine Man
7. Sobador

# CAL3

*You may choose more than one.*

## **Combination Herb pill**

**Androstenedione**

**Black cohosh**

**Carnitine**

**Chasteberry**

**Chondroitin**

**Coenzyme Q-10**

**Comfrey**

**Conjugated Linolenic Acid (CLA)**

**Cranberry (pills, gelcaps)**

**Creatine**

**DHEA**

**Echinacea**

**Ephedra**

**Evening primrose**

**Feverfew**

**Fiber or Psyllium (pills or powder)**

**Fish oil or omega 3 OR DHA fatty acid supplements**

**Flaxseed Oil or Pills**

**Garlic supplements (pills, gelcaps)**

**Ginger pills or gelcaps**

**Ginkgo biloba**

**Ginseng**

**Glucosamine**

**Goldenseal**

**Guarana**

**Grape Seed Extract**

**Green tea pills (not brewed tea)**

**EGCG (pills)**

**Hawthorn**

**Horny Goat Weed**

**Kava kava**

**Lecithin**

**Lutein**

**Lycopene**

**Melatonin**

**MSM (Methylsulfonylmethane)**

**Milk thistle**

**Prebiotics or Probiotics**

**SAM-e**

**Saw palmetto**

**Senna**

**Soy supplements or soy isoflavones**

**St. John's wort**

**Valerian**

## CAL4

*You may choose more than one.*

Multivitamin and/or mineral combination

Calcium

Chromium

Coral Calcium

Folic Acid/folate

Iron

Magnesium

Niacin

Potassium

Selenium

Vitamin A

Vitamin B complex

Vitamin B6

Vitamin B12

Vitamin C

Vitamin D

Vitamin E

Vitamin K

Zinc

Vitamin Packet

## CARD A1

1. Working for pay at a job or business
2. With a job or business but not at work
3. Looking for work
4. Working, but not for pay, at a family-owned job or business
5. Not working at a job or business and not looking for work

## CARD A2

1. An employee of a PRIVATE company, business, or individual for wages, salary, or commission
2. A FEDERAL government employee
3. A STATE government employee
4. A LOCAL government employee
5. Self-employed in OWN business, professional practice or farm
6. Working WITHOUT PAY in family-owned business or farm

## CARD A3

1. 1-9 employees
2. 10-24 employees
3. 25-49 employees
4. 50-99 employees
5. 100-249 employees
6. 250-499 employees
7. 500-999 employees
8. 1000 employees or more

## CARD A4

*You may choose more than one.*

Place drawing of joints here.

## CARD A5

*You may choose more than one.*

1. Pocket talker or other personal listening device
2. Amplified telephone
3. Amplified or vibrating alarm clock
4. Notification or signaling system (light signaler for doorbell, baby cry monitor, etc.)
5. Television/Theater headset or closed-captioned TV
6. TTY (teletypewriter) TDD (telecommunications device for the deaf) or telephone relay service
7. Video relay service
8. Sign language interpreter
9. Other

## CARD A6

*You may choose more than one.*

1. Amplification/Hearing aids
2. Masking with wearable device (with or without hearing aids)
3. Masking with non-wearable device (sound generators to help with sleep)
4. Cognitive therapy with counseling
5. Stress reduction or relaxation methods
6. Biofeedback
7. Tinnitus retraining therapy (TRT)
8. Psychiatric treatment
9. Surgery to cut the hearing nerve
10. Drugs or medications
11. Nutritional supplements
12. Music therapy
13. Temporal mandibular joint treatment
14. Alternative methods (hypnosis, acupuncture, etc.)
15. Other

## CARD A7

*You may choose more than one.*

1. Motorcycles/Auto racing/Snowmobile/Motor boat
2. Operating farm machinery
3. Wood cutting, woodworking, or other workshop power tools
4. Lawn mower, electric trimmer, leaf/snow blower
5. Firearms
6. Household appliances: Blender/mixer, food processor, vacuum cleaner, hair dryer, etc.
7. MP3 Player/iPod
8. Playing in a music group
9. Other music-related activities: Rock concerts, stereos, disco/clubs or bars
10. Other noisy, non-work-related activities

## CARD A8

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time

## CARD A9

0. Not at all difficult
1. Only a little difficult
2. Somewhat difficult
3. Very difficult
4. Can't do at all
6. Do not do this activity

## CARD A10

*You may choose more than one.*

1. Vision/problem seeing
2. Hearing problem
3. Arthritis/rheumatism
4. Back or neck problem
5. Fracture, bone/joint injury
6. Other injury
7. Heart problem
8. Stroke problem
9. Hypertension/high blood pressure
10. Diabetes
11. Lung/breathing problem (e.g., asthma and emphysema)
12. Cancer
13. Birth defect
14. Mental retardation
15. Other developmental problem  
(e.g., cerebral palsy)
16. Senility
17. Depression/anxiety/emotional  
problem
18. Weight problem

Other impairment/problem

## CARD A11

0. Never
1. 6 months or less
2. More than 6 months, but not more than 1 year ago.
3. More than 1 year, but not more than 2 years ago
4. More than 2 years, but not more than 5 years ago
5. More than 5 years ago

## CARD A12

0. None

1. 1

2. 2-3

3. 4-5

4. 6-7

5. 8-9

6. 10-12

7. 13-15

8. 16 or more

## CARD A13

1. 1
2. 2-3
3. 4-5
4. 6-7
5. 8-9
6. 10-12
7. 13-15
8. 16 or more

## CARD A14

1. It's unlikely you've been exposed to HIV
2. You were afraid to find out if you were HIV positive (that you had HIV)
3. You didn't want to think about HIV or about being HIV positive
4. You were worried your name would be reported to the government if you tested positive
5. You didn't know where to get tested
6. You don't like needles
7. You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
8. Some other reason (specify)
9. No particular reason

## CARD A15

1. Someone suggested you should be tested
2. You might have been exposed through sex or drug use
3. You might have been exposed through your work or at work
4. You just wanted to find out if you were infected or not
5. For part of a routine medical check-up, or for hospitalization or surgical procedure
6. You were sick or had a medical problem
7. You were pregnant or delivered a baby
8. For health or life insurance coverage
9. For military induction, separation, or military service
10. For immigration
11. For marriage license or to get married
12. You were concerned you could give HIV to someone
13. You wanted medical care or new treatments if you tested positive
14. Some other reason (specify)
15. No particular reason

## CARD A16

1. Private doctor/HMO
2. AIDS clinic/counseling/testing site
3. Hospital, emergency room,  
outpatient clinic
4. Other type of clinic
5. Public health department
6. At home
7. Drug treatment facility
8. Military induction or military  
service site
9. Immigration site
10. In a correctional facility (jail or  
prison)
11. Other location (specify)

## CARD A17

- a. You have hemophilia and have received clotting factor concentrations
- b. You are a man who has had sex with other men, even just one time
- c. You have taken street drugs by needle, even just one time
- d. You have traded sex for money or drugs, even just one time
- e. You have tested positive for HIV, (the virus that causes AIDS)
- f. You have had sex (even just one time) with someone who would answer "yes" to any of these statements

## CARD A18

*You may choose more than one.*

1. Breathing the air around a person who is sick with TB
2. Sharing eating/drinking utensils
3. Through semen or vaginal secretions shared during sexual intercourse
4. From smoking
5. From mosquito or other insect bites
6. Other

## ALT1

1. Acupuncture
2. Ayurveda
3. Biofeedback
4. Chelation Therapy
5. Chiropractic or Osteopathic Manipulation
6. Energy Healing Therapy  
(such as Reiki, Therapeutic Touch, Polarity Therapy, or Magnet Therapy)
7. Hypnosis
8. Massage  
(such as Deep Tissue, Swedish, Bowen, Rolfing, or Reflexology)
9. Naturopathy

## ALT2

*You may choose more than one.*

1. Prescription medications
2. Over-the-counter medications
3. Surgery
4. Physical therapy
5. Mental health counseling

## ALT3

*You may choose more than one.*

1. Medical Doctor (including specialists)
2. Nurse Practitioner/Physician Assistant
3. Psychiatrist
4. Dentist (including specialists)
5. Doctor of Osteopathy (D.O.)
6. Psychologist/Social Worker
7. Pharmacist

## ALT4

*You may choose more than one.*

1. Never thought about it
2. No reason
3. Didn't need it in the last 12 months
4. It didn't work for me before
5. It costs too much
6. I had side effects last time
7. A health care provider told me not to use it
8. Medical science has not shown that it works
9. Some other reason

## ALT5

*You may choose more than one.*

1. Never heard of it/don't know much about it
2. Never thought about it
3. No reason
4. Don't need it
5. Don't believe in it/It doesn't work
6. It costs too much
7. It is not safe to use
8. A health care provider told me not to use it
9. Medical science has not shown that it works
10. Some other reason

## ALT6

*You may choose more than one.*

1. Curandera
2. Espiritistas
3. Hierbero or Yerbera
4. Shaman
5. Botanica
6. Native American Healer / Medicine Man
7. Sobador

# ALT7

*You may choose more than one.*

## **Combination Herb pill**

**Androstenedione**

**Black cohosh**

**Carnitine**

**Chasteberry**

**Chondroitin**

**Coenzyme Q-10**

**Comfrey**

**Conjugated Linolenic Acid (CLA)**

**Cranberry (pills, gelcaps)**

**Creatine**

**DHEA**

**Echinacea**

**Ephedra**

**Evening primrose**

**Feverfew**

**Fiber or Psyllium (pills or powder)**

**Fish oil or omega 3 OR DHA fatty acid supplements**

**Flaxseed Oil or Pills**

**Garlic supplements (pills, gelcaps)**

**Ginger pills or gelcaps**

**Ginkgo biloba**

**Ginseng**

**Glucosamine**

**Goldenseal**

**Guarana**

**Grape Seed Extract**

**Green tea pills (not brewed tea)**

**EGCG (pills)**

**Hawthorn**

**Horny Goat Weed**

**Kava kava**

**Lecithin**

**Lutein**

**Lycopene**

**Melatonin**

**MSM (Methylsulfonylmethane)**

**Milk thistle**

**Prebiotics or Probiotics**

**SAM-e**

**Saw palmetto**

**Senna**

**Soy supplements or soy isoflavones**

**St. John's wort**

**Valerian**

## ALT8

*You may choose more than one.*

1. Never thought about it
2. No reason
3. Didn't need it in the past 30 days
4. It didn't work for me before
5. It costs too much
6. I had side effects last time
7. A health care provider told me not to use it
8. Medical science has not shown that it works
9. Some other reason

## ALT9

*You may choose more than one.*

Multivitamin and/or mineral combination

Calcium

Chromium

Coral Calcium

Folic Acid/folate

Iron

Magnesium

Niacin

Potassium

Selenium

Vitamin A

Vitamin B complex

Vitamin B6

Vitamin B12

Vitamin C

Vitamin D

Vitamin E

Vitamin K

Zinc

Vitamin Packet