

**MEDICAL EXPENDITURE PANEL SURVEY**

**HOUSEHOLD COMPONENT  
MAIN STUDY**

**BLAISE/WVS  
SHOW CARDS**

**Panels 16, 17, and 18**

January 2013

**DRAFT**

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## CARD RE-1

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

**R  
E-  
1**

One or more may be selected.

## CARD RE-2

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

**R  
E-  
2**

One or more may be selected.



## CARD RE-3

- Less than 1<sup>st</sup> Grade
- 1<sup>st</sup> Grade
- 2<sup>nd</sup> Grade
- 3<sup>rd</sup> Grade
- 4<sup>th</sup> Grade
- 5<sup>th</sup> Grade
- 6<sup>th</sup> Grade
- 7<sup>th</sup> Grade
- 8<sup>th</sup> Grade
- 9<sup>th</sup> Grade
- 10<sup>th</sup> Grade
- 11<sup>th</sup> Grade
- 12<sup>th</sup> Grade, No Diploma
- GED or Equivalent
- High School Diploma
- Some College, No Degree
- Associate Degree: Occupational, Technical, or Vocational Program
- Associate Degree: Academic Program
- Bachelor's Degree (Example: BA, AB, BS, BBA)
- Master's Degree (Example: MA, MS, MEng, MEd, MBA)
- Professional School (Example: MD, DDS, DVM, JD)
- Doctorate Degree (Example: PhD, EdD)

## CARD PE-1

- |                    |                              |
|--------------------|------------------------------|
| -- Bladder         | -- Melanoma                  |
| -- Blood           | -- Mouth/Tongue/Lip          |
| -- Bone            | -- Ovary                     |
| -- Brain           | -- Pancreas                  |
| -- Breast          | -- Prostate                  |
| -- Cervix          | -- Rectum                    |
| -- Colon           | -- Skin – Non-Melanoma       |
| -- Esophagus       | -- Skin (unknown type)       |
| -- Gallbladder     | -- Soft tissue muscle or fat |
| -- Kidney          | -- Stomach                   |
| -- Larynx-Windpipe | -- Testis                    |
| -- Leukemia        | -- Throat-Pharynx            |
| -- Liver           | -- Thyroid                   |
| -- Lung            | -- Uterus                    |
| -- Lymphoma        | -- Other                     |

## CARD HE-1

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

## CARD CS-1

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

C  
S-  
1

## CARD CS-2

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

C  
S-  
2

## CARD CS-3

- Never
- Sometimes
- Usually
- Always

# CARD CS-4

None

1

2

3

4

5-9

10 or more

**C  
S-  
4**

# 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

Mental Health Therapist

### **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

P  
P-  
1

## **Medical Facility or Clinic:**

- Health Clinic
- Walk-in Surgi-Clinic
- Company or School Clinic
- Infirmery
- Neighborhood Health Clinic
- Family Planning Center
- Mental Health Facility
- Retail Clinic (e.g.,  
Pharmacy/  
Grocery Store Clinic)

## **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

**P  
P-  
2**

**7-11**

## 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-5

## **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
- Adult disposable diapers
- Catheters
- Syringes not prescribed by a physician
- IV supplies

## **ALTERATIONS/MODIFICATIONS**

- Ramps
- Handrails
- Elevators
- Automobile modifications

## **OTHER**

# CARD PP-6

## **TYPES OF DENTAL CARE PROVIDERS**

Dentist

Dental or Oral Surgeon

Orthodontist

Dental Hygienist

Dental Technician

Dental Assistant

**P  
P-  
6**

## CARD PP-7

### 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

#### Mental Health Professionals:

Psychiatrist

Psychologist

Psychiatric Social Worker

Mental Health Therapist



## CARD PP-8

### **TYPES OF HOSPITAL SERVICES**

Hospital Stay

Emergency Room Visit

Outpatient Department Visit

**P  
P-  
8**

## CARD PP-9

### **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
- Retail Clinic (e.g., Pharmacy/Grocery Store Clinic)

#### **Mental Health Professionals:**

- Psychiatric Social Worker
- Mental Health Therapist

## CARD PP-10

### **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-11

### **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-12

### **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

**P  
P-  
12**

# CARD PP-13

## **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
- Adult disposable 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, Protheses, 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

- 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

**H  
S-  
1**

## 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)

**E  
R-  
1**

## CARD ER-2

- Laboratory Tests
- Throat Swab
- 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
- 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

- Doctor's Office or Group Practice
- Managed Care Plan Center/HMO
  
- Medical Clinic
- Rural Health Clinic
- Company Clinic
- School Clinic
- Other Clinic
  
- Neighborhood Family Health Center
- Community Health Center
- Birthing Center
  
- Walk-in Urgent Care
- Laboratory/X-ray Facility
  
- Laser Eye Surgery Center
- Other Freestanding Surgical Center
  
- VA Facility
- Indian Health Service (IHS) Facility
- Some Other Place

M  
V-  
1

## CARD MV-2

- 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

**M  
V-  
2**



## CARD MV-3

- 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

**M  
V-  
3**

## CARD MV-4

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

## CARD DN-1

- General Dentist
- Hygienist (Dental)
- Technician (Dental)
- Dental Surgeon
- Orthodontist
- Endodontist
- Periodontist
- Other

**D  
N-  
1**

# CARD DN-2

- \* **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

**H  
H-  
1**

## 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-1

- 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

## CARD AC-2

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

## CARD AC-3

- Never
- Sometimes
- Usually
- Always

**A  
C-  
3**

## 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 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
- Directly From a High Risk Pool
- From a Previous Employer
- From a Previous Employer (COBRA)



# CARD HX-2

## Sample Medicare Card

| MEDICARE  |  | HEALTH INSURANCE  |  |
|---|--|-------------------|--|
|  |  |                   |  |
| <b>1-800-MEDICARE (1-800-633-4227)</b>  |  |                   |  |
| NAME OF BENEFICIARY   |  |                   |  |
| <b>JANE DOE</b>   |  |                   |  |
| MEDICARE CLAIM NUMBER   |  | SEX               |  |
| <b>000-00-0000-A</b>  |  | <b>FEMALE</b>     |  |
| IS ENTITLED TO  |  | EFFECTIVE DATE    |  |
| <b>HOSPITAL (PART A)</b>  |  | <b>07-01-1986</b> |  |
| <b>MEDICAL (PART B)</b>   |  | <b>07-01-1986</b> |  |
| SIGN HERE _____   |  |                   |  |

CARD HX-3

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

**(One for Each State)**

**H**  
**X-**  
**3**

## CARD HX-4

- From a Group or Association
- Directly Through a School
- Directly From an Insurance Agent
- Directly From Insurance Company
- Directly From an HMO
- Directly From an High Risk Pool
- 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)**

**H  
X-  
5**

## CARD HX-6

-- 1 - 50

-- 51 - 100

-- 101 - 200

-- 201 - 300

-- 301 or more

# CARD HX-7

-- 1 - 30

-- 31 - 60

-- 61 - 90

-- 91 - 120

-- 121 or more

**H  
X-  
7**

CARD HX-8

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

**(One for Each State)**

**H**  
**X-**  
**8**

## CARD HX-9

- 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

**H  
X-  
9**



CARD HX-10

**Plan Name (for Federal Civilian Employees)  
[State Name Here]**

**(One for Each State)**

**H  
X-  
10**

## CARD HX-11

- 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

## 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 - 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

**IN  
-1**

## CARD IN-2

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

## CARD IN-3

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

## CARD IN-4

- 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

**A  
S-  
1**

## CARD 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

**A  
S-  
2**

## 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

**A  
S-  
3**

## CARD AS-4

- Certificates of Deposit (CDs)
- Government savings bonds
- Individual development accounts
- Treasury bills
- Bonds
- Bond mutual funds
- Shares of stock
- Stock mutual funds
- Education savings accounts
- Annuities
- Trusts
- Other financial assets

## CARD AS-5

- Second homes
- Rental real estate
- Business or Farm
- Money owed to you by persons outside of the family
- Boats or other recreational vehicles
- Other significant assets such as jewelry, art work or antiques

**AS-5**