

**MEDICAL EXPENDITURE PANEL SURVEY**

**HOUSEHOLD COMPONENT  
MAIN STUDY**

**BLAISE/WVS  
SHOW CARDS**

**Panels 19, 20, and 21**

**January 2016**

**DRAFT**

**DRAFT**

## TABLE OF CONTENTS

### ROUNDS 1-5

Card Number	Topic	Round(s) Used
RE-1	Ethnic Background	1, 2, 3, 4, 5
RE-2	Racial Background	1, 2, 3, 4, 5
PE-1	Types of Cancer	1, 2, 3, 4, 5
HE-1	Level of Difficulty Categories	1, 3, 5
CS-2	Scale for Child Health Supplement	2, 4
CS-3	Scale for Child Health Supplement	2, 4
CS-4	Number of Times Went to Doctor's Office or Clinic	2, 4
CS-5	Scale for Child Health Supplement	2, 4
PP-1	Types of Health Care Providers and Facilities	1, 2, 3, 4, 5
PP-2	Types of Hospital Services/Long Term Care Facilities	1, 2, 3, 4, 5
PP-3	Types of Home Care Services	1, 2, 3, 4, 5
PP-3A	Types of Long Term Care Facilities	1, 2, 3, 4, 5
PP-4	Types of Medical Supplies/Expenses	1, 2, 3, 4, 5
PP-5	Types of Additional Medical Supplies/Expenses	3, 5
PP-6	Types of Dental Care Providers	1, 2, 3, 4, 5
PP-7	Types of Medical Providers	1, 2, 3, 4, 5
PP-8	Types of Hospital Services	1, 2, 3, 4, 5
PP-9	Types of Other Medical Providers	1, 2, 3, 4, 5
PP-10	Types of Home Care Services	1, 2, 3, 4, 5
PP-11	Types of Long Term Care Facilities	1, 2, 3, 4, 5
PP-12	Types of Medical Supplies/Expenses	1, 2, 3, 4, 5
PP-13	Types of Additional Medical Supplies/Expenses	3, 5
EV-1A	Examples of Where Care Received (Event Typing)	1, 2, 4
EV-1B	Examples of Where Care Received (Event Typing)	3, 5
HS-1	Reasons for Entering the Hospital	1, 2, 3, 4, 5
ER-1	Care Received During ER Visit	1, 2, 3, 4, 5
ER-2	Services Received During ER Visit	1, 2, 3, 4, 5
OP-1	Care Received During Outpatient Visit	1, 2, 3, 4, 5
OP-2	Services Received During Outpatient Visit	1, 2, 3, 4, 5

*Table of Contents Continued on the Following Page*

## TABLE OF CONTENTS (Cont.)

Card Number	Topic	Round(s) Used
MV-1	Care Received During Medical Provider Visit	1, 2, 3, 4, 5
MV-2	Services Received During Medical Provider Visit	1, 2, 3, 4, 5
DN-1	Types of Dental Care Providers	1, 2, 3, 4, 5
DN-2	Care Received During Dental Visit	1, 2, 3, 4, 5
HH-1	Types of Home Health Care Workers	1, 2, 3, 4, 5
HH-2	Examples of Home Health Care Received	1, 2, 3, 4, 5
HH-3	Examples of Help With Daily Activities or Personal Care	1, 2, 3, 4, 5
CP-1	Reasons for Not Receiving Anything in Writing	1, 2, 3, 4, 5
PC-1	Last Use of Peak Flow Meter	3, 5
AP-1	Weight Ranges	3, 5
AC-1	Difficulty Scale	2, 4
AC-2	Provider's Race	2, 4
AC-3	Frequency Scale	2, 4
AC-4	Reasons for Problems	2, 4
HX-1	Ways in Which Health Insurance is Purchased (for STATE)	1, 2, 3, 4, 5
HX-2	Sample Medicare Card	1, 2, 3, 4, 5
HX-3	Sample Medicaid Card for STATE	1, 2, 3, 4, 5
HX-4	Source of Health Insurance (for STATE)	1, 2, 3, 4, 5
HX-6	Medicare HMO Premium Ranges	1, 3
HX-7	Medicare Part D Premium Ranges	1, 3
HX-9	Types of Health Insurance Coverage	1, 2, 3, 4, 5
HX-11	Types of Other State Programs	2, 3, 4, 5
IN-1	Yearly Income Ranges	3, 5
IN-2	Yearly Income Ranges	3, 5
IN-3	Monthly Income Ranges	3, 5
IN-4	Other Sources of Income Categories	3, 5
AS-1	Asset Ranges	5
AS-2	Asset Ranges	5
AS-3	Asset Ranges	5
AS-4	Other Financial Assets	5
AS-5	Other Property and Assets	5



## CARD RE-1

One or more categories may be selected.

**R**  
**E-**  
**1**

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

## CARD RE-2

One or more categories may be selected.

**R  
E-  
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

## 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
<b>P</b> -- Leukemia	-- Throat-Pharynx
<b>E-</b>	
<b>1</b> -- Liver	-- Thyroid
-- Lung	-- Uterus
-- Lymphoma	-- Other



## CARD HE-1

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

## CARD CS-2

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

## CARD CS-3

C  
S-  
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

C  
S-  
5

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

### **Dental Care:**

Dentist  
Dental or Oral Surgeon  
Orthodontist  
Dental Hygienist  
Dental Technical  
Dental Assistant



## CARD PP-2

### **TYPES OF HOSPITAL SERVICES**

Hospital Stay

Emergency Room Visit

Outpatient Department Visit



## CARD PP-3

### TYPES OF HOME CARE SERVICES

#### **P Skilled Medical Care**

**P-**

- 3** 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-3A

### **TYPES OF LONG TERM CARE FACILITIES**

Inpatient Rehabilitation Facility or Convalescent Home

Nursing Home

Residential Mental Health Treatment Center

**P** Residential Eating Disorder Treatment Center

**P-**

**3** Residential Drug and Alcohol Treatment Center

**A**

Residential Addiction Treatment Center

Residential Hospice Care

Residential Respite 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

**P** Other Diabetic Equipment or Supplies

**P-**

**4**

# 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**

**P  
P-  
5**

## CARD PP-6

### **TYPES OF DENTAL CARE PROVIDERS**

Dentist

Dental or Oral Surgeon

Orthodontist

Dental Hygienist

Dental Technician

Dental Assistant

## CARD PP-7

### TYPES OF MEDICAL PROVIDERS

#### **P Medical Professionals:**

**P-  
7**

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

**P** Outpatient Department Visit  
**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  
Infirmary  
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

**P  
P-  
9**



## 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.

#### **P- Any Other Type of Home Care**

**10**

## CARD PP-11

### **TYPES OF LONG TERM CARE FACILITIES**

Inpatient Rehabilitation Facility or Convalescent Home

Nursing Home

Residential Mental Health Treatment Center

Residential Eating Disorder Treatment Center

Residential Drug and Alcohol Treatment Center

Residential Addiction Treatment Center

Residential Hospice Care

Residential Respite Care

## CARD PP-12

### **TYPES OF OTHER MEDICAL SUPPLIES/EXPENSES**

**P**

**P-**

**12 Eyeglasses or Contact Lenses ...**

Bought

Replaced

Paid for Repairing

**Diabetic Equipment or Supplies ...**

Insulin

Syringes

Test Paper

Other Diabetic Equipment or Supplies

# 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
- P** -- Bandages
- P-** -- Dressings
- 13** -- 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

**E  
V-  
1  
A**

## 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

**E  
V-  
1B**

## 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

## CARD ER-1

- Diagnosis or Treatment
- E** -- Emergency (e.g., Accident or Injury)
- R-**
- 1** -- Psychotherapy or Mental Health Counseling
- Follow-up or Post-Operative Visit
- Immunization or Shots
- Pregnancy-Related  
(Including Prenatal Care and Delivery)



## CARD ER-2

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

**E  
R-  
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
- O** -- Pregnancy-Related
- P-**     (Including Prenatal Care and Delivery)
- 1** -- Well Child Exam
- Laser Eye Surgery

## CARD OP-2

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

**O**  
**P-**  
**2**

## 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

## CARD MV-2

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

## CARD DN-1

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

**D  
N-  
1**

# CARD DN-2

**D  
N-  
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



## 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)**

**H  
H-  
3**

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

C  
P-  
1

## 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

**A**  
**P-**  
**1**

## CARD AC-1

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

## CARD AC-2

**A**  
**C-**  
**2**

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

## 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
- A** -- Different Language
- C-**
- 3** -- Couldn't Get Time Off Work
- Didn't Know Where To Go To Get Care
- Was Refused Services
- A** -- Couldn't Get Child Care
- C-**
- 4** -- Didn't Have Time Or Took Too Long

## 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)
- Directly From the Health Insurance Marketplace

**H  
X-  
1**

# CARD HX-2

## Sample Medicare Card

<b>MEDICARE</b>			<b>HEALTH INSURANCE</b>	
<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]**

**H  
X-  
3**

**(One for Each State)**

## 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
- H**  
**X-**  
**4** -- 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
- Directly From the Health Insurance Marketplace

## CARD HX-6

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

**H**  
**X-**  
**6**

## CARD HX-7

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

**H**  
**X-**  
**7**

## 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



## CARD HX-11

-- TANF (Temporary Aid for Needy Families)

**H** --SSI (Supplemental Security Income)

**X**-

**11** --WIC (Women, Infants and Children)

-- IHS (Indian Health Service)

-- Public Health Clinic

-- VA (Veterans Administration)/CHAMPVA

## CARD IN-1

-- 1 - 5,000  
-- 5,001 - 10,000  
-- 10,001 - 15,000  
-- 15,001 - 25,000  
**IN**  
**-1** -- 25,001 - 50,000  
-- 50,001 - 100,000  
-- 100,001 or more

## 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

**IN**  
**-2**

**IN**  
**-3**

## 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

A  
S-  
4

## 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**