MEDICAL EXPENDITURE PANEL SURVEY

**HOUSEHOLD COMPONENT**

**MAIN STUDY**

**BLAISE/WVS**

**SHOW CARDS**

**Panels 19, 20, and 21**

**January 2016**

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CARD RE-1

RE-1

One or more categories may be selected.

-- Mexican

-- Mexican-American/Chicano

-- Puerto Rican

-- Cuban/Cuban American

-- Dominican

-- Central or South American

CARD RE-2

RE-2

One or more categories may be selected.

-- 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

PE-1

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

CARD HE-1

HE-1

-- No Difficulty

-- Some Difficulty

-- A Lot of Difficulty

-- Completely Unable To Do It

# CARD CS-2

CS-2

1. No Problem

2 Some Problem

3

4 A Very Big Problem

# CARD CS-3

CS-3

-- Never

-- Sometimes

-- Usually

-- Always

CARD CS-4

CS-4

None

1

2

3

4

5-9

10 or more

# CARD CS-5

CS-5

1. Worst Health Care Possible

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

PP-1

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

PP-2

**TYPES OF HOSPITAL SERVICES**

Hospital Stay

Emergency Room Visit

Outpatient Department Visit

CARD PP-3

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-3A

PP-3A

**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-4

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

PP-5

**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

PP-6

**TYPES OF DENTAL CARE PROVIDERS**

Dentist

Dental or Oral Surgeon

Orthodontist

Dental Hygienist

Dental Technician

Dental Assistant

CARD PP-7

PP-7

**TYPES OF MEDICAL PROVIDERS**

**Medical Professionals:**

Medical Doctor Physician’s Assistant

Nurse Optometrist/Ophthalmologist Nurse Practitioner Podiatrist (Foot Doctor)

Midwife/Nurse Midwife Chiropractor

Physiatrist Acupuncturist

Paramedic Audiologist

Health Aide

Physical Therapy or Rehabilitation Services

Therapist-Physical, Speech, Occupational

**Mental Health Professionals:**

Psychiatrist

Psychologist

Psychiatric Social Worker

Mental Health Therapist

CARD PP-8

PP-8

**TYPES OF HOSPITAL SERVICES**

Hospital Stay

Emergency Room Visit

Outpatient Department Visit

CARD PP-9

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

CARD PP-10

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

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

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

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

PP-13

**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)

EV-1A

-- 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)

EV-1B

-- 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

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)

CARD ER-2

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

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

OP-2

-- Laboratory Tests

-- Throat Swab

-- Sonogram or Ultrasound

-- X-Rays

-- Mammogram

-- MRI or CAT Scan

-- EKG or ECG

-- EEG

-- Vaccination

-- Anesthesia

CARD MV-1

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

MV-2

-- MRI or CAT Scan

-- EKG or ECG

-- EEG

-- Vaccination

-- Anesthesia

CARD DN-1

DN-1

-- General Dentist

-- Hygienist (Dental)

-- Technician (Dental)

-- Dental Surgeon

-- Orthodontist

-- Endodontist

-- Periodontist

-- Other

CARD DN-2

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

HH-1

-- Occupational Therapist

-- Personal Care Attendant

-- Physical Therapist

-- Respiratory Therapist

-- Social Worker

-- Speech Therapist

CARD HH-2

HH-2

**Medical Treatments**

Changing bandages, wound care, giving medication, taking blood pressure, giving shots or injections, any type of therapy, other medical treatments

**Help Using Medical Equipment or Assistive Device (Examples)**

Oxygen tank, wheelchair, walker, hospital bed, tub seat, special railing, special commode, other medical equipment or assistive device

**Help With Daily Activities or Personal Care**

**(Examples)**

Using the telephone, paying bills, shopping, driving, housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking, eating, other daily activities or personal care

CARD HH-3

HH-3

**Help With Daily**

**Activities or Personal Care**

**(Examples**)

Using the telephone, paying bills, shopping, driving, housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking, eating, other daily activities or personal care

CARD CP-1

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

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

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

AC-1

-- Very Difficult

-- Somewhat Difficult

-- Not Too Difficult

-- Not At All Difficult

CARD AC-2

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

AC-3

CARD AC-4

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 HX-1

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

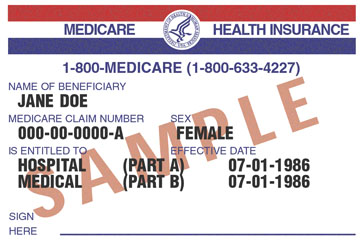
-- From a Previous Employer (COBRA)

-- Directly From the Health Insurance Marketplace

CARD HX-2

HX-2

**Sample Medicare Card**



CARD HX-3

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

-- 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

HX-6

-- 1 - 50

-- 51 - 100

-- 101 - 200

-- 201 - 300

-- 301 or more

CARD HX-7

HX-7

-- 1 - 30

-- 31 - 60

-- 61 - 90

-- 91 - 120

-- 121 or more

CARD HX-9

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

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 IN-1

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-2

-- 1 - 100

-- 101 - 500

-- 501 - 1,000

-- 1,001 - 5,000

-- 5,001 - 15,000

-- 15,001 or more

IN-2

CARD IN-3

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

IN-4

-- 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

AS-1

-- 250,001 - 500,000

-- 500,001 - 1,000,000

-- 1,000,001 or more

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

AS-2

CARD AS-3

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

CARD AS-4

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**