# MEDICAL EXPENDITURE PANEL SURVEY

# HOUSEHOLD COMPONENT MAIN STUDY

# BLAISE/WVS SHOW CARDS

Panels 19, 20, and 21

January 2016

DRAFT

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# CARD RE-1

One or more categories may be selected.

R -- Mexican

E-

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

# CARD RE-2

One or more categories may be selected.

- -- White
- -- Black or African American
- -- American Indian or Alaska Native
- -- Asian Indian
- -- Chinese
- **R** -- Filipino
- E-2 -- 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
P Leukemia	 Throat-Pharynx
1 Liver	 Thyroid
Lung	 Uterus
Lymphoma	 Other

# CARD HE-1

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

H E-1

0 No Problem

1

2 Some Problem

3

4 A Very Big Problem

C	 Never
S- 3	 Sometimes
	 Usually
	 Always

	None
	1
	2
	3
C S-	4
4	5-9
	10 or more

0	Worst Health Care Possible
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	Best Health Care Possible

# TYPES OF HEALTH CARE PROVIDERS AND FACILITIES

# Medical Professionals and Practitioners:

Medical Doctor Nurse or Nurse I

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** 

1

# **TYPES OF HOSPITAL SERVICES**

**Hospital Stay** 

**Emergency Room Visit** 

Outpatient Department Visit

# **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

# 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

#### 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**

# **TYPES OF DENTAL CARE PROVIDERS**

Dentist

Dental or Oral Surgeon

Orthodontist

Dental Hygienist

**Dental Technician** 

**Dental Assistant** 

# **TYPES OF MEDICAL PROVIDERS**

# **p** Medical Professionals:

P-

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

# **TYPES OF HOSPITAL SERVICES**

Hospital Stay

**Emergency Room Visit** 

Outpatient Department Visit

P-

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# 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-

# **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**

P

Services such as reading, talking, or going for a walk, a drive, or to a restaurant either paid or unpaid.

P-10 Any Other Type of Home Care

# 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

# TYPES OF OTHER MEDICAL SUPPLIES/EXPENSES

P
P12 Eyeglasses or Contact Lenses ...
Bought

Replaced

Paid for Repairing

# Diabetic Equipment or Supplies ...

Insulin

**Syringes** 

Test Paper

Other Diabetic Equipment or Supplies

#### **AMBULANCE SERVICES**

#### **ORTHOPEDIC ITEMS**

- -- Corrective shoes or inserts
- -- Braces
- -- Crutches
- -- Canes
- -- Walkers
- -- Wheelchairs
- -- Scooters

#### **HEARING DEVICES**

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- -- 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**

# E V-1 A

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

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

# CARD EV-1B (Rounds 3 and 5)

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

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

#### 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)
  - -- 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-

)

#### 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-

- -- Vaccination
- -- Anesthesia

## CARD DN-1

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

#### 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

## **D** -- Other Oral Surgery

## N-2

## \* 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:

 $\mathbf{C}$ 

P-

1

- -- 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

#### P C-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

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

	White
--	-------

**A C**-

-- Black/African American

2

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

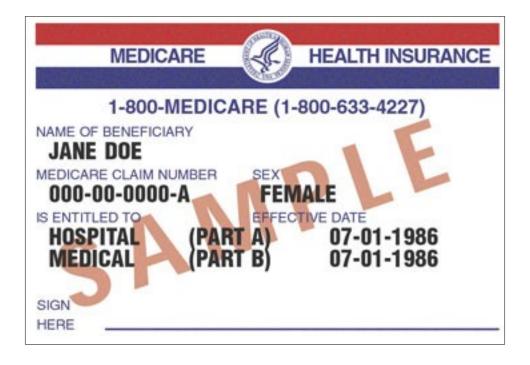
- -- Never
- -- Sometimes
- -- Usually
- -- Always

- -- 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
- 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

- -- 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

# **Sample Medicare Card**



	Sample Medicaid Card
	[State Name Here]
H	
<b>X</b> -	(One for Each State)
3	(one for Euch state)

- -- From a Group or Association
- -- Directly Through a School
- -- Directly From an Insurance Agent
- -- Directly From Insurance Company
- -- Directly From an HMO

H
X- -- Directly From an High Risk Pool
4

- -- 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

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

H X-6

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

H X-7

- Hospital and Physician Benefits, Including Coverage Through an HMO
- -- Dental
- -- Prescription Drugs
- -- Vision
- -- Medicare Supplement or Medigap
- Long-Term Care in a Nursing Home
- -- Extra Cash for Hospital Stays
- -- Serious Disease or Dread Disease

- -- 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

- -- 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

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

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

IN -2

IN -3

- -- Wages and salary
- -- Farm income (or loss)
- -- Business income (or loss)
- -- Social Security/Railroad Retirement
- -- Private, military, or government pensions
- -- Interest
- -- Dividends
- -- Rental income (or loss)
- -- Other source

- -- 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

**A S**- - 1,000,001 or more **1** 

-- 100,001 or more

A S-2

A S- -- 250,001 - 500,000 3

-- 500,001 or more

- 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

S
Other financial assets

- -- 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