

MEDICAL EXPENDITURE PANEL SURVEY

**HOUSEHOLD COMPONENT
MAIN STUDY**

BLAISE

SHOW CARDS

Panels 23, 22, and 21

January 2018

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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

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

RE-2

CARD PE-1

-- Bladder	-- Mouth/Tongue/Lip
-- Blood	-- Ovarian
-- Bone	-- Pancreas
-- Brain	-- Prostate
-- Breast	-- Rectum
-- Cervical	-- Skin – Melanoma
-- Colon	-- Skin – Non-Melanoma
-- Esophagus	-- Skin (unknown type)
-- Gallbladder	-- Soft tissue muscle or fat
-- Kidney/Renal	-- Stomach
-- Larynx-Windpipe	-- Testicular
-- Leukemia	-- Throat or Pharynx
-- Liver	-- Thyroid
-- Lung	-- Uterine
-- Lymphoma (Non-Hodgkin's)	-- Other

CARD PE-2

- Within the last 7 days
- More than 7 days ago, but within last 30 days
- More than 30 days ago

CARD HE-1

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

CARD PP-1

- Admitted to the hospital for one or more nights
- Admitted and discharged from the hospital on the same day

CARD PP-2

- Any type of care received in a hospital emergency room

CARD PP-3

Same-day care received at a hospital outpatient department such as...

- Surgery Centers
- Cancer Treatment Centers
- Physical Therapy and Rehabilitation Centers
- Cardiology Centers
- Obesity Treatment Centers
- Radiology and Imaging Centers

CARD PP-4

Primary care doctor such as...

- General Practitioner
- Internist
- Pediatrician
- Family Medicine Provider
- Medical Doctor

CARD PP-5

Such as...

- Orthopedist
- Cardiologist
- Dermatologist
- Oncologist
- Neurologist
- Gynecologist
- Allergist
- Gastroenterologist
- Surgeon
- Kidney specialist (Nephrologist)
- Radiologist
- Ear, nose and throat specialist
(Otorhinolaryngologist)
- Urologist
- Podiatrist
- Audiologist
- Any other type of medical specialist

CARD PP-6

Such as...

- Nurse (RN, LPN, PHN, BSN)
- Nurse practitioner
- Nurse's aide
- Physician's assistant (PA)
- Midwife
- Health aide

CARD PP-7

Such as...

- Walk-in Urgent Care
- Retail Clinic – in a pharmacy
- Retail Clinic – in a grocery store
- Family Planning Center
- College or University Clinic
- Employer Clinic
- Free Clinic
- Infirmary
- Other type of Health Clinic

CARD PP-8

Such as...

- Independent Medical Lab
- Testing Facility Lab

CARD PP-9

Such as...

- Psychiatrist
- Psychologist
- Licensed Clinical Social Worker
- Mental Health Therapist
- Counselor
- Psychiatric Social Worker
- Other Mental Health Professional

CARD PP-10

Such as...

- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Chiropractor
- Psychiatrist
- Behavioral Therapist
- Other type of Therapist

CARD PP-11

Such as...

- Dentists
- Oral Surgeons
- Orthodontists
- Dental Assistants
- Dental Hygienists
- Pediatric Dentists
- Endodontists
- Periodontists
- Dental Technicians
- Other Type of Dental Care Providers

CARD PP-12

Such as...

- Optometrist
- Ophthalmologist
- Vision Technician
- Optician
- Orthoptist
- Other Eye Care Professional

CARD PP-13

Such as...

- Acupuncture
- Homeopathic care
- Massage therapy
- Hypnosis
- Naturopathic care
- Herbalist
- Other alternative care professional

CARD PP-14

Care received **at home**, such as...

Skilled Medical Care from -

- a home care nurse,
- any type of therapist,
- a social worker,
- anyone else providing nursing or medical care

Personal Care Services such as help with -

- bathing,
- dressing,
- taking medication

Household Chore Services

- help with cooking
- help with cleaning

Companionship Services such as -

- reading,
- talking,
- going for a walk or drive

Any Other Type of Home Care

CARD PP-15

Residential or long-term care received at places such as...

- Nursing Home for Rehabilitation Services
- Inpatient Rehabilitation Facility or Convalescent Home
- Hospice Care
- Respite Care
- Mental Health Treatment Center
- Drug and Alcohol Treatment Center
- Addiction Treatment Center
- Eating Disorder Treatment Center
- Other Treatment Center

CARD EV-1A

EV-1A

- Hospital – Inpatient Stay
- Hospital Emergency Room
- Hospital Outpatient Department
- Dental Office
- Medical Provider Office or Clinic
- Care Received at Home
- Residential or Long Term Care Facility
 - e.g., Nursing Home, Rehabilitation Facility, Drug Treatment, Psychiatric Facility

CARD EV-1B

- Hospital – Inpatient Stay
- Hospital Emergency Room
- Hospital Outpatient Department
- Dental Office
- Medical Provider Office or Clinic
- Care Received at Home
- Residential or Long Term Care Facility
 - e.g., Nursing Home, Rehabilitation Facility, Drug Treatment, Psychiatric Facility
- Glasses/Contact Lenses
- Other Medical Expenses

EV-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

HS-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)

CARD ER-2

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

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

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

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
- Sonogram or Ultrasound
- X-Rays
- Mammogram
- MRI or CAT Scan
- EKG, ECG, or EEG
- Vaccination

CARD DN-1

- General Dentist
- Pediatric Dentist
- Dental Specialist
(e.g., Orthodontist, Endodontist, Periodontist)
- Dental Hygienist

CARD DN-2

Diagnostic or Preventive

- General Exam, Check-up, or Consultation
- Cleaning, Prophylaxis, Polishing, or Periodontal Recall Visit (Periodic or Regular)
- 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

Oral Surgery

- Extraction, Tooth Pulled, or Other Oral Surgery
- Implants

Prosthetics

- Fixed Bridges, Dentures or Removable Partial Dentures, Relining or Repair of Bridges or Dentures

Orthodontics

- Orthodontia, Braces, or Retainers

Additional Procedures

CARD HH-1

- Certified Nursing Assistant (CNA)
- Dietitian/Nutritionist
- I.V. or Infusion Therapist
- Medical Doctor
- Nurse/Nurse Practitioner
- Occupational Therapist
- Physical Therapist
- Respiratory Therapist
- Social Worker
- Speech Therapist

HH-1

CARD HH-2

- Companion
- Homemaker or House Cleaner
- Home Health or Home Care Aide
- Hospice Worker
- Nurse's Aide
- Personal Care Attendant

HH-2

CARD IC-1

- Inpatient Rehabilitation Facility or Convalescent Home
- Nursing Home
- Residential Mental Health Treatment Center
- Residential Eating Disorder Treatment Center
- Residential Drug and Alcohol or Addiction Treatment Center
- Residential Hospice Care
- Residential Respite Care

CARD OM-1

Disposable Supplies such as...

- Ostomy supplies
- Bandages and dressings
- Tape
- Adult disposable diapers
- Catheters
- Syringes not prescribed by a physician
- IV supplies

CARD OM-2

Medical Equipment such as...

Mobility aids

- Walker
- Scooter
- Wheelchair
- Braces

Equipment used in the home

- Hospital bed
- Monitor
- Bed pan
- Lift
- Special chair
- Adaptive feeding equipment

Home and automobile modifications

- Ramp
- Elevator
- Handrails
- Automobile modifications

Hearing and speech assistance

- Hearing aid
- Amplifier for a telephone
- Adaptive speech equipment

Other

- Blood pressure monitor
- Oxygen
- Vaporizer or nebulizer

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
- Private Health Center/Clinic
- Public Clinic/Health Center or Private Charity

- Telephone Call – No Charge

- Free From Provider

- Government-Financed Research and Clinical Trials

CP-1

CARD CP-2

- 0
- 1 - 10
- 11 - 30
- 31 - 100
- 101 or More

CP-2

CARD CS-1

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

CARD CS-2

- Never
- Sometimes
- Usually
- Always

CARD CS-3

CS-3

None

1 time

2 times

3 times

4 times

5 to 9 times

10 or more times

CARD CS-4

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

CS-4

CARD AC-1

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

AC-1

CARD AC-2

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

CARD AC-3

- Never
- Sometimes
- Usually
- Always

CARD HX-1

HX-1

Sample Medicare Card

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

CARD HX-2

Sample Medicaid Card
[State Name Here]

(One for Each State)

HX-2

CARD HX-3

- From a Group or Association
- Directly Through a School
- Directly From an Insurance Agent
- Directly From Insurance Company
- Directly From an HMO
- From a Union
- From Anyone's Previous Employer
- 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-4

- Medicare
- Medicaid
- SCHIP
- TRICARE
- CHAMPVA
- VA
- Other Government Program Providing Hospital and Physician Benefits

CARD HX-5

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

CARD HX-6

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

CARD HX-7

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

HX-7

CARD HX-8

- From a Professional Association
- From a Small Business Group
- From a Union
- Directly From an Insurance Agent
- Directly From an Insurance Company
- Directly From an HMO
- From a Previous Employer
- Directly From the Health Insurance Marketplace

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

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

IN-4

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

AS-1

CARD AS-2

- 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