

HIS-501(C) (1999)
(12-11-98)



U.S. Department
of Commerce

BUREAU OF THE
CENSUS

NATIONAL HEALTH INTERVIEW SURVEY

Field Representative's Flashcard and Information Booklet (CAPI)

CARD HM

WHO IS TO BE INCLUDED AS A HOUSEHOLD MEMBER	Include as member of household	
<p>A. PERSONS LIVING OR STAYING IN SAMPLE UNIT AT TIME OF INTERVIEW</p> <p>Any person in unit: members of family, lodgers, servants, visitors, etc.</p> <p>1. Ordinarily stay here all the time (sleep here)</p> <p>2. Here temporarily – no living quarters held for person elsewhere</p> <p>3. Here temporarily – living quarters held for person elsewhere</p> <p>In Armed Forces</p> <p>1. Stationed in this locality, usually sleep here</p> <p>2. Temporarily here on leave – stationed elsewhere</p> <p>Student – Here attending school</p>	Yes Yes Yes Yes	 No No
<p>B. ABSENT PERSONS WHO USUALLY LIVE HERE</p> <p>Inmates of specified institutions – Absent because inmate in a specified institution (see listing in Topic 3, Chapter 4, Listing and Coverage Manual – Form 11-8) regardless of whether or not living quarters held for person here</p> <p>Persons temporarily absent, on vacation, in general hospital, etc. (including veterans' facilities that are general hospitals) – Living quarters held here for person</p> <p>Absent in connection with job</p> <p>1. Living quarters held here for person – temporarily absent while "on the road" in connection with job (e.g., traveling salesmen, railroad men, bus driver)</p> <p>2. Living quarters held here and elsewhere for person but comes here infrequently (e.g., construction engineers)</p> <p>3. Living quarters held here at home for unmarried college student working away from home during summer school vacation</p> <p>In Armed Forces – Were members of this household at time of induction but currently stationed elsewhere</p> <p>In school – Away attending post-secondary school – Away attending boarding school</p> <p>Seamen – Living quarters held here for person</p>	 Yes Yes Yes Yes Yes	No No No No
<p>C. EXCEPTIONS AND DOUBTFUL CASES</p> <p>Person with two concurrent residences</p> <p>1. Regularly sleep greater part of week in another locality</p> <p>2. Regularly sleep greater part of week here</p> <p>Citizens of foreign countries temporarily in the United States</p> <p>1. Living on premises of an Embassy, Ministry, Legation, Chancellery, or Consulate</p> <p>2. Not living on premises of an Embassy, Ministry, etc. –</p> <p style="padding-left: 20px;">a. If living and studying here and no usual place of residence elsewhere in the United States</p> <p style="padding-left: 20px;">b. If living and working here and no usual place of residence elsewhere in the United States</p> <p style="padding-left: 20px;">c. If merely visiting or traveling in the United States</p> <p>Student nurses living away at school</p>	Yes Yes Yes Yes	No No No No

INDEPENDENT CITIES

Virginia:

Alexandria	Fredericksburg	Petersburg
*Bedford	Galax	Poquoson
Bristol	Hampton	Portsmouth
Buena Vista	Harrisonburg	Radford
Charlottesville	Hopewell	*Richmond
Chesapeake	Lexington	*Roanoke
Clifton Forge	Lynchburg	Salem
Colonial Heights	Manassas	South Boston
Covington	Manassas Park	Staunton
Danville	Martinsville	Suffolk
Emporia	Newport News	Virginia Beach
*Fairfax	Norfolk	Waynesboro
Falls Church	Norton	Williamsburg
*Franklin		Winchester

*St. Louis, Missouri

*Baltimore, Maryland

Carson City, Nevada

INSTRUCTIONS

Above is a list of all the independent cities in the United States. Use the list to verify the exact address on the –VERADD– and –MAILADD– screens and to make corrections to the –CHNGADD– screen and –CHNGMAIL– screen.

The cities with an asterisk () are those that also have a county of the same name within the State. Whenever one of these cities is reported, you may need to probe to determine if the person lives within the city limits of the independent city or within the county. If it is within the city limits, enter "IC" after the name, otherwise, enter the county name.

WHEN TO FILL THE F7 CASE MANAGEMENT NOTES

- Type A Noninterviews
- Type B Noninterviews
- Type C Noninterviews
- Partial Interviews
- Classification of Living Quarters Problems

WHEN TO FILL AN INTERCOMM

- Problems trying to list and update an address
- Additional and EXTRA Units
- Merged Units
- Replaced Sample Unit Structure
- Permit address found to contain more or fewer units than expected
- Permit address found to be in a Group Quarters
- Abandoned Permit
- Segment boundary problems
- Problems encountered trying to classify the type of living quarters
- Unable to locate a sample address

1998

JANUARY						
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○ Holiday

1999

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○ Holiday

HOLIDAYS

1998

New Year's Day	January 1
Martin Luther King's Birthday	January 19
President's Day	February 16
Easter	April 12
Memorial Day	May 25
Independence Day	July 4
Labor Day	September 7
Columbus Day	October 12
Veteran's Day	November 11
Thanksgiving	November 26
Christmas	December 25

1999

New Year's Day	January 1
Martin Luther King's Birthday	January 18
President's Day	February 15
Easter	April 5
Memorial Day	May 31
Independence Day	July 4
Labor Day	September 6
Columbus Day	October 11
Veteran's Day	November 11
Thanksgiving	November 25
Christmas	December 25

CARD H1

- 1. Puerto Rican**
- 2. Cuban/Cuban American**
- 3. Dominican (Republic)**
- 4. Mexican**
- 5. Mexican American**
- 6. Central or South American**
- 7. Other Latin American**
- 8. Other Hispanic/Latino**

CARD H2

- 1. White**
- 2. Black/African American**
- 3. Indian (American)**
- 4. Alaska Native**
- 5. Native Hawaiian**
- 6. Guamanian**
- 7. Samoan**
- 8. Other Pacific Islander**
- 9. Asian Indian**
- 10. Chinese**
- 11. Filipino**
- 12. Japanese**
- 13. Korean**
- 14. Vietnamese**
- 15. Other Asian**
- 16. Some Other Race**

CARD H3

- 2. Spouse (husband/wife)**
- 3. Unmarried Partner**
- 4. Child (biological/adoptive/in-law/
step/foster)**
- 5. Child of Partner**
- 6. Grandchild**
- 7. Parent (biological/adoptive/in-law/
step/foster)**
- 8. Brother/sister (biological/adoptive/in-law/
step/foster)**
- 9. Grandparent (Grandmother/Grandfather)**
- 10. Aunt/Uncle**
- 11. Niece/Nephew**
- 12. Other relative**
- 13. Housemate/roommate**
- 14. Roomer/Boarder**
- 15. Other nonrelative**
- 16. Legal guardian**
- 17. Ward**

CARD F1

- 1. Vision/problem seeing**
- 2. Hearing problem**
- 3. Speech problem**
- 4. Asthma/breathing problem**
- 5. Birth defect**
- 6. Injury**
- 7. Mental retardation**
- 8. Other developmental problem (e.g. cerebral palsy)**
- 9. Other mental, emotional or behavioral problem**
- 10. Bone, joint, or muscle problem**
- 11. Epilepsy**
- 12. Other impairment/problem**

CARD F2

- 1. Vision/problem seeing**
- 2. Hearing problem**
- 3. Arthritis/rheumatism**
- 4. Back or neck problem**
- 5. Fracture, bone/joint injury**
- 6. Other injury**
- 7. Heart problem**
- 8. Stroke problem**
- 9. Hypertension/high blood pressure**
- 10. Diabetes**
- 11. Lung/breathing problem**
- 12. Cancer**
- 13. Birth defect**
- 14. Mental retardation**
- 15. Other developmental problem (e.g. cerebral palsy)**
- 16. Senility**
- 17. Depression/anxiety/emotional problem**
- 18. Weight problem**
- 19. Other impairment/problem**

CARD F3

On or down or from:

- 1. Escalator**
- 2. Stairs or steps**
- 3. Floor/Level ground**
- 4. Curb (including sidewalk)**
- 5. Ladder or scaffolding**
- 6. Playground equipment**
- 7. Building or other structure**
- 8. Chair, bed, sofa or other furniture**
- 9. Tree**
- 10. Toilet, commode**
- 11. Bathtub, shower**

Into:

- 12. Swimming pool**
- 13. Hole or other opening**
- 14. Other**

CARD F4

- 1. Driving or riding in a motor vehicle**
- 2. Working at a paid job**
- 3. Working around the house or yard**
- 4. Attending school**
- 5. Unpaid work (including, housework, shopping, volunteer work)**
- 6. Sports (organized team or individual sport such as running, biking, skating)**
- 7. Leisure activity (excluding sports)**
- 8. Sleeping, resting, eating, drinking**
- 9. Cooking**
- 10. Being cared for (hands-on care from other person)**
- 11. Other**

CARD F5

- 1. Home (inside)**
- 2. Home (outside)**
- 3. School (not residential)**
- 4. Child care center or Preschool**
- 5. Residential institution (excluding hospital)**
- 6. Health care facility (including hospital)**
- 7. Street/highway**
- 8. Parking lot**
- 9. Sport facility, athletic field or playground**
- 10. Trade and service areas (shopping center, restaurant, store, bank, gas station)**
- 11. Farm**
- 12. Park/recreation area (fields, bike or jog path)**
- 13. River/lake/stream/ocean**
- 14. Swimming pool**
- 15. Industrial or construction area**
- 16. Mine/quarry**
- 17. Other public building**
- 18. Other**

CARD F6

None

Less than 1 day

1 to 5 days

6 or more days

**Not employed at the time of
the injury/poisoning**

CARD F7

None

Less than 1 day

1 to 5 days

6 or more days

**Not in school at the time of
the injury/poisoning**

CARD F8

- 1. a drug or medical substance used mistakenly or in overdose**
- 2. a harmful or toxic solid or liquid substance**
- 3. inhaling gases or vapors**
- 4. eating a poisonous plant or other substance mistaken for food**
- 5. a venomous animal or plant**
- 6. something else**

CARD F9

- 1. Private health insurance plan from employer or workplace***
- 2. Private health insurance plan purchased directly***
- 3. Private health insurance plan through a state or local government program or community**
- 4. Medicare**
- 5. Medi-Gap**
- 6. Medicaid**
- 7. CHIP (Children's Health Insurance Program)**
- 8. Military health care/VA**
- 9. CHAMPUS/TRICARE/CHAMP-VA**
- 10. Indian Health Service**
- 11. State-sponsored health plan**
- 12. Other government program**
- 13. Single Service Plan (e.g., dental, vision, prescriptions)**

***EXCLUDE private plans that only provide extra cash while hospitalized.**

CARD F10-AL

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

ALABAMA

**Medicaid: Patients 1st; BAY Health Plan or
BAY Program**

CHIP: AL-Kids or Medicaid Expansion

State/Other: Hypertension Program

CARD F10-AK

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

ALASKA

Medicaid: Medical Assistance Program

CHIP: Smart Start for Alaska's Children

**State/Other: General Relief Medical (GRM);
Chronic and Acute Medical
Assistance (CAMA)**

CARD F10-AZ

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

ARIZONA

Medicaid: AHCCCS

CHIP: KidsCare

**State/Other: ALTCS; ComCare; Medically
Indigent Program**

CARD F10-AR

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

ARKANSAS

Medicaid: ConnectCare

**CHIP: ARKids First or Child Health Insurance
Program**

**State/Other: Arkansas Comprehensive Health
Insurance Plan; Kidney Disease
Commission**

CARD F10-CA

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

CALIFORNIA

Medicaid: Medi-Cal or Medi-Cal Managed Care or The Two-Plan Model

CHIP: Healthy Families Program

State/Other: Access for Infants & Mothers (AIM); County Medical Services Program (CMSP); Children's Services (CCS); California's children's health

CARD F10-CO

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

COLORADO

**Medicaid: Primary Care Physician Program
(PCPP); PACE**

**CHIP: Colorado Child Health Plan or Child
Health Plan Plus (CHP+)**

**State/Other: Assistance for AIDS Specific
Drugs (AASD)**

CARD F10-CT

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

CONNECTICUT

Medicaid: Connecticut Access

CHIP: HUSKY or HUSKY Plus

**State/Other: Connecticut Insurance
Assistance Program for AIDS
Patients (CIAP/AP); ConnTRANS;
Healthy Steps; General
Assistance Program (GA)**

CARD F10-DE

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

DELAWARE

Medicaid: Diamond State Health Plan

**CHIP: The Delaware Healthy Children
Program (DHCP) or Diamond State
Health Plan for Children**

State/Other: Nemours Child Plan

CARD F10-DC

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

DISTRICT OF COLUMBIA

Medicaid: Medical Assistance; HSCSN

CHIP: Healthy DC Kids

State/Other: Medical Charities Program

CARD F10-FL

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

FLORIDA

**Medicaid: MediPass or Medicaid HMO
Program**

CHIP: Florida Healthy Kids Program

**State/Other: Florida Health Security (FHS):
Statewide Kidney Disease
Program**

CARD F10-GA

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

GEORGIA

**Medicaid: Better Health Care; Georgia
Behavioral Health Plan**

**CHIP: PeachCare or Georgia CHIP or
Medicaid look-alike**

State/Other: AIDS Drug Assistance Program

CARD F10-HI

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

HAWAII

Medicaid: Hawaii-QUEST

CHIP:

**State/Other: QUEST-Net; HIV Drug
Assistance Program**

CARD F10-ID

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

IDAHO

Medicaid: Healthy Connections; Medical Assistance

CHIP: State Child Health Plan

State/Other: Catastrophic Fund

CARD F10-IL

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

ILLINOIS

Medicaid: MediPlan Plus

CHIP: KidCare or Medicaid Expansion

**State/Other: General Assistance Program;
State Child and Family
Assistance (SCFA); Transitional
Assistance (TA)**

CARD F10-IN

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

INDIANA

Medicaid: Hoosier Healthwise

CHIP:

State/Other: ICHIA; Renal Program

CARD F10-IA

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

IOWA

Medicaid: Medical Assistance; Health Insurance Premium Payment (HIPP); MediPASS

CHIP: Health and Well Kids in Iowa (HAWK-I)

State/Other: Home and Community Based Services (HCBS/MR); Caring Program for Children; Iowa coverage for unemployed workers

CARD F10-KS

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

KANSAS

**Medicaid: Community Care of Kansas (CCK);
HealthConnect; PrimeCare Kansas**

**CHIP: State Children's Health Insurance
Program (SCHIP)**

**State/Other: Independent Living Program;
Medi-KAN**

CARD F10-KY

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

KENTUCKY

Medicaid: Kentucky Patient Access and Care System (KenPAC); Health Care Partnership Plan or The Partnership Program

CHIP: KCHIP or Kentucky Children's Health Insurance Program

State/Other: Kentucky AIDS Drug Assistance Program (KADAP)

CARD F10-LA

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

LOUISIANA

**Medicaid: Louisiana Health Access (LHA);
CommunityCARE**

CHIP: LaCHIP

**State/Other: Louisiana Health Insurance
Association; HIV Formulary**

CARD F10-ME

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

MAINE

Medicaid: Medical Assistance; PrimeCare

CHIP: Cub Care

**State/Other: Health Program; Elderly Low
Cost Drug Program**

CARD F10-MD

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

MARYLAND

Medicaid: Maryland Access to Care or MAC

CHIP: HealthChoice Program

**State/Other: AIDS Insurance Assistance
Program; Kidney Disease
Program**

CARD F10-MA

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

MASSACHUSETTS

**Medicaid: MassHealth; Elder Service Plans;
PACE**

**CHIP: Premium Assistance Plan;
CommonHealth Program**

**State/Other: Children's Medical Security
Plan; Medical Security Plan
(MSP); CenterCare;
Uncompensated Free Care Pool**

CARD F10-MI

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

MICHIGAN

Medicaid: Comprehensive Health Care Plan (CHCP); Physician Sponsor Plan; The Clinic Plan

CHIP: MICHild

State/Other: Wayne County Plus Care Program; Children's Hourly In-Home Locally Delivered Services (CHILD); Habilitation/Support (HCBS)

CARD F10-MN

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

MINNESOTA

**Medicaid: Prepaid Medical Assistance
Program (PMAP) or PMAP+**

CHIP:

**State/Other: MinnesotaCare; Minnesota
General Assistance Medical
Care Program (GAMC); MCHA;
HIV/AIDS Insurance Program**

CARD F10-MS

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

MISSISSIPPI

Medicaid: HealthMACS

**CHIP: Children's Health Insurance Program
(CHIP)**

**State/Other: Mississippi Comprehensive
Health Insurance Risk Pool**

CARD F10-MO

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

MISSOURI

**Medicaid: Missouri Managed Care Plus
(MC+); MCPlus**

CHIP:

**State/Other: General Relief Medical
Assistance; MHIP; Kidney
Program**

CARD F10-MT

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

MONTANA

**Medicaid: Montana Mental Health Access
Plan; Passport to Health**

CHIP: Montana's CHIP

**State/Other: Montana Comprehensive Health
Association (MCHA)**

CARD F10-NE

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

NEBRASKA

**Medicaid: Medical Assistance Program;
Nebraska Health Connection;
Primary Care+**

CHIP: Kids Connection

**State/Other: State Disability Program;
Nevada Comprehensive Health
Insurance Pool**

CARD F10-NV

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

NEVADA

Medicaid:

CHIP: Nevada Check Up

State/Other:

CARD F10-NH

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

NEW HAMPSHIRE

**Medicaid: Medical Assistance Program;
Community Care Systems;
Capitated Medicaid Managed Care**

**CHIP: New Hampshire Healthy Kids
Corporation**

State/Other:

CARD F10-NJ

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

NEW JERSEY

**Medicaid: New Jersey Care 2000; Managed
Charity Care Demonstration
(MCCD)**

**CHIP: New Jersey KidCare or NJ
KidCare-Plan A, B, C**

**State/Other: HealthStart; AIDS Community
Care Alternatives (ACCAP);
Home & Community-based
Service for Develop-mentally
disabled; Medically fragile
Children, Persons With
Traumatic Brain Injuries;
Statewide Respite Care
Program; PAAD; ADDP;
HAAAD; HCEP; Health Access**

CARD F10-NM

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

NEW MEXICO

**Medicaid: The SALUD! Program; Primary
Care Network (PCN) Program**

CHIP: New Mexico Title XXI Program

**State/Other: Comprehensive Health
Insurance Pool: Home Delivery
Drug Program**

CARD F10-NY

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

NEW YORK

Medicaid: Medical Assistance (MA); The Partnership Plan; MAX; PACE; Elderplan

CHIP: Child Health Plus (CHP) or CHPlus

State/Other: Home Relief; New York's subsidized insurance

CARD F10-NC

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

NORTH CAROLINA

Medicaid: Carolina Access; Carolina Alternatives; Baby Love; Community Alternatives; Health Check; Nursing Home Reform; Drug Use Review (DUR)

CHIP: Health Choice or Title XXI Program

State/Other: Cancer Program; Sickle Cell Syndrome Program; State Kidney Program; HIV Medications Program

CARD F10-ND

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

NORTH DAKOTA

**Medicaid: Medical Services or North Dakota
Access and Care Program (NoDAC)**

**CHIP: North Dakota Healthy Steps or Healthy
Steps Program**

**State/Other: Comprehensive Health
Association of North Dakota**

CARD F10-OH

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

OHIO

Medicaid: OhioCare; Ohio Medicaid-Managed Care Program; ABC Program

CHIP: The Healthy Start Program (HS or HST)

State/Other: PACE; Core; Core Plus; Waiver Program; Facility Based Long-term Care; HCAP

CARD F10-OK

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

OKLAHOMA

Medicaid: SoonerCare

CHIP:

State/Other:

CARD F10-OR

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

OREGON

Medicaid: Oregon Health Plan (OHP)

CHIP: Medicaid look-alike CHIP Program

**State/Other: Family Health Insurance
Assistance Program (FHIAP)**

CARD F10-PA

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

PENNSYLVANIA

**Medicaid: Medical Assistance; Family Care
Network; HealthChoices;
HealthPass**

CHIP: Pa CHIP-Free and Subsidized Program

**State/Other: General Assistance Medical
Program; PACE; SPBP**

CARD F10-RI

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

RHODE ISLAND

Medicaid: Rite Care

CHIP: Medicaid Rite Care Program Expansion

**State/Other: General Public Assistance (GPA)
Medical Program; RIPAE**

CARD F10-SC

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

SOUTH CAROLINA

Medicaid: South Carolina Palmetto Health Initiative (PHI); SCHAP; PACE

CHIP: Partners for Healthy Children or State Child Health Plan or Title XXI

State/Other: South Carolina Health Insurance Pool

CARD F10-SD

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

SOUTH DAKOTA

**Medicaid: Medicaid Managed Care Program;
Prime; Title 19; Primary Care
Provider Program**

**CHIP: Children's Health Insurance Program
(CHIP)**

**State/Other: Catastrophic County-Poor Relief
Program**

CARD F10-TN

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

TENNESSEE

Medicaid: TennCare

CHIP:

**State/Other: Tennessee Renal Disease
Program**

CARD F10-TX

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

TEXAS

Medicaid: State of Texas Access Reform (STAR); Star Plus; Lonestar Select

CHIP: Texas CHIP

State/Other: Chronically Ill and Disabled Children Program (CIDC); Division of Kidney Health Care Program; AIDS/STD Medication Program

CARD F10-UT

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

UTAH

**Medicaid: Family; Pregnant Womens'
Program; Newborn; Newborn Plus;
Child; Nursing Home Program;
Emergency Medicaid; Refugee
Medicaid**

CHIP: Child Health Insurance Program

**State/Other: Utah Medical Assistance
Program (UMAP); Custody
Medical Care Program;
Subsidized Adoption
Assistance; Aged, Blind, or
Disabled; Home and Community
Based Waiver Program;
HIV/AIDS Drug Therapy; UHIP**

CARD F10-VT

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

VERMONT

**Medicaid: Vermont Health Access Plan
(VHAP)**

CHIP: Dr. Dynasaur

**State/Other: General Assistance Medical
Program; Vscript**

CARD F10-VA

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

VIRGINIA

Medicaid: Virginia's Medallion

**CHIP: Virginia's Children's Medical Security
Insurance Plan or Children's Health
Insurance Law in the Dominion (CHILD)**

**State/Other: State and Local Hospitalization
(SLH) Program; Caring Program
for Children**

CARD F10-WA

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

WASHINGTON

Medicaid: Healthy Options

CHIP: Basic Health Plus

**State/Other: General Assistance
Unemployable Program (GA-U);
State Health Insurance Pool;
Medically Indigent Program**

CARD F10-WV

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

WEST VIRGINIA

Medicaid: Medical Assistance

**CHIP: Children's Health Insurance Program
(CHIP)**

**State/Other: General Assistance for Disabled
Adults; Special Pharmacy
Program**

CARD F10-WI

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

WISCONSIN

**Medicaid: Medical Assistance Program;
Wisconsin Medicaid/HMO
Program; PACE**

CHIP: BadgerCare

State/Other: General Relief Medical

CARD F10-WY

STATE NAMES FOR MEDICAID, CHIP, STATE-/LOCAL-SPONSORED, AND OTHER HEALTH INSURANCE PROGRAMS

Note: If no name exists, some Medicaid programs are called "Medical Assistance Program" or "{State} Medicaid", such as "Alabama Medicaid". CHIP or S-CHIP programs can also be under "Title XXI Program" or "{State} CHIP", such as "Pennsylvania CHIP".

WYOMING

Medicaid:

CHIP:

**State/Other: Wyoming Health Insurance Pool;
Basic Foster Care Program;
Minimum Medical Program
(MMP)**

CARD F11

- 1. Accidents**
- 2. AIDS care**
- 3. Cancer treatment**
- 4. Catastrophic care**
- 5. Dental care**
- 6. Disability insurance (cash payments when unable to work for health reasons)**
- 7. Hospice care**
- 8. Hospitalization only**
- 9. Long-term care (nursing home care)**
- 10. Prescriptions**
- 11. Vision care**
- 12. Other**

CARD F12

- 1. 6 months or less**
- 2. More than 6 months, but not more than 1 year ago**
- 3. More than 1 year, but not more than 3 years ago**
- 4. More than 3 years**
- 5. Never**

CARD F13

- 1. Person in family with health insurance lost job or changed employers**
- 2. Got divorced or separated/death of spouse or parent**
- 3. Became ineligible because of age/left school**
- 4. Employer does not offer coverage/or not eligible for coverage**
- 5. Cost is too High**
- 6. Insurance company refused coverage**
- 7. Medicaid/Medical plan stopped after pregnancy**
- 8. Lost Medicaid/Medical plan because of new job or increase in income**
- 9. Lost Medicaid (other)**
- 10. Other (specify)**

CARD F14

- 0. Zero**
- 1. Less than \$500**
- 2. \$ 500 – \$1,999**
- 3. \$2,000 – \$2,999**
- 4. \$3,000 – \$4,999**
- 5. \$5,000 or more**

CARD F15

- 1. Yes, born in the United States**
- 2. Yes, born in Puerto Rico, Guam, American Virgin Islands, or U.S. territory**
- 3. Yes, born abroad to American parents**
- 4. Yes, U.S. citizen by naturalization**
- 5. No, not a citizen of the United States**

CARD F16

- 0. Never attended/kindergarten only**
- 1. 1st grade**
- 2. 2nd grade**
- 3. 3rd grade**
- 4. 4th grade**
- 5. 5th grade**
- 6. 6th grade**
- 7. 7th grade**
- 8. 8th grade**
- 9. 9th grade**
- 10. 10th grade**
- 11. 11th grade**
- 12. 12th grade, no diploma**
- 13. HIGH SCHOOL GRADUATE**
- 14. GED or equivalent**
- 15. Some college, no degree**
- 16. Associate degree: occupational, technical, or vocational program**
- 17. Associate degree: academic program**
- 18. Bachelor's degree (Example: BA, AB, BS, BBA)**
- 19. Master's degree (Example: MA, MS, MEng, MEd, MBA)**
- 20. Professional School degree (Example: MD, DDS, DVM, JD)**
- 21. Doctoral degree (Example: PhD, EdD)**

CARD F17-AL

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

ALABAMA

Family Assistance Program*

Avenues to Self-Sufficiency Through Employment and Training Services (ASSETS)

CARD F17-AK

ALASKA

Alaska Temporary Assistance Program (ATAP)

CARD F17-AZ

ARIZONA

Employing and Moving People Off Welfare and Encouraging Responsibility (EMPOWER)

CARD F17-AR

ARKANSAS

Transitional Employment Assistance Program (TEA)

CARD F17-CA

CALIFORNIA

**California Work Opportunity and
Responsibility to Kids (CalWorks) (CA TANF
name re-updated May 21, 1998)**

CARD F17-CO

COLORADO

Colorado Works

CARD F17-CT

CONNECTICUT

Jobs First

CARD F17-DE

DELAWARE

A Better Chance (ABC)

CARD F17-DC

DISTRICT OF COLUMBIA

**Temporary Assistance for Needy Families
(TANF)**

CARD F17-FL

FLORIDA

Work and Gain Economic Self-Sufficiency (WAGES)

CARD F17-GA

GEORGIA

WorkFirst

CARD F17-HI

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

HAWAII

Temporary Assistance for Needy Families (TANF)*

Temporary Assistance for Other Needy Families (TAONF)

CARD F17-ID

IDAHO

Temporary Assistance for Families in Idaho (TAFI)

CARD F17-IL

ILLINOIS

Temporary Assistance for Needy Families (TANF)

CARD F17-IN

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

INDIANA

**Temporary Assistance for Needy Families
(TANF)***

**Indiana Manpower Placement and
Comprehensive Training (IMPACT)**

CARD F17-IA

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

IOWA

Family Investment Program *

PROMISE JOBS

CARD F17-KS

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

KANSAS

Temporary Assistance for Families (TAF)*

KansasWorks

CARD F17-KY

KENTUCKY

Transitional Assistance Program (K-TAP)

CARD F17-LA

LOUISIANA

Family Independence Program

CARD F17-ME

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

MAINE

**Aid to Families with Dependent Children
(AFDC)***

ASPIRE-JOBS

CARD F17-MD

MARYLAND

Family Independence Program

CARD F17-MA

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

MASSACHUSETTS

Transitional Aid to Families with Dependent Children (TAFDC)*

Employment Services Program (ESP)

Emergency Assistance Program (EA)

CARD F17-MI

MICHIGAN

Family Independence Program (FIP)

CARD F17-MN

MINNESOTA

**Minnesota Family Investment Program
(MFIP)**

CARD F17-MS

MISSISSIPPI

WorkFirst

CARD F17-MO

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

MISSOURI

Temporary Assistance*

21st Century Communities Demonstration Project (Jackson County only)

CARD F17-MT

MONTANA

**Families Achieving Independence in
Montana (FAIM)**

CARD F17-NE

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

NEBRASKA

Aid for Dependent Children (ADC)*

Employment First

CARD F17-NV

NEVADA

Temporary Assistance for Needy Families (TANF)

CARD F17-NH

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

NEW HAMPSHIRE

Family Assistance Program (FAP)*

**New Hampshire Employment Program
(NHEP)**

CARD F17-NJ

NEW JERSEY

Work First New Jersey

CARD F17-NM

NEW MEXICO

**Personal Responsibility and Opportunities
to Gainfully Reach Economic Self
Sufficiency (PROGRESS)**

CARD F17-NY

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

NEW YORK

Family Assistance (FA)*

Safety Net Program

Food Assistance Program

CARD F17-NC

NORTH CAROLINA

Work First

CARD F17-ND

NORTH DAKOTA

**Training, Education, Employment, and
Management (TEEM)**

CARD F17-OH

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

OHIO

Ohio Works First (OWF)*

Prevention, Retention & Contingency (PRC)

CARD F17-OK

OKLAHOMA

Temporary Assistance for Needy Families (TANF)

CARD F17-OR

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

OREGON

**Temporary Assistance to Needy Families
(TANF)***

JOBS

JOBS PLUS

CARD F17-PA

PENNSYLVANIA

Temporary Assistance for Needy Families (TANF)

CARD F17-RI

RHODE ISLAND

Family Independence Program

CARD F17-SC

SOUTH CAROLINA

Family Independence Program

CARD F17-SD

SOUTH DAKOTA

**Temporary Assistance for Needy Families
(TANF)**

CARD F17-TN

TENNESSEE

Families First

CARD F17-TX

TEXAS

Achieving Change for Texans (ACT)

CARD F17-UT

UTAH

Family Employment Program (FEP)

CARD F17-VT

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

VERMONT

**Aid to Needy Families with Children
(ANFC)***

Reach UP (RU)

CARD F17-VA

Note: Where there is more than one program, an asterisk* denotes which most resembles AFDC.

VIRGINIA

Virginia Independence Program (VIP)*

Virginia Initiative for Employment Not Welfare (VIEW)

CARD F17-WA

WASHINGTON

WorkFirst

CARD F17-WV

WEST VIRGINIA

West Virginia Works (WV Works)

CARD F17-WI

WISCONSIN

Wisconsin Works (W-2)

CARD F17-WY

WYOMING

Personal Opportunities with Employment Responsibilities (POWER)

CARD F18

U.	\$20,000 – \$20,999
V.	\$21,000 – \$21,999
W.	\$22,000 – \$22,999
X.	\$23,000 – \$23,999
Y.	\$24,000 – \$24,999
Z.	\$25,000 – \$25,999
AA.	\$26,000 – \$26,999
BB.	\$27,000 – \$27,999
CC.	\$28,000 – \$28,999
DD.	\$29,000 – \$29,999
EE.	\$30,000 – \$30,999
FF.	\$31,000 – \$31,999
GG.	\$32,000 – \$32,999
HH.	\$33,000 – \$33,999
II.	\$34,000 – \$34,999
JJ.	\$35,000 – \$39,999
KK.	\$40,000 – \$44,999
LL.	\$45,000 – \$49,999
MM.	\$50,000 – \$54,999
NN.	\$55,000 – \$59,999
OO.	\$60,000 – \$64,999
PP.	\$65,000 – \$69,999
QQ.	\$70,000 – \$74,999
RR.	\$75,000 and over

CARD F19

- A. Less than \$1,000**
- B. \$1,000 – \$1,999**
- C. \$2,000 – \$2,999**
- D. \$3,000 – \$3,999**
- E. \$4,000 – \$4,999**
- F. \$5,000 – \$5,999**
- G. \$6,000 – \$6,999**
- H. \$7,000 – \$7,999**
- I. \$8,000 – \$8,999**
- J. \$9,000 – \$9,999**
- K. \$10,000 – \$10,999**
- L. \$11,000 – \$11,999**
- M. \$12,000 – \$12,999**
- N. \$13,000 – \$13,999**
- O. \$14,000 – \$14,999**
- P. \$15,000 – \$15,999**
- Q. \$16,000 – \$16,999**
- R. \$17,000 – \$17,999**
- S. \$18,000 – \$18,999**
- T. \$19,000 – \$19,999**

CARD C1

- 1. Parent (Biological, Adoptive or Step)**
- 2. Grandparent**
- 3. Aunt/Uncle**
- 4. Brother/Sister**
- 5. Other relative**
- 6. Legal guardian**
- 7. Foster parent**
- 8. Other non-relative**

CARD C2

- 1. Down's Syndrome**
- 2. Cerebral Palsy**
- 3. Muscular Dystrophy**
- 4. Cystic Fibrosis**
- 5. Sickle Cell Anemia**
- 6. Autism**
- 7. Diabetes**
- 8. Arthritis**
- 9. Congenital Heart Disease**
- 10. Other heart condition**

CARD C3

- 1. Not at all**
- 2. A little**
- 3. A fair amount**
- 4. A moderate amount**
- 5. A lot**

CARD C4

- 0. Not true**
- 1. Sometimes true**
- 2. Often true**

CARD C5

- 1. Seldom or never gets sick**
- 2. Recently moved into the area**
- 3. Don't know where to go for care**
- 4. Usual source of medical care in this area is no longer available**
- 5. Can't find a provider who speaks my language**
- 6. Likes to go to different places for health care needs**
- 7. Just changed insurance plans**
- 8. Don't use doctors/treat myself**
- 9. Cost of medical care**
- 10. Other reason**

CARD C6

- 0. Never**
- 1. 6 months or less**
- 2. More than 6 months, but not more than 1 year ago**
- 3. More than 1 year, but not more than 2 years ago**
- 4. More than 2 years, but not more than 5 years ago**
- 5. More than 5 years ago**

CARD C7

- 1. Went in on own for check-up, examination, or cleaning**
- 2. Was called in by the dentist for check-up, examination, or cleaning**
- 3. Something was wrong, bothering, or hurting the child**
- 4. Went for treatment of a condition that dentist discovered at earlier check-up or examination**
- 5. Other**

CARD C8

- 1. Afraid**
- 2. Nervous**
- 3. Needles**
- 4. Cost**
- 5. Don't know dentist**
- 6. Dentist too far**
- 7. Can't get there**
- 8. No problems**
- 9. No teeth**
- 10. Not important**
- 11. Didn't think of it**
- 12. Other**

CARD C9

- 0. None**
- 1. 1**
- 2. 2 – 3**
- 3. 4 – 9**
- 4. 10 – 12**
- 5. 13 or more**

CARD C10

- 1. You don't need an appointment there**
- 2. Didn't know where else to go**
- 3. They won't turn anyone away**
- 4. No other place was open at that time**
- 5. A doctor said to go there**
- 6. It was a life or death situation requiring immediate attention**
- 7. Other reason**

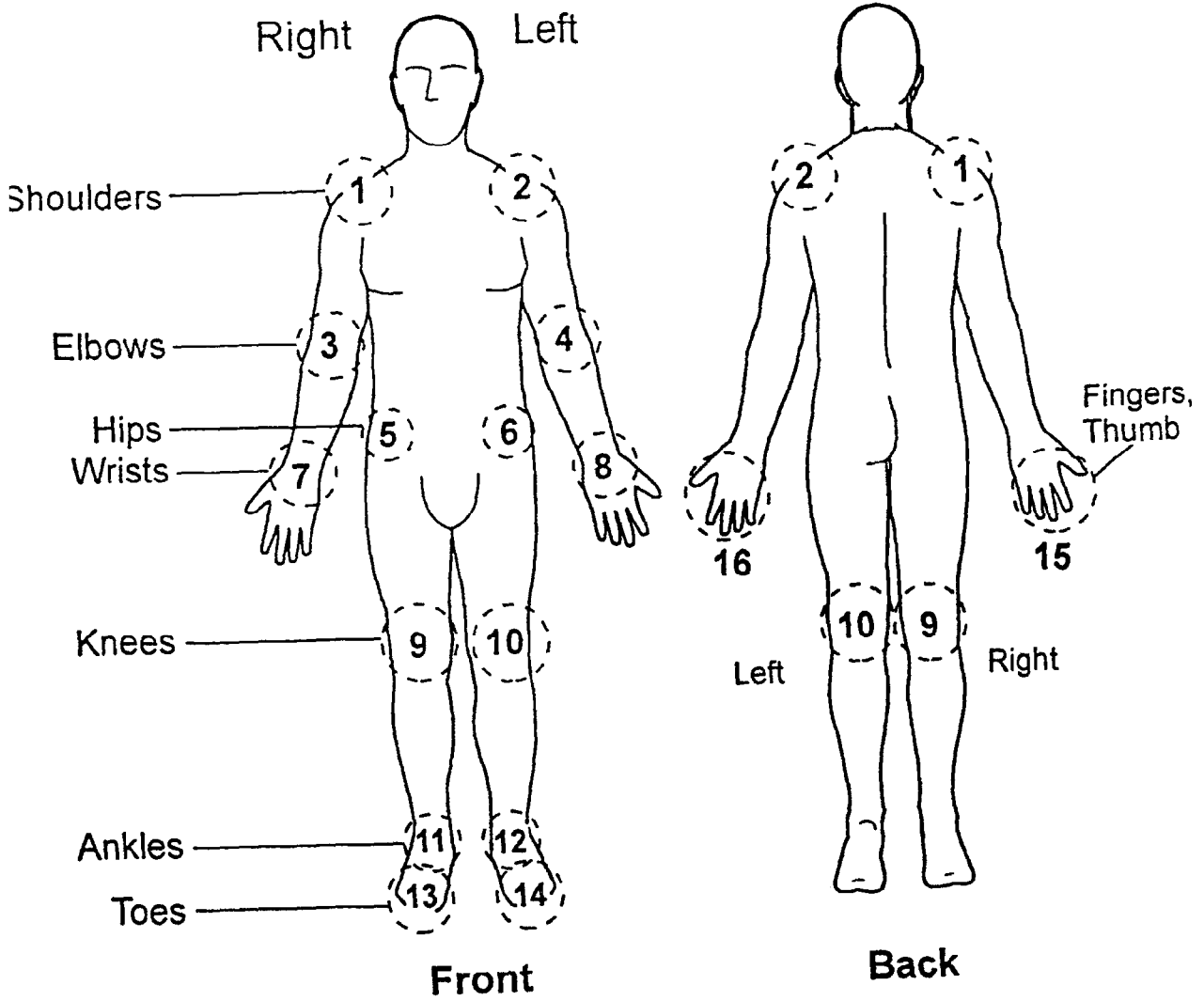
CARD C11

- 1. 1**
- 2. 2 – 3**
- 3. 4 – 9**
- 4. 10 – 12**
- 5. 13 or more**

CARD A1

- 1. Not at all**
- 2. A little**
- 3. A fair amount**
- 4. A moderate amount**
- 5. A lot**

CARD A2



CARD A3

- 1. Younger than 20**
- 2. 20—29**
- 3. 30—39**
- 4. 40—44**
- 5. 45—49**
- 6. 50—54**
- 7. 55 or older**

CARD A4

- 0. Not at all difficult**
- 1. Only a little difficult**
- 2. Somewhat difficult**
- 3. Very difficult**
- 4. Can't do at all**

CARD A5

- 1. All of the time**
- 2. Most of the time**
- 3. Some of the time**
- 4. A little of the time**
- 5. None of the time**

CARD A6

- 0. Not at all difficult**
- 1. Only a little difficult**
- 2. Somewhat difficult**
- 3. Very difficult**
- 4. Can't do at all**

- 6. Do not do this activity**

CARD A7

- 1. Vision/problem seeing**
- 2. Hearing problem**
- 3. Arthritis/rheumatism**
- 4. Back or neck problem**
- 5. Fracture, bone/joint injury**
- 6. Other injury**
- 7. Heart problem**
- 8. Stroke problem**
- 9. Hypertension/high blood pressure**
- 10. Diabetes**
- 11. Lung/breathing problem**
- 12. Cancer**
- 13. Birth defect**
- 14. Mental retardation**
- 15. Other developmental problem
(e.g. cerebral palsy)**
- 16. Senility**
- 17. Depression/anxiety/emotional problem**
- 18. Weight problem**
- 19. Other impairment/problem**

CARD A8

- 1. Seldom or never gets sick**
- 2. Recently moved into the area**
- 3. Don't know where to go for care**
- 4. Usual source of medical care in this area is no longer available**
- 5. Can't find a provider who speaks my language**
- 6. Likes to go to different places for health care needs**
- 7. Just changed insurance plans**
- 8. Don't use doctors/treat myself**
- 9. Cost of medical care**
- 10. Other reason**

CARD A9

- 1. A year ago or less**
- 2. More than 1 year, but not more than 2 years**
- 3. More than 2 years, but not more than 3 years**
- 4. More than 3 years, but not more than 5 years**
- 5. Over 5 years ago**

CARD A10

- 0. Never**
- 1. 6 months or less**
- 2. More than 6 months, but not more than 1 year ago**
- 3. More than 1 year, but not more than 2 years ago**
- 4. More than 2 years, but not more than 5 years ago**
- 5. More than 5 years ago**

CARD A11

- 1. Went in on own for check-up, examination, or cleaning**
- 2. Was called in by the dentist for check-up, examination, or cleaning**
- 3. Something was wrong, bothering, or hurting you**
- 4. Went for treatment of a condition that dentist discovered at earlier check-up or examination**
- 5. Other**

CARD A12

- 1. Afraid**
- 2. Nervous**
- 3. Needles**
- 4. Cost**
- 5. Don't know dentist**
- 6. Dentist too far**
- 7. Can't get there**
- 8. No problems**
- 9. No teeth**
- 10. Not important**
- 11. Didn't think of it**
- 12. Other**

CARD A13

- 0. None**
- 1. 1**
- 2. 2—3**
- 3. 4—9**
- 4. 10—12**
- 5. 13 or more**

CARD A14

- 1. You don't need an appointment there**
- 2. Didn't know where else to go**
- 3. They won't turn anyone away**
- 4. No other place was open at that time**
- 5. A doctor said to go there**
- 6. It was a life or death situation requiring immediate attention**
- 7. Other reason**

CARD A15

- 1. 1**
- 2. 2—3**
- 3. 4—9**
- 4. 10—12**
- 5. 13 or more**

CARD A16

- 1. An employee of a PRIVATE company, business, or individual for wages, salary, or commission**
- 2. A FEDERAL government employee**
- 3. A STATE government employee**
- 4. A LOCAL government employee**
- 5. Self-employed in OWN business, professional practice or farm**
- 6. Working WITHOUT PAY in family business or farm**

CARD A17

- 1. 1–9 employees**
- 2. 10–24 employees**
- 3. 25–49 employees**
- 4. 50–99 employees**
- 5. 100–249 employees**
- 6. 250–499 employees**
- 7. 500–999 employees**
- 8. 1000 employees or more**

CARD A18

- 1. Just to find out/Worried that you are infected**
- 2. Because a doctor asked you to**
- 3. Because the Health Department asked you to**
- 4. Because sex partner asked you to**
- 5. For hospitalization or surgical procedure**
- 6. To apply for health insurance or life insurance**
- 7. To comply with guidelines for health workers**
- 8. To apply for a new job**
- 9. For military induction, separation, or during military service**
- 10. For immigration**
- 11. Because of pregnancy**
- 12. For some other reason (*Specify*)**

CARD A19

- 1. Because you want to find out if you are infected**
- 2. Because it will be part of hospitalization or surgery you expect to have**
- 3. Because you expect to apply for life or health insurance**
- 4. Because you expect to apply for a job**
- 5. Because you expect to join the military**
- 6. Because of guidelines for health care workers**
- 7. Because it will be a required part of some other activity that includes automatic AIDS testing**
- 8. Because it is required in your non-health care employment**
- 9. Because you plan to have/begin sexual relationship**
- 10. Because you are pregnant or expect to become pregnant**
- 11. For some other reason (*Specify*)**

CARD A20

- A. You have hemophilia and have received clotting factor concentrations**
- B. You are a man who has had sex with another man at some time since 1980, even one time**
- C. You have taken street drugs by needle at any time since 1980**
- D. You have traded sex for money or drugs at any time since 1980**
- E. Since 1980, you are or have been the sex partner of any person who would answer "Yes" to any of the items on this card**

DECLARACION ACERCA DE LA LEY DE CONFIDENCIALIDAD

"Como parte de sus actividades estadísticas, la Oficina del Censo prepara listas de direcciones y unidades habitacionales. Una de esas listas se usa para ayudar al Centro Nacional de Estadísticas sobre la Salud (NCHS) a llevar a cabo estudios sobre el estado de la salud en el país. Toda la información que usted dé es confidencial, según la ley, y puede usarse **SOLAMENTE PARA PROPOSITOS ESTADISTICOS** por la Oficina y por el Centro Nacional de Estadísticas sobre la Salud.

La participación es voluntaria, y no se le castigará por negarse a dar información. Sin embargo, agradeceríamos profundamente su cooperación."

Si el/la entrevistado/da pregunta sobre la autorización legal para preparar la lista, cite el título 42 del código de los Estados Unidos, sección 242k.

EXAMPLES FOR VERIFYING LISTING

At time of listing and updating, verify the listing after you have introduced yourself and before you interview.

1. SINGLE UNIT ADDRESS – Verify the listing with the respondent by asking:

"Yo tengo enlistada una unidad habitacional (read basic address). ¿Existen otras unidades habitacionales – ocupadas o vacantes – en esta misma dirección de correo?"

2. MULTI-UNIT ADDRESS – Verify the listing with the owner, building superintendent, manager, rental agent, or some other knowledgeable person, such as a long-time resident by asking:

"Tengo enlistados del apartamento – al apartamento – en (read basic address). ¿He mencionado cualquier unidad habitacional donde no vive gente? (Pause) ¿No mencioné alguna unidad habitacional, ya sea ocupada o vacante, en esta misma dirección (read basic address)?"

EXPLICACION DE LA ENCUESTA NACIONAL DE LA SALUD

El propósito de la Encuesta Nacional de la Salud es obtener información sobre la frecuencia y la severidad de varias enfermedades, incapacitaciones y accidentes, el tipo de cuidado médico que reciben las personas para sus problemas de salud; y otra información relacionada con la salud del país.

La información recolectada es para el uso de los departamentos de salud federales, estatales y locales, escuelas médicas, organizaciones de investigación y otros grupos e individuos.

La Oficina del Censo lleva a cabo esta encuesta para el Centro Nacional de Estadísticas sobre la Salud, que es parte del Servicio de Salud Pública de los Estados Unidos, y realiza esta encuesta debido a la urgente necesidad de tener estadísticas al día sobre la salud de la gente. La encuesta está autorizada bajo el título 42, Código de los Estados Unidos, sección 242k. La información recolectada es confidencial y se usará sólo con fines estadísticos. La participación en esta encuesta es voluntaria y no hay ninguna penalidad por no contestar a cualquier pregunta. Sin embargo, su cooperación es muy importante para obtener la datos necesarios para asegurarse de que la información estadística sea representativa.

INTRODUCCION

"Hola, soy _____ de la Oficina del Censo de los Estados Unidos. Esta es mi tarjeta de identificación/identidad. Estamos llevando a cabo un estudio sobre la salud para el Centro Nacional de Estadísticas sobre la Salud, el cual es parte del Servicio de Salud Pública de los Estados Unidos. ¿Recibió una carta en la cual se le explica este estudio?"

INTRODUCCION A LLAMADA TELEFONICA DE SEGUIMIENTO

Soy _____ de la Oficina del Censo de los Estados Unidos. (United Stats Bureau of the Census). Hablé con (previous respondent) en una visita a su hogar respecto a una encuesta de salud que estamos realizando a través de toda la nación. Hice arreglos con _____ (previous respondent) para llamarlo a usted hoy y hacerle algunas preguntas. En su hogar se le proveyó con una carta explicando esta encuesta de salud. Su participación es voluntaria y puede discontinuarla en cualquier momento. De acuerdo a la ley, la Oficina del Censo, el Centro Nacional de Estadísticas de Salud (National Center for Health Statistics) y otras agencias deben mantener confidenciales todas sus respuestas. Los datos son usados sólo para investigaciones estadísticas sobre asuntos relacionados a la salud.

PRIVACY ACT LISTING STATEMENT

"As part of its statistical activities, the Bureau of the Census develops lists of addresses and housing units. One such list is used to aid the National Center for Health Statistics (NCHS) to conduct surveys and studies on the state of the nation's health. Any information you provide is confidential by law, and can be used ONLY by the Bureau and NCHS FOR STATISTICAL PURPOSES ONLY.

Participation is voluntary, and there are no penalties for refusing to provide information. However, your cooperation is greatly appreciated."

If respondent requests legal authority for conducting listing, cite title 42, United States Code, section 242k.

EXAMPLES FOR VERIFYING LISTING

At time of listing and updating, verify the listing after you have introduced yourself and before you interview.

1. SINGLE UNIT ADDRESS – Verify the listing with the respondent by asking:

"I have listed one unit at *(read basic address)*. Are there any other living quarters – either occupied or vacant – at this address?"

2. MULTI-UNIT ADDRESS – Verify the listing with the owner, building superintendent, manager, rental agent, or some other knowledgeable person, such as a long-time resident by asking:

"I have listed apartments _____ through _____ at *(read basic address)*. Have I listed any units that are not used as living quarters? *(Pause)* Have I missed any living quarters – either occupied or vacant – which use the basic address *(read basic address)*?"

EXPLANATION OF THE NATIONAL HEALTH INTERVIEW SURVEY

The basic purpose of the National Health Interview Survey (HIS) is to obtain information about the frequency and severity of various illnesses, disability, and accidents, the kind of care and treatment people receive for their health problems, and other information related to the health of our Nation.

Data are compiled for use by Federal, State, and local health departments, medical schools, research organizations, and other groups or individuals.

The Bureau of the Census is conducting this survey for the National Center for Health Statistics which is part of the U.S. Public Health Service because of the urgent need for up-to-date statistics on the health of the people. The survey is authorized by title 42, United States Code, section 242k. The information collected is confidential and will be used only for statistical purposes. Participation in this survey is voluntary and there are no penalties for refusing to answer any question. However, your cooperation is extremely important in obtaining much needed information to ensure the completeness and accuracy of the data.

SUGGESTED INTRODUCTION

"I am _____ from the United States Bureau of the Census. Here is my identification card. We are conducting a health survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service. Did you receive a letter explaining this survey?"

TELEPHONE CALLBACK INTRODUCTION

"I am _____ from the United States Bureau of the Census. I spoke with *(previous respondent)* during a visit to your household concerning a health survey we are conducting across the Nation. I arranged with *(previous respondent)* to call today to ask you some questions. Your household was previously provided with a letter explaining this health survey. Your participation is voluntary and you may discontinue participation at any time. By law, the Bureau of the Census, the National Center for Health Statistics, and other health agencies must keep all your answers confidential. The data are used only for statistical research on issues related to health.

Adding NHIS Extra Units to Case Management

Usually EXTRA units are picked up by the instrument when you ask the housing unit coverage questions at the beginning of the interview. EXTRA units picked up by the instrument are automatically added to Case Management.

However, *when you discover EXTRA units **after** you have completed the coverage questions, you need to add these EXTRA units to Case Management yourself.*

First determine if a unit is an EXTRA unit by using this criteria:

In general, an EXTRA unit is any separate housing unit that is **not** listed.

Area Segments

The EXTRA unit must be:


- A separate living quarters (live and eat separately) with direct access to the unit
- Within the segment boundaries
- Within the same structure or on the same property as the sample unit

Permit Segments


The EXTRA unit must be:

- A separate living quarters (live and eat separate with direct access to the unit)
- Within the same structure
- Within the same space occupied by the original sample unit

Group Quarters in Area Segments

 Group Quarters (GQ) do not have separate living quarters, therefore, there are **no** EXTRA units for a GQ by definition. If you find more GQ units than expected as you interview, note this in the Footnotes section of the listing sheet.

Then add the EXTRA unit(s) to Case Management following these steps:

 If you find more than 3 EXTRA units, call your office before conducting the interview.

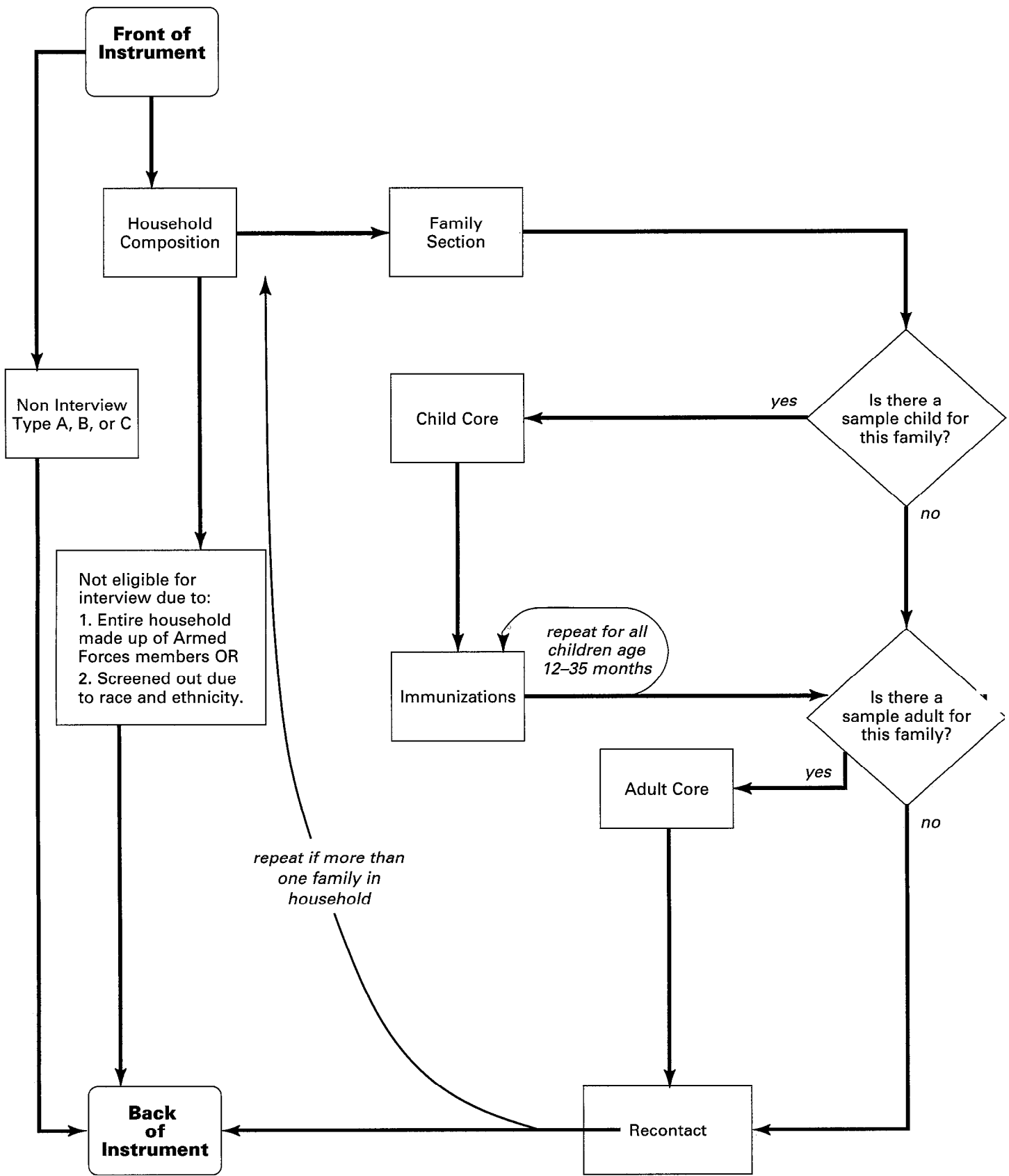
1. Go to the Case List Screen.
2. Place the cursor on the parent unit address on the Case List Screen.
3. Press F4 to create new record for the EXTRA unit(s).
4. Enter the unique unit designation or correct the address for the EXTRA unit.

NATIONAL HEALTH INTERVIEW SURVEY OUTCOME CODES

OUT-COME	DEFINITION	USUAL ACTION*	LAPTOP	CAPI CONTROL
200	New case, not started	00	Remain	NA
201	Complete interview	10	Transmit	To DSD
202	Accessed instrument, no progress	01	Remain	NA
203	Partial interview, no follow-up	04	Transmit	To DSD
204	Partial interview, follow-up needed	02	Remain	NA
Type A				
213	Language problem	21	Transmit	To Supervisor
216	No one home, repeated calls	21	Transmit	To Supervisor
217	Temporarily absent, no follow-up	21	Transmit	To Supervisor
218	Refused	21	Transmit	To Supervisor
219	Other Type A	21	Transmit	To Supervisor
220	Temporarily absent, follow-up possible	01	Remain	NA
Type B				
223	Occupied entirely by Armed Forces members	31	Transmit	To Supervisor
225	Occupied entirely by persons with URE	31	Transmit	To Supervisor
226	Vacant, nonseasonal	31	Transmit	To Supervisor
228	Unfit or to be demolished	31	Transmit	To Supervisor
229	Under construction, not ready	31	Transmit	To Supervisor
230	Converted to temporary business or storage	31	Transmit	To Supervisor
231	Unoccupied site for mobile home, trailer, or tent	31	Transmit	To Supervisor
232	Permit granted, construction not started	31	Transmit	To Supervisor
233	Other Type B	31	Transmit	To Supervisor
235	Vacant, seasonal	31	Transmit	To Supervisor
236	Occupied – screened out by household	31	Transmit	To Supervisor
Type C				
240	Demolished	41	Transmit	To Supervisor
241	House or trailer moved	41	Transmit	To Supervisor
242	Outside segment boundaries	41	Transmit	To Supervisor
243	Converted to permanent business or storage	41	Transmit	To Supervisor
244	Merged	41	Transmit	To Supervisor
245	Condemned	41	Transmit	To Supervisor
246	Built after April 1st 1990 (4/1/90)	41	Transmit	To Supervisor
247	Unused line of listing sheet	41	Transmit	To Supervisor
248	Other Type C	41	Transmit	To Supervisor

***ACTION CODES DESCRIPTION**

00	Case not started
01	Case open, insufficient data
02	Partial interview, with follow-up
04	Partial interview, no follow-up
10	Complete interview
21	Type A noninterview
31	Type B noninterview
41	Type C noninterview



Flow of 1999 HIS CAPI Instrument

1999 NHIS CHECKLIST FOR INTERVIEWING NATIONAL HEALTH INTERVIEW SURVEY

Laptop Accessories

- Batteries, charged
- Power cord
- Extension cord
- 3-prong plug

1999 Immunization Provider Questions and Permission Form* –

- English – HIS-2A (PT)
- Spanish – HIS-2A(PT)(SP)

Advance Letters*

- English – HIS-600(L)
- Spanish – HIS-600(L)(SP)

Thank You Letters*

- English – HIS-601(L)
- Spanish – HIS-601(L)(SP)

Flashcard Booklet* – HIS-501C

Promotional Packet

Calendar Card – HIS-505

Pen

FR Manual – HIS-100C

**Throw away old versions*