

**HIS-501(C) (2000)**  
(11-1-99)



U.S. DEPARTMENT  
OF COMMERCE

Economics and Statistics  
Administration

U.S. CENSUS BUREAU

# **NATIONAL HEALTH INTERVIEW SURVEY**

## **Field Representative's Flashcard and Information Booklet**

*(Cut along broken lines)*

# CARD HM

<b>WHO IS TO BE INCLUDED AS A HOUSEHOLD MEMBER</b>	Include as member of household	
<p><b>A. PERSONS LIVING OR STAYING IN SAMPLE UNIT AT TIME OF INTERVIEW</b></p> <p><b>Any person in unit: members of family, lodgers, servants, visitors, etc.</b></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><b>In Armed Forces</b></p> <p>1. Stationed in this locality, usually sleep here . . . . .</p> <p>2. Temporarily here on leave – stationed elsewhere . . . . .</p> <p><b>Student</b> – Here attending school . . . . .</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p>
<p><b>B. ABSENT PERSONS WHO USUALLY LIVE HERE</b></p> <p><b>Inmates of specified institutions</b> – 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><b>Persons temporarily absent, on vacation, in general hospital, etc.</b> (including veterans' facilities that are general hospitals) – Living quarters held here for person . . . . .</p> <p><b>Absent in connection with job</b></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><b>In Armed Forces</b> – Were members of this household at time of induction but currently stationed elsewhere . . . . .</p> <p><b>In school</b> – Away attending post-secondary school . . . . .          – Away attending boarding school . . . . .</p> <p><b>Seamen</b> – Living quarters held here for person . . . . .</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>
<p><b>C. EXCEPTIONS AND DOUBTFUL CASES</b></p> <p><b>Person with two concurrent residences</b></p> <p>1. Regularly sleep greater part of week in another locality . . . . .</p> <p>2. Regularly sleep greater part of week here . . . . .</p> <p><b>Citizens of foreign countries temporarily in the United States</b></p> <p>1. Living on premises of an Embassy, Ministry, Legation, Chancery, 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><b>Student nurses living away at school</b> . . . . .</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>

# 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.

(Cut along broken lines)

# **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

# 2000

When to fill: F7  
and InterComm

Calendar -  
2000

JANUARY						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY						
S	M	T	W	T	F	S
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29				

MARCH						
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26	27	28	29	30	31	

APRIL						
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MAY						
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27	28	29	30	31		

JUNE						
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

○ Holiday

JULY						
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30	31					

AUGUST						
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SEPTEMBER						
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NOVEMBER						
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DECEMBER						
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(Cut along broken lines)

# 2001

JANUARY						
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FEBRUARY						
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MARCH						
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APRIL						
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MAY						
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JUNE						
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JULY						
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29	30	31				

AUGUST						
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SEPTEMBER						
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OCTOBER						
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28	29	30	31			

NOVEMBER						
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23	24	25	26	27	28	29
30	31					

DECEMBER						
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16	17	18	19	20	21	22
23	24	⑳	26	27	28	29
30	31					

○ Holiday

# HOLIDAYS 2000

New Year's Day  
Martin Luther King's Birthday  
President's Day  
Easter  
Memorial Day  
Independence Day  
Labor Day  
Columbus Day  
Veteran's Day  
Thanksgiving  
Christmas

January 1  
January 17  
February 21  
April 9  
May 29  
July 4  
September 4  
October 9  
November 10  
November 23  
December 25

Calendar -  
2001

Holidays -  
2000 & 2001

# 2001

New Year's Day  
Martin Luther King's Birthday  
President's Day  
Easter  
Memorial Day  
Independence Day  
Labor Day  
Columbus Day  
Veteran's Day  
Thanksgiving  
Christmas

January 1  
January 15  
February 19  
April 2  
May 28  
July 4  
September 3  
October 8  
November 12  
November 22  
December 25

(Cut along broken lines)

# **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 H1

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Card H2

(Cut along broken lines)



## 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 H3

(Cut along broken lines)

## **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 F1

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Card F2

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(Cut along broken lines)

## **CARD F3**

**On or down from or into:**

- 1. Stairs, steps or escalator**
- 2. Floor/Level ground**
- 3. Curb, including sidewalk**
- 4. Ladder or scaffolding**
- 5. Playground equipment**
- 6. Building or other structure**
- 7. Chair, bed, sofa or other furniture**
- 8. Bathtub, shower, toilet  
or commode**
- 9. Hole or other opening**
- 10. Other**

## CARD F4

- 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. Food poisoning**
- 7. Allergic reaction**
- 8. Something else**

Card F3

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Card F4

(Cut along broken lines)

## **CARD F5**

- 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 F6

- 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. Industrial or construction area**
- 15. Other public building**
- 16. Other**

Card F5

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Card F6

(Cut along broken lines)

## **CARD F7**

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

**None**

**Less than 1 day**

**1 to 5 days**

**6 or more days**

# CARD F8

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

**None**

**Less than 1 day**

**1 to 5 days**

**6 or more days**

**Card F7**

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**Card F8**

*(Cut along broken lines)*

## **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)**
- 14. No coverage of any type**

**\*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; SOBRA**

**CHIP: AL-Kids or ALL KIDS**

**State/Other: Hypertension Program**

(Cut along broken lines)

# 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: Denali KidCare, AKChip**

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

(Cut along broken lines)

## **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**

(Cut along broken lines)

## **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**

(Cut along broken lines)



# 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 (HFP)**

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

(Cut along broken lines)

## **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: Child Health Plan Plus (CHP+),  
Children's Basic Health Plan**

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

(Cut along broken lines)

## **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: The HUSKY Plan; HUSKY Plus,  
HUSKY Part A; HUSKY Part B**

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

(Cut along broken lines)

## **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)**

**State/Other: Nemours Child Plan**

(Cut along broken lines)

## **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: DC Healthy Families**

**State/Other: Medical Charities Program**

(Cut along broken lines)

## **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: KidCare**

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

(Cut along broken lines)

# **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 for Kids**

**State/Other: AIDS Drug Assistance Program**

(Cut along broken lines)

## **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**

(Cut along broken lines)



## **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: Children's Health Insurance Program**

**State/Other: Catastrophic Fund**

(Cut along broken lines)

## **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**

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

(Cut along broken lines)

## **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**

(Cut along broken lines)

## **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**

(Cut along broken lines)

## **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: HealthWave**

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

(Cut along broken lines)

## **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)**

(Cut along broken lines)

# **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**

(Cut along broken lines)

## **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**

(Cut along broken lines)



## **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, MAC,  
Medical Assistance Program**

**CHIP: HealthChoice, Maryland Children's  
Health Program**

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

(Cut along broken lines)

## **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**

(Cut along broken lines)

## **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 Program**

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

(Cut along broken lines)

## **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: Minnesota Care**

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

(Cut along broken lines)

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

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

(Cut along broken lines)

# 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: MC+ for Kids**

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

(Cut along broken lines)

## **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)**

(Cut along broken lines)

## **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  
(NHC); Primary Care+**

**CHIP: Kids Connection**

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

(Cut along broken lines)



## **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:**

(Cut along broken lines)

## **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: Healthy Kids Gold, Healthy Kids Silver**

**State/Other:**

(Cut along broken lines)

## **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**

**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**

(Cut along broken lines)

## **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 MexiKids**

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

(Cut along broken lines)

## **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**

(Cut along broken lines)

# 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: NC Health Choice for Children**

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

(Cut along broken lines)

# **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: Healthy Steps Program**

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

(Cut along broken lines)

# 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: Healthy Start**

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

(Cut along broken lines)



# 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: Medicaid Expansion**

**State/Other:**

(Cut along broken lines)

## **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 Expansion**

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

(Cut along broken lines)

## **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**

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

(Cut along broken lines)

## **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**

(Cut along broken lines)

## **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**

**State/Other: South Carolina Health Insurance Pool**

(Cut along broken lines)

## **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**

(Cut along broken lines)

## **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**

(Cut along broken lines)

# 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**

(Cut along broken lines)



## **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: Children's 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**

(Cut along broken lines)

## **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**

*(Cut along broken lines)*

# 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 Medallion**

**CHIP: Children's Medical Security Insurance  
Plan (CMSIP)**

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

(Cut along broken lines)

## **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; Basic Health Plus**

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

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

(Cut along broken lines)

## **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**

(Cut along broken lines)

## **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 for Working Families,  
Children's Health Insurance Program**

**State/Other: General Relief Medical**

(Cut along broken lines)

## **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)**

(Cut along broken lines)

## **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 F11**

*(Cut along broken lines)*



## **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 F12

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Card F13

(Cut along broken lines)

## **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 F14**

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**Card F15**

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## **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\***

#### **21<sup>st</sup> 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

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**

(Cut along broken lines)

## **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

Card F19

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**

(Cut along broken lines)

## **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

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

Card C2

---

Card C3

(Cut along broken lines)

## **CARD C4**

- 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 C5

- 0. None**
- 1. 1**
- 2. 2 – 3**
- 3. 4 – 5**
- 4. 6 – 7**
- 5. 8 – 9**
- 6. 10 – 12**
- 7. 13 – 15**
- 8. 16 or more**

Card C4

---

Card C5

(Cut along broken lines)

## **CARD C6**

- 1. 1**
- 2. 2 – 3**
- 3. 4 – 5**
- 4. 6 – 7**
- 5. 8 – 9**
- 6. 10 – 12**
- 7. 13 – 15**
- 8. 16 or more**



## CARD A1

- 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 C6

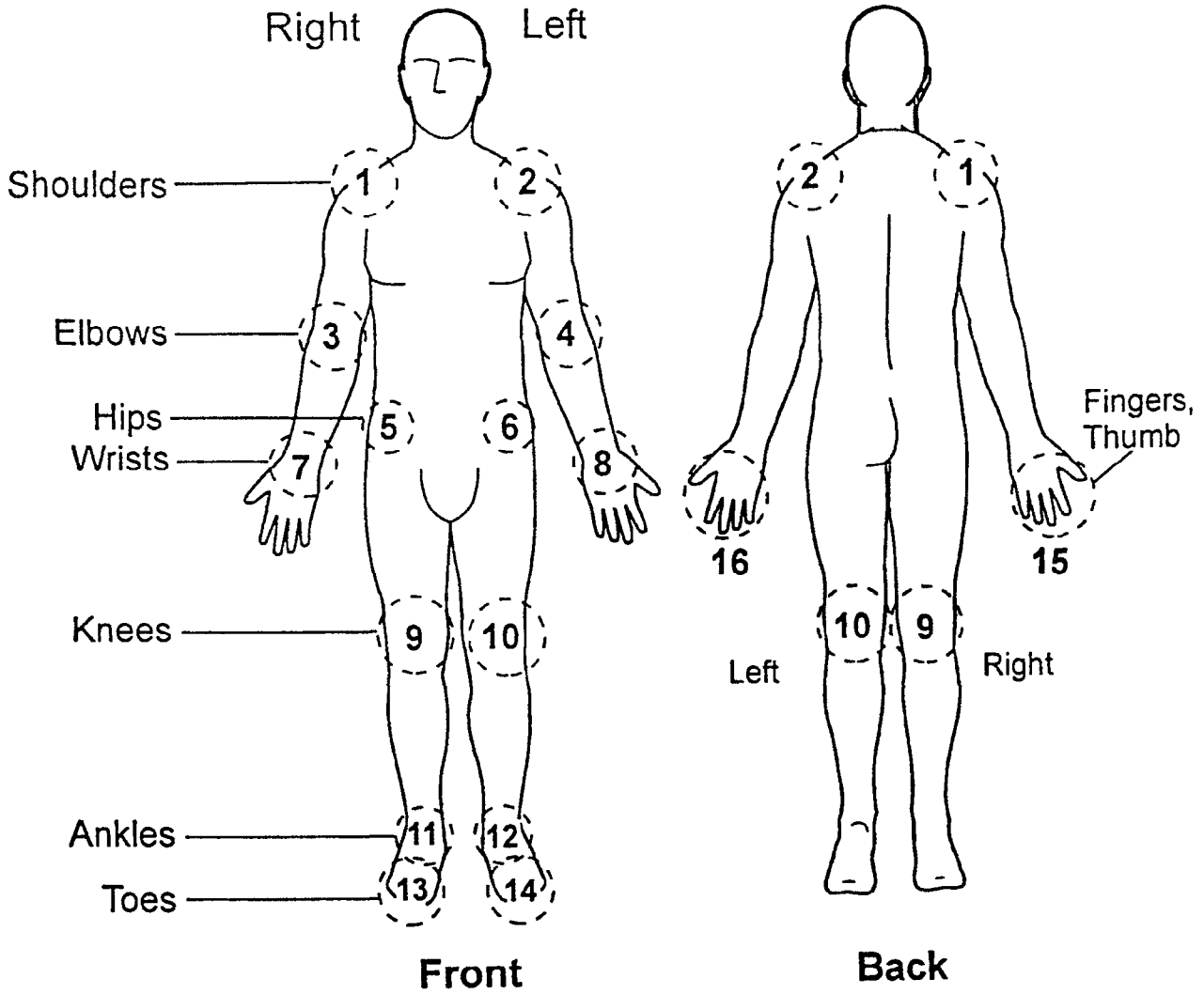
Card A1

(Cut along broken lines)

## **CARD A2**

- 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 A3



Card A2

Card A3

(Cut along broken lines)

## **CARD A4**

- 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 A5

- 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 A4

---

Card A5

(Cut along broken lines)

## **CARD A6**

- 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 A7

- 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 A6

---

Card A7

(Cut along broken lines)

## **CARD A8**

**0. None**

**1. 1**

**2. 2 – 3**

**3. 4 – 5**

**4. 6 – 7**

**5. 8 – 9**

**6. 10 – 12**

**7. 13 – 15**

**8. 16 or more**



## **CARD A9**

- 1. 1**
- 2. 2 – 3**
- 3. 4 – 5**
- 4. 6 – 7**
- 5. 8 – 9**
- 6. 10 – 12**
- 7. 13 – 15**
- 8. 16 or more**

**Card A8**

---

**Card A9**

*(Cut along broken lines)*

## **CARD A10**

- 1. It's unlikely you've been exposed to HIV**
- 2. You were afraid to find out if you were HIV positive (that you had HIV)**
- 3. You didn't want to think about HIV or about being HIV positive**
- 4. You were worried your name would be reported to the government if you tested positive**
- 5. You didn't know where to get tested**
- 6. Some other reason**

## CARD A11

- 1. Someone suggested you should be tested**
- 2. You might have been exposed through sex or drug use**
- 3. You just wanted to find out if you were infected or not**
- 4. You were concerned you could give HIV to someone**
- 5. You wanted medical care or new treatments if you tested positive**
- 6. You were pregnant**
- 7. It was part of a routine medical check-up**
- 8. It was required**
- 9. Some other reason**

Card A10

---

Card A11

(Cut along broken lines)

## **CARD A12**

- 1. Private doctor/HMO**
- 2. AIDS clinic/counseling/testing site**
- 3. Hospital, emergency room, outpatient clinic**
- 4. Other type of clinic**
- 5. Public health department**
- 6. At home**
- 7. Drug treatment facility**
- 8. Military induction or military service site**
- 9. Immigration site**
- 10. In a correctional facility (jail or prison)**
- 11. Other location**

## CARD A13

- a. You have hemophilia and have received clotting factor concentrations**
- b. You are a man who has had sex with other men, even just one time**
- c. You have taken street drugs by needle, even just one time**
- d. You have traded sex for money or drugs, even just one time**
- e. You have tested positive for HIV, the virus that causes AIDS**
- f. You have had sex (even just one time) with someone who would answer "yes" to any of these statements**

Card A12

---

Card A13

---

(Cut along broken lines)

## **CARD A14**

- 1. Breathing the air around a person who is sick with TB**
- 2. Sharing eating/drinking utensils**
- 3. Through semen or vaginal secretions shared during sexual intercourse**
- 4. From smoking**
- 5. From mosquito or other insect bites**
- 6. Other**

## **CARD CAN1**

- 1. Only Spanish**
- 2. Mostly Spanish**
- 3. Spanish and English about the same**
- 4. Mostly English**
- 5. Only English**
- 6. Other Language**

**Card A14**

---

**Card CAN1**

(Cut along broken lines)

## **CARD CAN2**

- 1. Only Spanish**
- 2. Spanish better than English**
- 3. Spanish and English about the same**
- 4. English better than Spanish**
- 5. Only English**
- 6. Don't read**



## **CARD CAN3**

- 1. Only Spanish**
- 2. More Spanish than English**
- 3. Spanish and English about the same**
- 4. More English than Spanish**
- 5. Only English**

**Card CAN2**

---

**Card CAN3**

---

## **CARD CAN4**

- 1. Whole milk**
- 2. 2% fat**
- 3. 1% fat**
- 4. 1/2% milk**
- 5. Non-fat or skim milk**

## **CARD CAN5**

- 1. Aloe**
- 2. Astragalus**
- 3. Bilberry**
- 4. Cascara Sagrada**
- 5. Cat's Claw**
- 6. Cayenne**
- 7. Cranberry**
- 8. Dong Quai**
- 9. Echinacea**
- 10. Evening primrose oil**
- 11. Feverfew**
- 12. Garlic pills**
- 13. Ginger pills**
- 14. Ginkgo (biloba)**
- 15. Ginseng (Amer., Asian)**
- 16. Ginseng (Siberian)**
- 17. Goldenseal**
- 18. Grapeseed extract**
- 19. Kava Kava**
- 20. Lecithin**
- 21. Melatonin**
- 22. Milk Thistle**
- 23. Saw Palmetto**
- 24. St. John's Wort**
- 25. Valerian**
- 26. Another herbal supplement**

## **CARD CAN6**

- 1. You SIT during MOST of the day**
- 2. You STAND during MOST of the day**
- 3. You WALK AROUND most of the day**

## CARD CAN7

1. You Do **NOT** lift or carry things very often
2. You **LIFT** or carry **LIGHT** loads
3. You **LIFT** or carry **MODERATE** loads
4. You **LIFT** or carry **HEAVY** loads

(Cut along broken lines)

## **CARD CAN8**

- 1. Stopped all at once ("cold turkey")**
- 2. Gradually decreased the number of cigarettes smoked in a day**
- 3. Instructions in a pamphlet or book**
- 4. One-on-one counseling**
- 5. Stop smoking clinic or program**
- 6. Nicotine patch**
- 7. Nicotine containing gum (such as "Nicorette")**
- 8. Nicotine nasal spray**
- 9. Nicotine inhaler**
- 10. Zyban/Bupropion/Wellbutrin medication**
- 11. Switched to chewing tobacco or snuff**
- 12. Any other method**

# CARD CAN9

Card CAN8

---

- 1. Work mainly indoors**
- 2. Work mainly outdoors**
- 3. Travel to different buildings or sites**
- 4. In a motor vehicle**
- 5. Some other area**

Card CAN9

(Cut along broken lines)

## **CARD CAN10**

- 1. Not allowed in ANY indoor public or common areas**
- 2. Allowed in SOME indoor public or common areas**
- 3. Allowed in ALL indoor public or common areas**



# CARD CAN11

- 1. Not allowed in ANY work areas**
- 2. Allowed in SOME work areas**
- 3. Allowed in ALL work areas**

Card CAN10

---

Card CAN11

*(Cut along broken lines)*

## **CARD CAN12**

- 1. Not allowed in ANY indoor public places**
- 2. Allowed ONLY in smoking areas**
- 3. Allowed in ALL indoor public places**

# CARD CAN13

- 1. Agree**
- 2. Disagree**
- 3. Have no opinion**

Card CAN12

---

Card CAN13

(Cut along broken lines)

## **CARD CAN14**

- 1. Get a severe sunburn with blisters**
- 2. Have a severe sunburn for a few days with peeling**
- 3. Burn mildly with some or no tanning**
- 4. Turn darker without sunburn**
- 5. Say that nothing would happen**

# CARD CAN15

- 1. Get very dark and deeply tanned**
- 2. Moderately tanned**
- 3. Mildly tanned**
- 4. Only freckled or no suntan at all**
- 5. Repeated sunburns**

Card CAN14

---

Card CAN15

(Cut along broken lines)

## **CARD CAN16**

- 1. Always**
- 2. Most of the time**
- 3. Sometimes**
- 4. Rarely**
- 5. Never**

# CARD CAN17

- 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 CAN16

---

Card CAN17

(Cut along broken lines)

## **CARD CAN18**

- 1. Part of a routine physical exam/screening test**
- 2. Because of a specific skin problem**
- 3. Followup to a previous skin problem**
- 4. Family history**



# CARD CAN19

- 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 CAN18

---

Card CAN19

(Cut along broken lines)

## **CARD CAN20**

- 1. Part of a routine physical or pregnancy exam**
- 2. Because of a specific gynecological problem**
- 3. Followup to a previous gynecological exam**

## **CARD CAN21**

- 1. No reason/never thought of it**
- 2. Didn't need it/didn't know I needed this type of test**
- 3. Doctor didn't order it/didn't say I needed it**
- 4. Haven't had any problems**
- 5. Put it off/didn't get around to it**
- 6. Too expensive/no insurance/cost**
- 7. Too painful, unpleasant, or embarrassing**
- 8. Had hysterectomy**
- 9. Don't have doctor**

Card CAN20

---

Card CAN21

(Cut along broken lines)

## **CARD CAN22**

- 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 CAN23

1. Under 30 years
2. 30–39
3. 40–49
4. 50–59
5. 60 years or older

Card CAN22

---

Card CAN23

*(Cut along broken lines)*

## **CARD CAN24**

- 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 CAN25**

- 1. Part of a routine physical exam/screening test**
- 2. Because of a specific breast problem**
- 3. Followup to a previously identified breast problem**
- 4. Baseline or initial mammogram**
- 5. Family history**

**Card CAN24**

---

**Card CAN25**

(Cut along broken lines)

## **CARD CAN26**

- 1. No reason/never thought of it**
- 2. Didn't need it/didn't know I needed this type of test**
- 3. Doctor didn't order it/didn't say I needed it**
- 4. Haven't had any problems**
- 5. Put it off/didn't get around to it**
- 6. Too expensive/no insurance/cost**
- 7. Too painful, unpleasant, or embarrassing**
- 8. I'm too young**
- 9. Don't have doctor**



## **CARD CAN27**

- 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 CAN26**

---

**Card CAN27**

*(Cut along broken lines)*

## **CARD CAN28**

- 1. Under 40 years**
- 2. 40-44**
- 3. 45-49**
- 4. 50-54**
- 5. 55-59**
- 6. 60-64**
- 7. 65-69**
- 8. 70 years or older**

## **CARD CAN29**

- 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 CAN28**

---

**Card CAN29**

*(Cut along broken lines)*

## **CARD CAN30**

- 1. Part of a routine physical exam/screening test**
- 2. Because of a specific problem**
- 3. Followup test for an earlier exam**
- 4. Family history**

## **CARD CAN31**

- 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. More than 5 years but not more than 10 years**
- 6. Over 10 years ago**

**Card CAN30**

---

**Card CAN31**

---

## **CARD CAN32**

- 1. Part of a routine physical exam/screening test**
- 2. Because of a specific problem**
- 3. Followup test of an earlier test or screening exam (Fecal Occult Blood Test or sigmoidoscopy)**
- 4. Family history**

## **CARD CAN33**

- 1. No reason/never thought of it**
- 2. Didn't need it/didn't know I needed this type of test**
- 3. Doctor didn't order it/didn't say I needed it**
- 4. Haven't had any problems**
- 5. Put it off/didn't get around to it**
- 6. Too expensive/no insurance/cost**
- 7. Too painful, unpleasant, or embarrassing**
- 8. Had another type of colorectal exam**
- 9. Don't have doctor**

## **CARD CAN34**

- 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. More than 5 years but not more than 10 years**
- 6. Over 10 years ago**



## CARD CAN35

- 1. Part of a routine physical exam/screening test**
- 2. Because of a specific problem**
- 3. Followup test of an earlier test or screening exam**
- 4. Family history**

(Cut along broken lines)

## **CARD CAN36**

- 1. No reason/never thought of it**
- 2. Didn't need it/didn't know I needed this type of test**
- 3. Doctor didn't order it/didn't say I needed it**
- 4. Haven't had any problems**
- 5. Put it off/didn't get around to it**
- 6. Too expensive/no insurance/cost**
- 7. Too painful, unpleasant, or embarrassing**
- 8. Had another type of colorectal exam**
- 9. Don't have doctor**

# CARD CAN37

Card CAN36

Card CAN37

- 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. More than 5 years but not more than 10 years**
- 6. Over 10 years ago**

(Cut along broken lines)

## **CARD CAN38**

- 1. Surgeon**
- 2. Gastroenterologist**
- 3. Gynecologist**
- 4. Dermatologist**
- 5. Medical Geneticist**
- 6. Internal medicine or family practice physician**
- 7. Genetic counselor**
- 8. Oncologist**
- 9. Pediatrician**
- 10. Some other doctor**

# PRIVACY ACT LISTING STATEMENT (SPANISH)

## DECLARACION ACERCA DE LA LEY DE CONFIDENCIALIDAD

"Como parte de su 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 Estadística Sanitaria llevar a cabo estudios sobre el estado de la salud en el país. Toda información que usted nos da es confidencial, conforme a las leyes, y puede usarse **SOLAMENTE PARA PROPOSITOS ESTADISTICOS** por la Oficina y por el Centro Nacional de Estadística Sanitaria.

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

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:

**"Tengo enlistada a una unidad habitacional con dirección** *(read basic address)*. **¿Hay otras unidades habitacionales – ocupadas o desocupadas – en esta misma dirección?"**

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 a los apartamentos empezando con el \_\_\_\_\_ hasta el \_\_\_\_\_ con dirección** *(read basic address)*. **¿He mencionado alguna unidad que no se usa como residencia?** *(Pause)* **¿He dejado a alguna unidad habitacional, ya sea ocupada o desocupada, en esta misma dirección?** *(read basic address)"*

Card CAN38

Confidential  
(Spanish)

(Cut along broken lines)

# **EXPLANATION OF THE NATIONAL HEALTH INTERVIEW SURVEY (SPANISH)**

## **ACLARACION DE LO QUE SIGNIFICA LA ENCUESTA NACIONAL DE ENTREVISTAS SOBRE LA SALUD**

La Encuesta Nacional de Entrevistas sobre la Salud tiene la finalidad de obtener información acerca de los variados temas en materia de la salud, tales como las enfermedades (en lo que concierne su frecuencia y severidad), las incapacidades, los accidentes, los tratamientos y las formas de cuidado médico que obtienen las personas cuando afrontan problemas con su salud, y otros datos referentes a la salud general del país.

Los datos en cuestión son utilizados por los departamentos gubernamentales de salud al nivel federal, estatal y local, las escuelas de medicina, los institutos de investigación científica, y otros grupos e individuos.

La Oficina del Censo lleva a cabo esta encuesta a nombre del Centro Nacional de Estadística Sanitaria, el cual forma parte del Servicio de Salud Pública de los Estados Unidos. Dichas organizaciones están realizando esta encuesta para satisfacer la necesidad urgente de mantener al día las estadísticas sobre la salud general. Esta encuesta es autorizada por el Código de los Estados Unidos conforme a la sección 242k de su título 42. Toda información obtenida se considera privada y es usada con el solo propósito de la investigación probabilística. Su participación en esta encuesta es voluntaria y no se impone sanción alguna si decide no contestar a ciertas preguntas. No obstante, agradecemos su cooperación, dado que esta es extremadamente importante para asegurar que los datos obtenidos son exactos y completos.

### **SUGGESTED INTRODUCTION (SPANISH)**

Soy \_\_\_\_\_ de la Oficina del Censo de los Estados Unidos. Aquí le presento mi carnet de identidad. Estamos llevando a cabo una encuesta sobre la salud general a nombre del Centro Nacional de Estadística Sanitaria, el cual forma parte del Servicio de Salud Pública de los Estados Unidos. ¿Recibió usted una carta explicando la razón por esta encuesta?

### **TELEPHONE CALLBACK INTRODUCTION (SPANISH)**

Soy \_\_\_\_\_ de la Oficina del Censo de los Estados Unidos. Durante una visita a su hogar, hablé con (previous respondent) para realizar una encuesta sobre la salud general que se está llevando a cabo a través del país. Anteriormente hice arreglos con (previous respondent) para llamarle hoy y hacerle algunas preguntas. En nuestra última visita le dejamos una carta explicando la razón por la cual estamos haciendo esta encuesta que aborda el tema de la salud. Su participación es voluntaria y usted puede poner fin a ella en cualquier momento que desee. Conforme a las leyes vigentes, la Oficina del Censo, el Centro Nacional de Estadística Sanitaria, y toda otra agencia sanitaria involucrada en esta encuesta están obligadas a respetar la confidencialidad de todas sus respuestas. Los datos obtenidos son usados con el solo propósito de realizar estudios probabilísticos de temas relacionados a la salud general.

# 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.**

Introduction  
(Spanish)

Privacy Act

## 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)*?"**

(Cut along broken lines)

# 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.

Introduction  
(English)

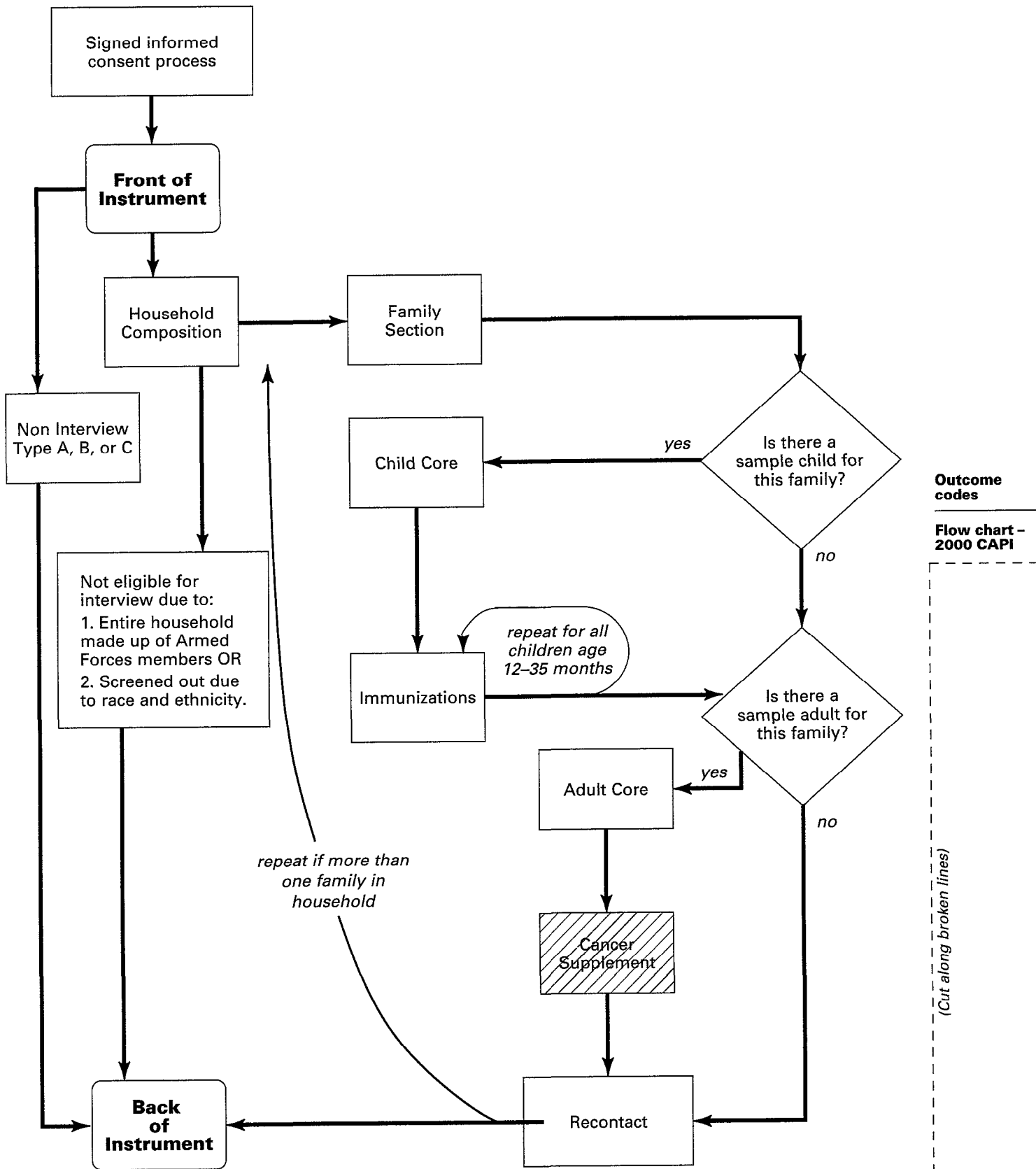
Adding Extra  
Units

(Cut along broken lines)


# 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
<b>Type A</b>				
213	Language problem	21	Transmit	To Supervisor
215	Insufficient partial	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
<b>Type B</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
<b>Type C</b>				
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 2000 HIS CAPI Instrument

 = Supplement for 2000

# **2000 NHIS CHECKLIST FOR INTERVIEWING NATIONAL HEALTH INTERVIEW SURVEY**

## **Laptop Accessories**

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

## **2000 Immunization Provider Permission Form\***

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

## **Advance Letters\***

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

## **Consent form\***

- English – HIS-600.5(L)
- Spanish – HIS-600.5(L)(SP)

## **Consent form Portfolio – HIS-400**

## **Thank You Letters\***

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

## **Flashcard Booklet\* – HIS-501C**

## **Promotional Packet**

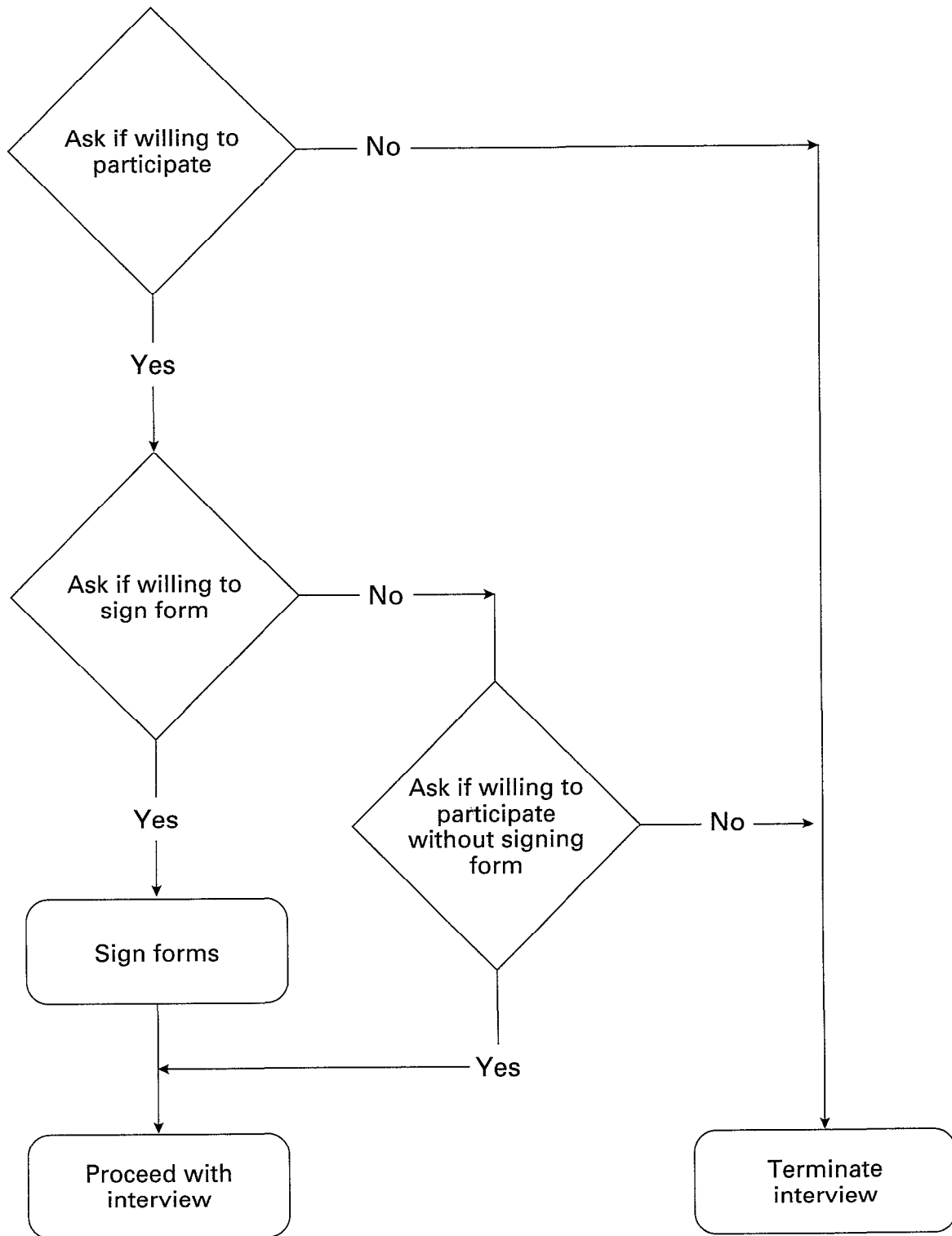
## **Calendar Card – HIS-505**

## **Pen**

## **FR Manual – HIS-100C**

*\*Throw away old versions*

# FLOW DIAGRAM OF THE SIGNED INFORMED CONSENT PROCESS NATIONAL HEALTH INTERVIEW SURVEY



**Checklist**

**Flow diagram -  
signed informed  
consent**

(Cut along broken lines)

- Obtain consent for each respondent in family.
- Obtain consent for each family in household.
- For telephone interview: Read letter. FR signs.