

**HIS-501(C) (2001)**  
(11-1-2000)



U.S. DEPARTMENT  
OF COMMERCE

Economics and Statistics  
Administration

U.S. CENSUS BUREAU

# **NATIONAL HEALTH INTERVIEW SURVEY**

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

# 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, Chancellery, or Consulate . . . . .</p> <p>2. Not living on premises of an Embassy, Ministry, etc. –</p> <p>    a. If living and studying here and no usual place of residence elsewhere in the United States . . . . .</p> <p>    b. If living and working here and no usual place of residence elsewhere in the United States . . . . .</p> <p>    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.

## **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

# 2001

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						
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18	⑰	20	21	22	23	24
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MARCH						
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APRIL						
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MAY						
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27	⑳	29	30	31		

JUNE						
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17	18	19	20	21	22	23
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JULY						
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AUGUST						
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SEPTEMBER						
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NOVEMBER						
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DECEMBER						
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○ Holiday

# 2002

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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23	24	25	26	27	28	29
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○ Holiday

JULY						
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AUGUST						
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SEPTEMBER						
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OCTOBER						
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NOVEMBER						
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10	⑪	12	13	14	15	16
17	18	19	20	⑳	22	23
24	25	26	27	28	29	30

DECEMBER						
S	M	T	W	T	F	S
						1
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16	17	18	19	20	21	22
23	24	25	⑳	26	27	28
29	30	31				

# **HOLIDAYS**

## **2001**

New Year's Day	January 1
Martin Luther King's Birthday	January 15
President's Day	February 19
Easter	April 2
Memorial Day	May 28
Independence Day	July 4
Labor Day	September 3
Columbus Day	October 8
Veteran's Day	November 12
Thanksgiving	November 22
Christmas	December 25

## **2002**

New Year's Day	January 1
Martin Luther King's Birthday	January 14
President's Day	February 18
Easter	April 8
Memorial Day	May 27
Independence Day	July 4
Labor Day	September 2
Columbus Day	October 7
Veteran's Day	November 11
Thanksgiving	November 21
Christmas	December 25

## **CARD H1**

*You may choose more than one.*

- 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

*You may choose more than one.*

- 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**

*You may choose more than one.*

- 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 or seizures**
- 12. Learning disability**
- 13. Attention Deficit/Hyperactivity Disorder (ADD/ADHD)**

**Other impairment/problem**

## **CARD F2**

*You may choose more than one.*

- 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 (e.g., asthma and emphysema)**
- 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**

**Other impairment/problem**

## **CARD F3**

*You may choose more than one.*

### **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 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 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 F9**

*You may choose more than one.*

- 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. TRICARE/CHAMPUS/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: Patient 1st; BAY Health Plan or  
BAY Program; SOBRA**

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

**State/Other: Children's Rehabilitation Service**

## **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); Health Care  
Program for Children with  
Special Health Care Needs**

## **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; ALTCS; Acute Care Program**

**CHIP: KidsCare**

**State/Other: ComCare; Medically Indigent Program; Office for Children with Special Health Care Needs**

## **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; Child Health Insurance  
Program**

**State/Other: Arkansas Comprehensive Health  
Insurance Plan; Children's  
Medical Services**



## **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; Medi-Cal Managed Care;  
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); HIV Care Health  
Insurance Premium Payment  
Program**

## **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: HIV/AIDS Insurance  
Continuation; Farmworker  
Health Services; Health Care  
Program for Children with  
Special Health Care Needs**

## **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);  
Children with Special Health  
Care Needs**

## **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; Children  
with Special Health Care Needs**

## **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**

**CHIP: DC Healthy Families**

**State/Other: Medical Charities Program;  
Health Services for Children  
with Special Needs**

## **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; Medicaid HMO Program**

**CHIP: KidCare**

**State/Other: Florida Health Security (FHS);  
Children's Medical Services;  
AIDS Insurance Continuation  
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 for Kids**

**State/Other: HIV/AIDS Health Insurance  
Continuation; Children's  
Medical Services**

## **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: Hawaii CHIP**

**State/Other: QUEST-Net; HIV/AIDS Insurance  
Continuation; Hawaii Health  
QUEST; Children with Special  
Health Needs**

(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; Home Care for Certain Disabled Children; Children's Special Health Program**

## **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); Comprehensive  
Health Insurance Plan;  
Specialized Care for Children**

## **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: Hoosier Healthwise for Children**

**State/Other: ICHIA; HIV/AIDS Health  
Insurance Assistance Program;  
Children's Special Health Care  
Services**

## **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: Caring Program for Children;  
Iowa Coverage for Unemployed  
Workers; Children's Health  
Specialty Clinics**

## **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; HIV+ Continuation of  
Insurance; Children with Special  
Health Care Needs; Caring  
Program for Kids**

## **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: Kentucky Children's Health Insurance Program (KCHIP)**

**State/Other: AIDS/HIV Health Insurance Assistance; Commission for Children with Special Health Care Needs**

## **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: High Risk Health Insurance  
Pool; Children's Special Health  
Services**

## **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: Maine Health Program;  
Coordinated Care Services for  
Children with Special Health  
Care Needs**



## **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; AIDS Drug Assistance  
Program+; Maryland Primary  
Care; Transitional Access  
Program; Children's Medical  
Services 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: MassHealth**

**State/Other: Children's Medical Security Plan  
(CMSP); Commonwealth  
Program; Medical Security Plan  
(MSP); CenterCare; Healthy Kids;  
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; Medical Assistance Program**

**CHIP: MIChild Program**

**State/Other: Wayne County Plus Care Program; Children's Special Health Care Services; Caring Program for Children**

## **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); PMAP+**

**CHIP: Minnesota Care**

**State/Other: Minnesota General Assistance  
Medical Care Program (GAMC);  
MCHA; HIV/AIDS Insurance  
Continuation Program; Children  
with Special Health Care Needs**

## **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;  
Children's Medical Program;  
Medical Assistance**

## **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; Children with  
Special Health Care Needs**

## **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); AIDS  
Health Insurance Continuation  
Program; Special Health  
Services**

## **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;  
Medically Handicapped  
Children's Program; AIDS/HIV  
Health Insurance Payment  
Assistance; Disabled Children's  
Program**



## **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: Nevada Medicaid**

**CHIP: Nevada Check Up**

**State/Other: Nevada Comprehensive Health  
Insurance Pool; Family Health  
Services Bureau**

## **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: AIDS/HIV Insurance  
Continuation; Bureau of Special  
Medical Services**

## **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; NJ KidCare-Plan**

**State/Other: AIDS Community Care  
Alternatives (ACCAP); HCEP;  
Health Access; HIV/AIDS  
Health Insurance  
Continuation Program;  
Children with Special Health  
Care Needs**

## **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; HIV Insurance  
Assistance Program; Children's  
Medical Services**

## **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); CHPlus**

**State/Other: Home Relief; New York's subsidized insurance; Physically Handicapped Children's Program; Health Insurance Partnership Program**

## **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: Adult Day Health Care; Caring Program for Children; Services for Children with Chronic/Handicapping Conditions**

## **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; North Dakota  
Access and Care Program (NoDAC)**

**CHIP: Healthy Steps Program**

**State/Other: Comprehensive Health  
Association of North Dakota;  
HIV/AIDS Continuation of Health  
Insurance; Children's Special  
Health Services**

## **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: HIV/AIDS Health Insurance Premium Payment Program; Hemophilia Insurance Pilot Program; Bureau for Children with Medical Handicaps; Childrens Health Care Program; Disability Assistance Medical Program**



## **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: SoonerCare**

**State/Other: Children with Special Health  
Care Needs**

## **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: OHP**

**State/Other: HIV/AIDS Community Health  
Insurance Program; Children  
with Special Health Care Needs**

## **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; Health  
Horizons; Children with Special  
Health Care Needs**

## **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;  
AIDS/HIV Health Insurance  
Continuation; Children with  
Special Health Care Needs**

## **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; Children with Special Health Care Needs**

## **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; AIDS/HIV Continuation  
of Health Insurance; Childrens  
Special Health Services**

## **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: TennCare for Children**

**State/Other: HIV/AIDS Insurance Assistance  
Program; Childrens Special  
Health Services**

## **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; Tex Care Partnership**

**State/Other: Chronically Ill and Disabled Children Program (CIDC); In-home and Family Support Services; Health Insurance Premium Reimbursement for Medicaid Recipients**



## **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; UHIP;  
AIDS Premium Payment  
Program; AIDS Health Insurance  
Continuation Program; Children  
with Special Health Care Needs**

## **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; HIV Health Insurance**

## **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; Health Insurance  
Premium Payment Program;  
Children with Special Health  
Care Needs**

## **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;  
AIDS Care Access Project;  
Children with Special Health  
Care Needs; General Relief  
Medical**

## **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; Handicapped Children's  
Services Program; Pediatric  
Health Services**

## **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; Health  
Insurance Risk Sharing Program;  
AIDS/HIV Health Insurance  
Premium Subsidy Program;  
Katie Beckett Program**

## **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: Wyoming Medicaid**

**CHIP: Wyoming Kid Care**

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

## **CARD F11**

*You may choose more than one.*

- 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**

*You may choose more than one.*

- 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**

**ALABAMA**

**Family Assistance Program**

# **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 (TEA)**

**CARD F17-CA**

**CALIFORNIA**

**California Work Opportunity and  
Responsibility to Kids (CalWorks)**

**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**

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



# **CARD F17-HI**

## **HAWAII**

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

# **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**

**IOWA**

**Family Investment Program**

# **CARD F17-KS**

## **KANSAS**

### **KansasWorks**

**CARD F17-KY**

**KENTUCKY**

**Transitional Assistance Program (K-TAP)**

# **CARD F17-LA**

## **LOUISIANA**

### **Family Independence Work Program (FIND Work)**

### **Family Independence Temporary Assistance Program (FITAP)**



## **CARD F17-ME**

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

### **MAINE**

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

**Additional Support for People in  
Retraining and Employment (ASPIRE)**

**CARD F17-MD**

**MARYLAND**

**Family Investment Program (FIP)**

## **CARD F17-MA**

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

### **MASSACHUSETTS**

**Temporary Aid to Families with Dependent Children (TAFDC)\***

**Employment Services Program (ESP)**

**CARD F17-MI**

**MICHIGAN**

**Family Independence Program (FIP)**

**CARD F17-MN**

**MINNESOTA**

**Minnesota Family Investment Program  
(MFIP)**

# **CARD F17-MS**

## **MISSISSIPPI**

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

**CARD F17-MO**

**MISSOURI**

**Beyond Welfare**

**CARD F17-MT**

**MONTANA**

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



**CARD F17-NE**

**NEBRASKA**

**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 (WFNJ)**

**CARD F17-NM**

**NEW MEXICO**

**NW Works**

**CARD F17-NY**

**NEW YORK**

**Family Assistance Program (FAP)**

**CARD F17-NC**

**NORTH CAROLINA**

**Work First**

**CARD F17-ND**

**NORTH DAKOTA**

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



# **CARD F17-OH**

## **OHIO**

### **Ohio Works First (OWF)**

**CARD F17-OK**

**OKLAHOMA**

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

# **CARD F17-OR**

## **OREGON**

### **Job Opportunities and Basic Skills Program (JOBS)**

**CARD F17-PA**

**PENNSYLVANIA**

**Pennsylvania TANF**

**CARD F17-RI**

**RHODE ISLAND**

**Family Independence Program (FIP)**

**CARD F17-SC**

**SOUTH CAROLINA**

**Family Independence**

**CARD F17-SD**

**SOUTH DAKOTA**

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

**CARD F17-TN**

**TENNESSEE**

**Families First**



# **CARD F17-TX**

## **TEXAS**

**Texas Works (Department of Human Services)**

**Choices (Texas Workforce Commission)**

# **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**

## **VIRGINIA**

### **Virginia Initiative for Employment Not Welfare (VIEW)**

**CARD F17-WA**

**WASHINGTON**

**WorkFirst**

**CARD F17-WV**

**WEST VIRGINIA**

**West Virginia Works**

**CARD F17-WI**

**WISCONSIN**

**Wisconsin Works (W-2)**

# **CARD F17-WY**

## **WYOMING**

### **Personal Opportunities with Employment Responsibilities (POWER)**



## **CARD F18**

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

## **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**

*You may choose more than one.*

- 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 C4**

*You may choose more than one.*

- 1. Not sure needed emergency room care/wanted advice from health care provider/plan first**
- 2. Could not take time off from work**
- 3. Did not have child care**
- 4. Did not have transportation**
- 5. Ambulance did not arrive at home/pick up point quickly enough**
- 6. Did not have health insurance**
- 7. Emergency room costs too much**
- 8. Did not have money for co-payment**
- 9. Health plan requires pre-authorization**
- 10. Concerned that health plan would not pay**
- 11. Long wait**
- 12. Sent to another part of the hospital for care**
- 13. Other – Specify**

## **CARD C5**

- 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 C6**

- 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 C7**

- 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 C8**

- 1. Not true**
- 2. Somewhat true**
- 3. Certainly true**

## **CARD C9**

**Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?**

- 1. No**
- 2. Yes, minor difficulties**
- 3. Yes, definite difficulties**
- 4. Yes, severe difficulties**

## **CARD C10**

- 1. Not at all**
- 2. A little**
- 3. A medium amount**
- 4. A great deal**

## **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 A2**

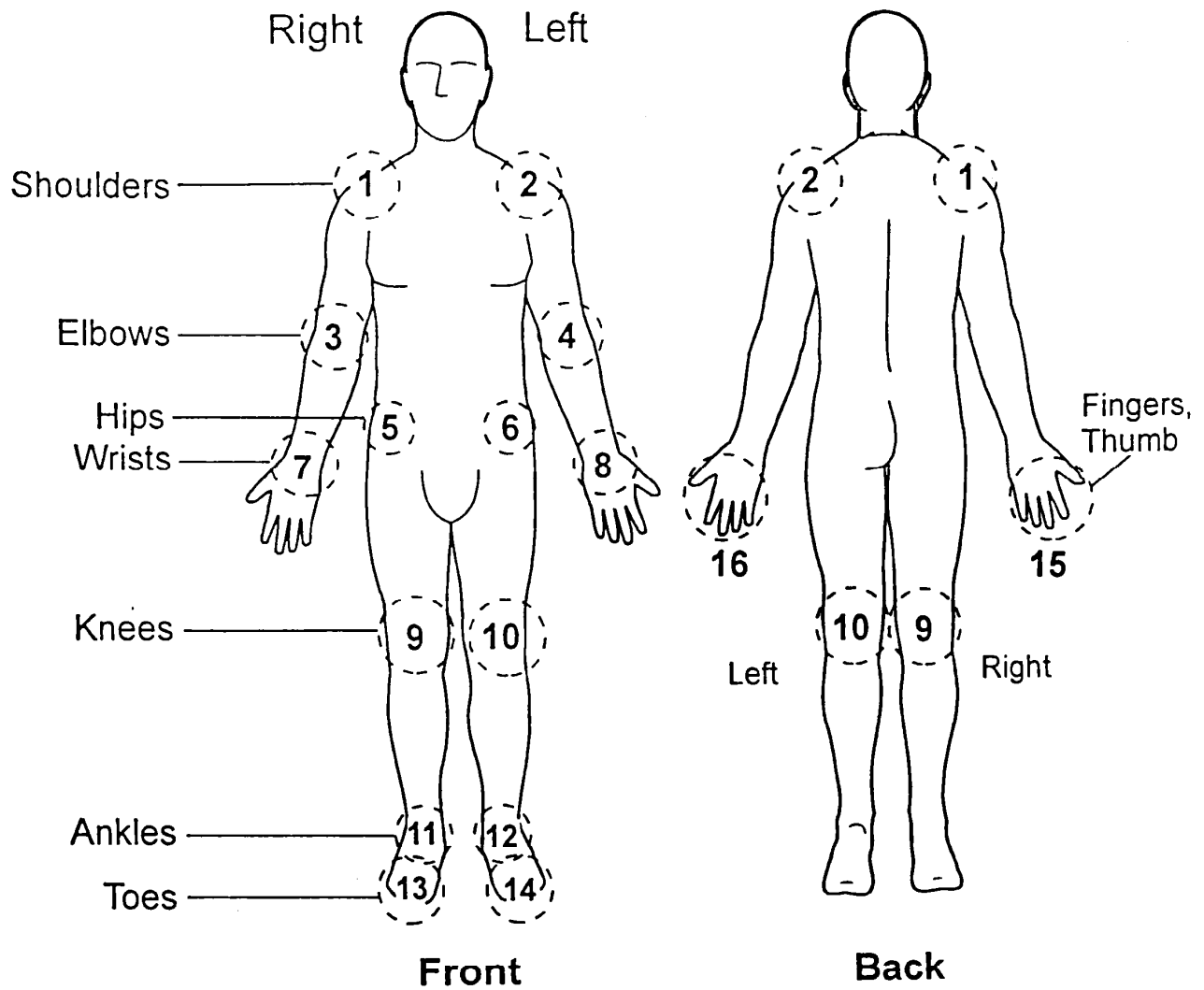
- 1. 1–9 employees**
- 2. 10–24 employees**
- 3. 25–49 employees**
- 4. 50–99 employees**
- 5. 100–249 employees**
- 6. 250–499 employees**
- 7. 500–999 employees**
- 8. 1000 employees or more**

## **CARD A3**

- 1. Advise them to drive to the hospital**
- 2. Advise them to call their physician**
- 3. Call 9-1-1 (or another emergency number)**
- 4. Call spouse or family member**
- 5. Other**

# CARD A4

*You may choose more than one.*





## **CARD A5**

*You may choose more than one.*

- 1. Managerial or professional occupations**
- 2. Technical, sales, and administrative support occupations**
- 3. Service occupations**
- 4. Music industry or other entertainment occupations**
- 5. Agriculture, forestry, or fishing**
- 6. Mining**
- 7. Precision production and repair occupations**
- 8. Machine operator or fabricator**
- 9. Construction trades**
- 10. Transportation and material moving occupations**
- 11. Military/armed forces service**
- 12. Other**

## **CARD A6**

- 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 A7**

- 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 A8**

*You may choose more than one.*

- 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**

**Other impairment/problem**

## **CARD A9**

*You may choose more than one.*

- 1. Not sure needed emergency room care/wanted advice from health care provider/plan first**
- 2. Could not take time off from work**
- 3. Did not have child care**
- 4. Did not have transportation**
- 5. Ambulance did not arrive at home/pickup point quickly enough**
- 6. Did not have health insurance**
- 7. Emergency room costs too much**
- 8. Did not have money for co-payment**
- 9. Health plan requires pre-authorization**
- 10. Concerned that health plan would not pay**
- 11. Long wait**
- 12. Sent to another part of the hospital for care**
- 13. Other**

## **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**

**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 A12**

- 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 A13**

- 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. You don't like needles**
- 7. You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection**
- 8. Some other reason**
- 9. No particular reason**

## **CARD A14**

- 1. Someone suggested you should be tested**
- 2. You might have been exposed through sex or drug use**
- 3. You might have been exposed through your work or at work**
- 4. You just wanted to find out if you were infected or not**
- 5. For part of a routine medical check-up, or for hospitalization or surgical procedure**
- 6. You were sick or had a medical problem**
- 7. You were pregnant or delivered a baby**
- 8. For health or life insurance coverage**
- 9. For military induction, separation, or military service**
- 10. For immigration**
- 11. For marriage license or to get married**
- 12. You were concerned you could give HIV to someone**
- 13. You wanted medical care or new treatments if you tested positive**
- 14. Some other reason**
- 15. No particular reason**

## **CARD A15**

- 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 A16**

- 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 A17**

*You may choose more than one.*

- 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**

# **PRIVACY ACT LISTING STATEMENT (SPANISH)**

## **DECLARACION SOBRE 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 Estadística de la Salud 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 de la Salud.

Su participación es voluntaria, y no se le impone sanción alguna si decide no compartir 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 en mi lista a una residencia con dirección** *(read basic address)*. **¿Hay otras residencias – 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 en mi lista a los apartamentos números \_\_\_\_\_ hasta el \_\_\_\_\_ con dirección** *(read basic address)*. **De estos números de apartamentos ¿hay algunos que no se usan como residencia? (Pause) ¿He faltado a alguna residencia, ya sea ocupada o desocupada, en esta dirección?** *(read basic address)*"

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

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

El propósito de la Encuesta Nacional de Entrevistas sobre la Salud es obtener información en materia de la salud. Esto incluye información sobre enfermedades (su frecuencia y gravedad), incapacidades, accidentes, los tratamientos y las atenciones médicas que consiguen las personas cuando tienen problemas de salud, y otra información sobre la salud de la población en este país.

La información en cuestión es utilizada 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 de la Salud, 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 solo para estudios estadísticos. 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 de la Salud, 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 que estamos haciendo esta encuesta que trata 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, la Oficina del Censo, el Centro Nacional de Estadística de la Salud, y toda otra agencia de la salud involucrada en esta encuesta están obligadas a respetar la confidencialidad de todas sus respuestas. Los datos obtenidos son usados solo para realizar estudios estadísticos de temas 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.

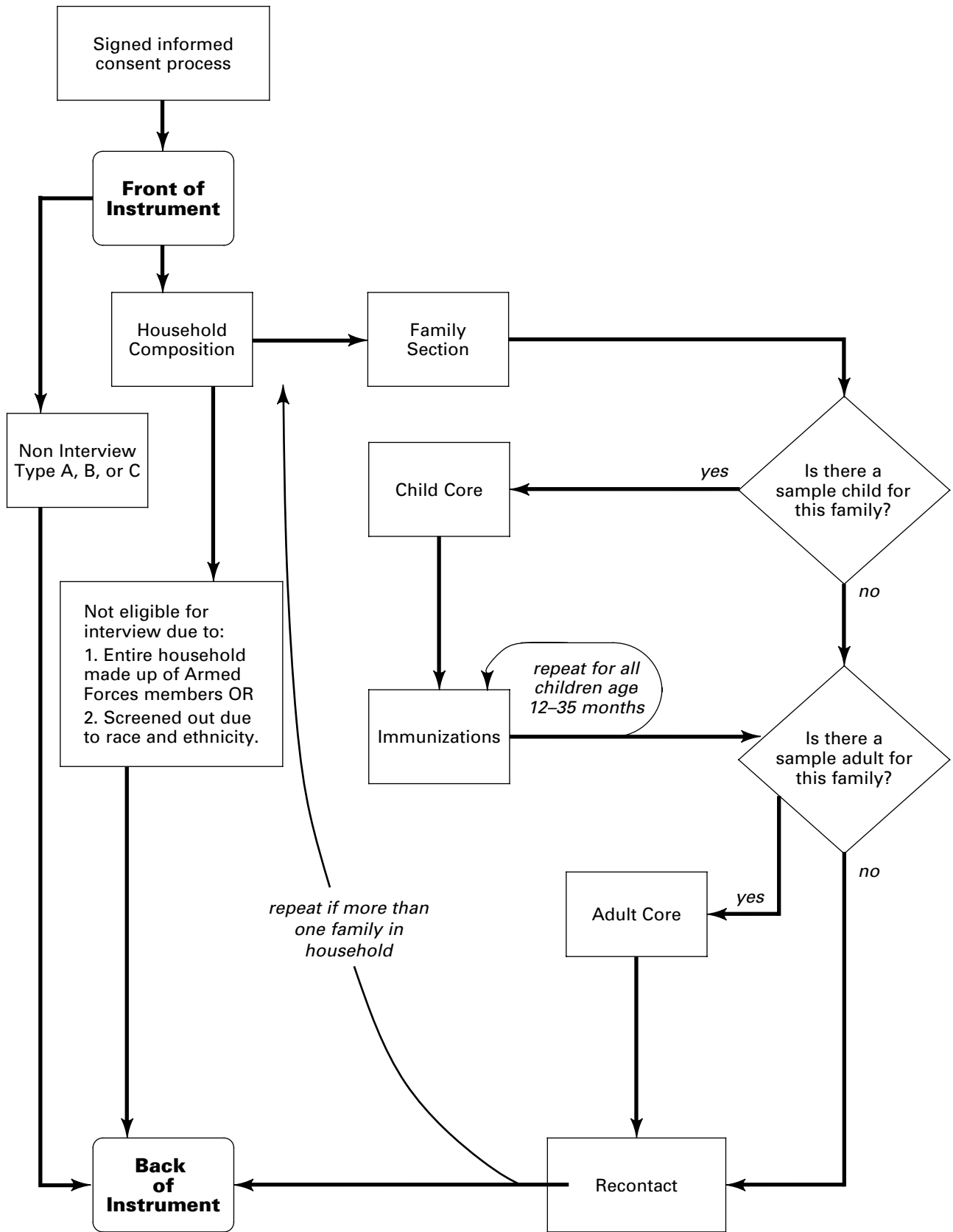
1. Go to the Case List Screen.
2. Place the cursor on the parent unit address on the Case List Screen.
3. Press F4 to create new record for the EXTRA unit(s).
4. Enter the unique unit designation or correct the address for the EXTRA unit.

# 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
<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 2001 HIS CAPI Instrument

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

## **Laptop Accessories**

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

## **2001 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**

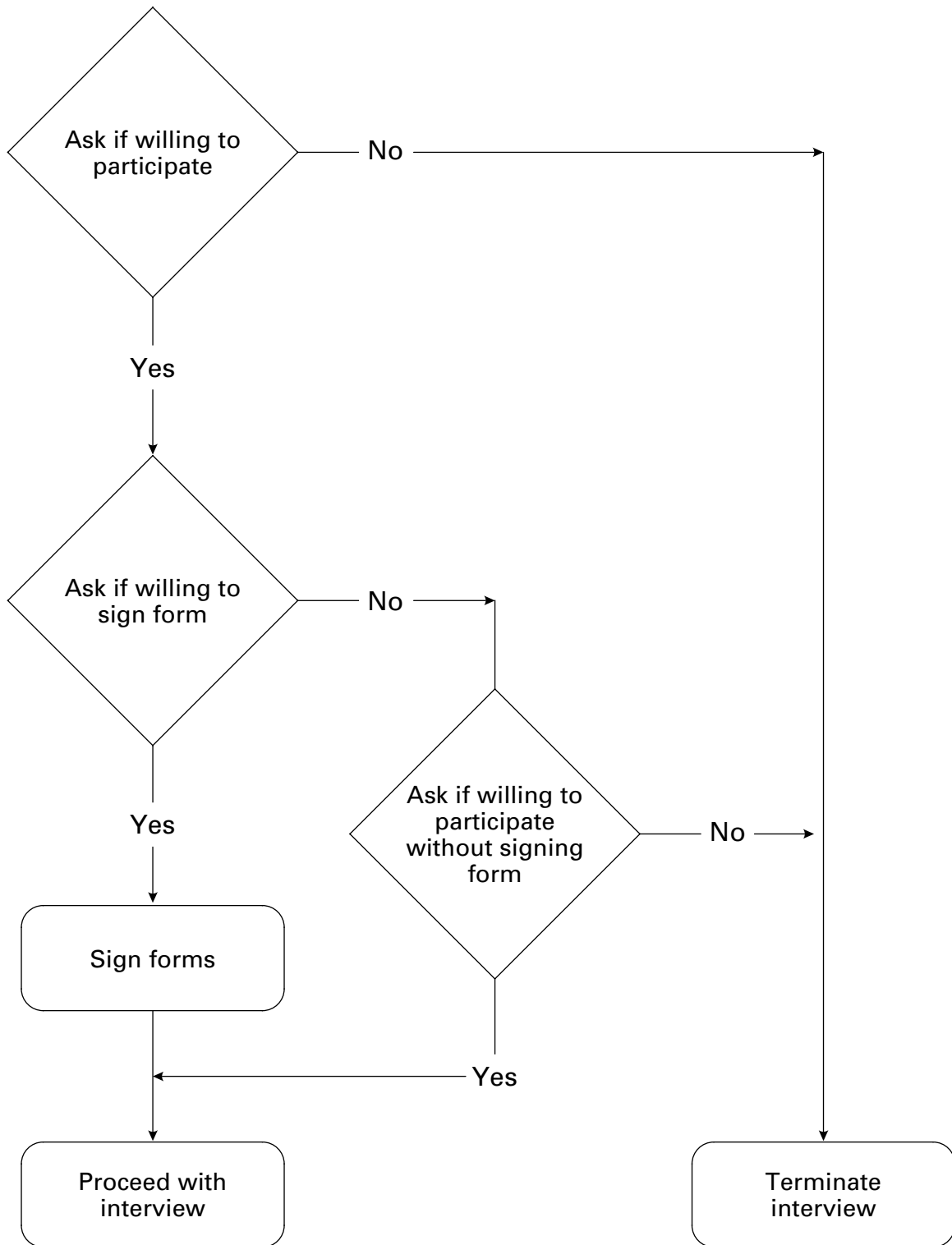
## **Calendar Card – HIS-505**

## **Pen**

## **FR Manual – HIS-100C**

*\*Throw away old versions*

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



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

