HIS-501(C) (2003) (10-15-2002)



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

WHO IS TO BE INCLUDED AS A HOUSEHOLD MEMBER	Includ mem	de as ber of
A. PERSONS LIVING OR STAYING IN SAMPLE UNIT AT TIME OF INTERVIEW	house	
 Any person in unit: members of family, lodgers, servants, visitors, etc. 1. Ordinarily stay here all the time (sleep here) 2. Here temporarily –no living quarters held for person elsewhere 3. Here temporarily –living quarters held for person elsewhere 	Yes Yes	No
In Armed Forces1. Stationed in this locality, usually sleep here2. Temporarily here on leave –stationed elsewhere	Yes	No
Student – Here attending school	Yes	
B. ABSENT PERSONS WHO USUALLY LIVE HERE		
 Inmates of specified institutions – Absent because inmate in a specified institution (see listing in Topic 3, Chapter 4, Listing and Coverage Manual –Form 11-8) regardless of whether or not living quarters held for person here Persons temporarily absent, on vacation, in general hospital, etc. (including veterans' facilities that are general hospitals) –Living quarters held here for person 	Yes	No
 Absent in connection with job 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) 2. Living quarters held here and elsewhere for person but comes here infrequently (e.g., construction engineers) 3. Living quarters held here at home for unmarried college student working away from home during summer school vacation 	Yes	No
In Armed Forces – Were members of this household at time of induction but currently stationed elsewhere		No
In school – Away attending post-secondary school	Yes Yes	No
C. EXCEPTIONS AND DOUBTFUL CASES		
Person with two concurrent residences1. Regularly sleep greater part of week in another locality2. Regularly sleep greater part of week here	Yes	No
 Citizens of foreign countries temporarily in the United States 1. Living on premises of an Embassy, Ministry, Legation, Chancellery, or Consulate 2. Not living on premises of an Embassy, Ministry, etc. – a. If living and studying here and no usual place of 		No
 residence elsewhere in the United States b. If living and working here and no usual place of residence elsewhere in the United States 	Yes Yes	
c. If merely visiting or traveling in the United States		No
Student nurses living away at school		No

INDEPENDENT CITIES

Virginia:

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

- *St. Louis, Missouri
- *Baltimore, Maryland
- **Carson City, Nevada**

INSTRUCTIONS

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

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

WHEN TO FILL THE F7 CASE MANAGEMENT NOTES

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

WHEN TO FILL AN INTERCOMM

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

2003

JANUARY							
S	M	T	W	T	F	S	
			$\widehat{(1)}$) 2	3	4	
5	6	7	8	, - 9			
12	13			16		18	
19	(20)						
26	27				31		
	F	EB	RU	AR	(
S	Μ	Т	W	Т	F	S	
						1	
2	3	4	5	6	7	8	
9				13	14	15	
16	(17)	18	19	20	21	22	
23	24	25	26	27	28		
		M	AR	СН			
S	Μ	Т	W	Т	F	S	
						1	
2			5			8	
9				13		15	
16			19		21	22	
23	24	25	26	27	28	29	
30	31						
		~	DD				
S	М	A	PR W		F	S	
S	Μ	-	W	Т	F 4	-	
		1	W 2	T 3	4	5	
6	7	1 8	W 2 9	T 3 10	4 11	5 12	
6 13	7 14	1 8 15	W 2 9 16	T 3 10 17	4 11 18	5 12 19	
6 13 20	7 14 21	1 8 15 22	W 2 9 16 23	T 3 10 17	4 11	5 12	
6 13	7 14	1 8 15 22	W 2 9 16	T 3 10 17	4 11 18	5 12 19	
6 13 20	7 14 21	1 8 15 22	W 2 9 16 23	T 3 10 17	4 11 18	5 12 19	
6 13 20 27	7 14 21 28	1 8 15 22 29	W 2 9 16 23	T 3 10 17 24	4 11 18 25	5 12 19	
6 13 20	7 14 21	1 8 15 22	W 2 9 16 23 30	T 3 10 17 24 Y T	4 11 18 25 F	5 12 19 26 S	
6 13 20 27 S	7 14 21 28 M	1 8 15 22 29 T	W 2 9 16 23 30 MA W	T 3 10 17 24 Y T 1	4 11 18 25 F 2	5 12 19 26 S 3	
6 13 20 27 S	7 14 21 28 M	1 8 15 22 29 T T	W 2 9 16 23 30 MA` W	T 3 10 17 24 Y T 1 8	4 11 25 F 2 9	5 12 19 26 S 3 10	
6 13 20 27 S S 4 11	7 14 21 28 M 5 12	1 8 15 22 29 T 6 13	W 2 9 16 23 30 W W 7 14	T 3 10 17 24 Y T 1 8 15	4 11 25 F 2 9 16	5 12 19 26 S 3 10 17	
6 13 20 27 S 4 11 18	7 14 21 28 M 5 12 19	1 8 15 22 29 T T 6 13 20	W 2 9 16 23 30 W W 7 14 21	T 3 10 17 24 Y T 1 8 15 22	4 11 25 F 2 9 16 23	5 12 19 26 S 3 10 17 24	
6 13 20 27 S S 4 11	7 14 21 28 M 5 12	1 8 15 22 29 T T 6 13 20	W 2 9 16 23 30 WA W 7 14 21	T 3 10 17 24 Y T 1 8 15	4 11 25 F 2 9 16	5 12 19 26 S 3 10 17 24	
6 13 20 27 S 4 11 18	7 14 21 28 M 5 12 19	1 8 15 22 29 T T 6 13 20 27	W 2 9 16 23 30 W 7 14 21 28	T 3 10 17 24 T 1 8 15 22 29	4 11 25 F 2 9 16 23	5 12 19 26 S 3 10 17 24	
6 13 20 27 S 4 11 18 25	7 14 21 28 M 5 12 19 (26)	1 8 15 22 29 T T 6 13 20 27	W 2 9 16 23 30 WA W 7 14 21 28 UN	T 3 10 17 24 Y T 1 8 15 22 29 E	4 11 25 F 2 9 16 23 30	5 12 19 26 S 3 10 17 24	
6 13 20 27 S 4 11 18 25 S	7 14 21 28 M 5 12 19 (26) M	1 8 15 22 29 T T 6 13 20 27 J	W 2 9 16 23 30 W 7 14 21 28 UN W	T 3 10 17 24 Y T 1 8 15 22 29 E T	4 11 25 F 2 9 16 23 30 F	5 12 19 26 S 3 10 17 24 31 S	
6 13 20 27 S 4 11 18 25 S 1	7 14 21 28 M 5 12 19 (26) M 2	1 8 15 22 29 T T 6 13 20 27 J T 3	W 2 9 16 23 30 W W 7 14 21 28 UN W 4	T 3 10 17 24 Y T 1 8 15 22 29 E T 5	4 11 25 F 2 9 16 23 30 F F 6	5 12 19 26 S 3 10 17 24 31 S 7	
6 13 20 27 5 4 11 18 25 5 5 1 8	7 14 21 28 M 5 12 19 (26) M 2 9	1 8 15 22 29 T T 6 13 20 27 J T 3 10	W 2 9 16 23 30 W W 7 14 21 28 UN W 4 11	T 3 10 17 24 T 1 8 15 22 29 E T 5 12	4 11 25 F 2 9 16 23 30 F 6 13	5 12 19 26 S 3 10 17 24 31 31 S 7 14	
6 13 20 27 5 4 11 18 25 5 1 8 15	7 14 21 28 M 5 12 19 26 M 2 9 16	1 8 15 22 29 T T 6 13 20 27 J T 3 10 17	W 2 9 16 23 30 W W 7 14 21 28 UN W 4 11 18	T 3 10 17 24 T 1 8 15 22 29 E T 5 12 19	4 11 25 F 2 9 16 23 30 F 6 13 20	5 12 19 26 S 3 10 17 24 31 31 S 7 14 21	
6 13 20 27 5 4 11 18 25 5 5 1 8	7 14 21 28 M 5 12 19 (26) M 2 9	1 8 15 22 29 T T 6 13 20 27 J T 3 10	W 2 9 16 23 30 W W 7 14 21 28 UN W 4 11 18	T 3 10 17 24 T 1 8 15 22 29 E T 5 12 19	4 11 25 F 2 9 16 23 30 F 6 13	5 12 19 26 S 3 10 17 24 31 31 S 7 14	

		-				
S	М	J ⊤	<u>UL`</u> W	Υ Τ	F	S
3	111				<u> </u>	
~	-	1	2	3	(4)) 5
6	7	8	9	10	11	12
13	14	15			18	19
20	21	22			25	26
27	28	29	30	31		
S	N./		IGU W		F	S
3	Μ	Т	vv	Т		
~		_	~	_	1	2
3	4	5	6	7	8	9
10	11			14	15	
17	18	19			22	23
24	25	26	27	28	29	30
31						
_				1BE		_
S	M	Т	W	Т	F	S
	(1)) 2	3	4	5	6
7	8	9	10		12	13
14	15		17	18	19	20
21	22	23	24	25	26	27
28	29	30				
			то			
S	Μ	<u>т</u>	W		F	S
S	Μ		W	Т	F 3	
		Т	W 1	T 2	3	4
5	6	Т 7	W 1 8	T 2 9	3 10	4 11
5 12	6 (13)	T 7 14	W 1 8 15	T 2 9 16	3 10 17	4 11 18
5 12 19	6 (13) 20	T 7 14 21	W 1 15 22	T 2 9 16 23	3 10 17 24	4 11 18
5 12	6 (13)	T 7 14	W 1 15 22	T 2 9 16 23	3 10 17	4 11 18
5 12 19	6 (13) 20 27	T 7 14 21 28	W 1 15 22 29	T 9 16 23 30	3 10 17 24 31	4 11 18
5 12 19	6 (13) 20 27	T 7 14 21 28	W 1 15 22 29	T 2 9 16 23	3 10 17 24 31	4 11 18
5 12 19 26	6 (13) 20 27	T 7 14 21 28	W 1 15 22 29	T 9 16 23 30	3 10 17 24 31 R	4 11 18 25 S
5 12 19 26 S	6 (13) 20 27 M	T 14 21 28 JOV T	W 1 15 22 29 VEM W	T 9 16 23 30 BEI T	3 10 17 24 31 R F	4 11 18 25 S 1
5 12 19 26 S	6 (13) 20 27 M	T 14 21 28 JOV T	W 1 15 22 29 VEM W	T 9 16 23 30 BEI T	3 10 17 24 31 R F	4 11 18 25 S 1
5 12 19 26 S 2 9	6 (13) 20 27 27 M 3 10	T 7 14 21 28 JOV T 4 (11)	W 1 8 15 22 29 W W 5 12	T 2 9 16 23 30 BEI T 6 13	3 10 17 24 31 R F 7 14	4 11 18 25 S 1 8 15
5 12 19 26 S S 2 9 16	6 (13) 20 27 M 3 10 17	T 7 14 21 28 JOV T 4 (11) 18	W 1 8 15 22 29 /EM W 5 12 19	T 9 16 23 30 IBEE T 13 20	3 10 17 24 31 R F 7 14 21	4 11 18 25 S 1 8 15 22
5 12 19 26 S 2 9 16 23	6 (13) 20 27 M 3 10 17	T 7 14 21 28 JOV T 4 (11) 18	W 1 8 15 22 29 /EM W 5 12 19	T 2 9 16 23 30 BEI T 6 13	3 10 17 24 31 R F 7 14 21	4 11 18 25 S 1 8 15
5 12 19 26 S S 2 9 16	6 (13) 20 27 M 3 10 17 24	T 7 14 21 28 JOV T 4 (11) 18 25	W 1 8 15 22 29 W V 5 12 19 26	T 9 16 23 30 BEI T 6 13 20 (27)	3 10 17 24 31 R <i>F</i> 7 14 21 28	4 11 18 25 S 1 8 15 22
5 12 19 26 S 2 9 16 23 30	6 (13) 20 27 M 3 10 17 24	T 7 14 21 28 JOV T 4 (11) 18 25	W 1 8 15 22 29 W W 5 12 19 26 EM	T 2 9 16 23 30 BEI T 6 13 20 (27) BEI	3 10 17 24 31 R 7 14 21 28 R	4 11 18 25 S 1 8 15 22 29
5 12 19 26 S 2 9 16 23	6 (13) 20 27 M 3 10 17 24 L	T 7 14 21 28 JOV T 4 (11) 18 25 DEC T	W 1 22 29 V V 5 12 19 26 EM V	T 2 9 16 23 30 IBEI T 6 13 20 (27) IBEI T IBEI T	3 10 17 24 31 R F 7 14 21 28 R F	4 11 18 25 S 1 8 15 22 29 S
5 12 19 26 S 2 9 16 23 30 S S	6 (13) 20 27 M 3 10 17 24 E M 1	T 7 14 21 28 JOV T 4 (11) 18 25 DEC T 2	W 1 8 15 22 29 W W 5 12 19 26 EM W 3	T 2 9 16 23 30 BEE T 6 13 20 (27) BEE T 4	3 10 17 24 31 R 7 14 21 28 R F 5	4 11 18 25 S 1 8 15 22 29 S 6
5 12 19 26 S 2 9 16 23 30	6 (13) 20 27 M 3 10 17 24 [M 1 8	T 7 14 21 28 JOV T 4 (11) 18 25 DEC T 2 9	W 1 8 15 22 29 W W 5 12 19 26 EM W 3 10	T 2 9 16 23 30 BEI T 6 13 20 (27) BEI T 4 11	3 10 17 24 31 R R 7 14 21 28 R F 5 12	4 11 18 25 5 1 8 15 22 29 5 6 13
5 12 19 26 S 2 9 16 23 30 S S 7 14	6 (13) 20 27 M 3 10 17 24 C M 1 8 15	T 7 14 21 28 JOV T 4 (11) 18 25 DEC T 2 9 16	W 1 8 15 22 29 W W 5 12 19 26 EM W 3 10 17	T 2 9 16 23 30 BEE T 6 13 20 27 BEE T 4 11 18	3 10 17 24 31 R 7 14 21 28 R 5 12 19	4 11 18 25 5 1 8 15 22 29 5 6 13 20
5 12 19 26 S 2 9 16 23 30 S 5 7 14 21	6 (13) 20 27 M 3 10 17 24 M 17 24 M 1 8 15 22	T 7 14 21 28 T 4 (11) 18 25 DEC T 2 9 16 23	W 1 8 15 22 29 W 5 12 19 26 W 3 10 17 24	T 2 9 16 23 30 BEI T 6 13 20 (27) BEI T 4 11	3 10 17 24 31 R 7 14 21 28 R 5 12 19	4 11 18 25 5 1 8 15 22 29 5 6 13 20
5 12 19 26 S 2 9 16 23 30 S S 7 14	6 (13) 20 27 M 3 10 17 24 M 17 24 M 1 8 15 22	T 7 14 21 28 JOV T 4 (11) 18 25 DEC T 2 9 16	W 1 8 15 22 29 W 5 12 19 26 W 3 10 17 24	T 2 9 16 23 30 BEE T 6 13 20 27 BEE T 4 11 18	3 10 17 24 31 R 7 14 21 28 R 5 12 19	4 11 18 25 5 1 8 15 22 29 5 6 13 20

When to fill: F7 and InterComm Calendar – 2003

) Holiday

CALENDAR

2004

JANUARY						
S	M	T	W	T	F	S
				$\overline{(1)}$) 2	3
4	5	6	7	8	9	10
11	12		14	15	16	17
18	\sim				23	24
25	\sim		28			31
	F	EB	RU/	٩R١	(
S	Μ	Т	W	Т	F	S
1	2	3	4	5	6	7
8	گ	10	11	12	13	14
	16					
22	23	24	25	26	27	28
29						
		_				
<u> </u>	N /			<u>−</u>	F	<u> </u>
S	<u>M</u>	<u>Т</u>	<u>W</u>			S
7	1	2	3		5 12	6 12
7	8 15		10 17		12 19	
14						
21	22		24	25	26	27
28	29	30	31			
		Δ	PR			
S	Μ	T	W	T	F	S
	1.4.1		~ ~			0
		1	vv			
4	5			1	2	3
4	5	6	7	1 8	2 9	3 10
	5	6 13		1 8 15	2 9 16	3 10 17
4 11	5 12	6 13 20	7 14	1 8 15 22	2 9 16 23	3 10 17
4 11 18	5 12 19	6 13 20	7 14 21	1 8 15 22	2 9 16 23	3 10 17
4 11 18	5 12 19	6 13 20 27	7 14 21 28	1 8 15 22 29	2 9 16 23	3 10 17
4 11 18	5 12 19	6 13 20 27	7 14 21	1 8 15 22 29	2 9 16 23	3 10 17
4 11 18 25	5 12 19 26	6 13 20 27	7 14 21 28 //A W	1 8 15 22 29	2 9 16 23 30	3 10 17 24
4 11 18 25	5 12 19 26	6 13 20 27	7 14 21 28	1 8 15 22 29	2 9 16 23 30	3 10 17 24 S
4 11 18 25 S	5 12 19 26 M	6 13 20 27 7 T	7 14 21 28 //A W	1 8 15 22 29 7 T 6 13	2 9 16 23 30 F 7 14	3 10 17 24 S 1
4 11 25 S	5 12 19 26 M 3 10	6 13 20 27 M T 4 11	7 14 21 28 //A W	1 8 15 22 29 7 T 6 13	2 9 16 23 30 F 7 14	3 10 17 24 S 1 8
4 11 18 25 S 2 9 16 23	5 12 19 26 M 3 10 17 24	6 13 20 27 T T 4 11	7 14 21 28 //A \ W 5 12 19	1 8 15 22 29 7 T 6 13 20	2 9 16 23 30 F 7 14 21	3 10 17 24 S 1 8 15
4 11 18 25 S 2 9 16	5 12 19 26 M 3 10 17	6 13 20 27 T T 4 11	7 14 21 28 //A \ W 5 12 19	1 8 15 22 29 7 T 6 13 20	2 9 16 23 30 F 7 14 21	3 10 17 24 S 1 8 15 22
4 11 25 S 2 9 16 23	5 12 19 26 M 3 10 17 24	6 13 20 27 T T 4 11	7 14 21 28 //A \ W 5 12 19	1 8 15 22 29 7 T 6 13 20	2 9 16 23 30 F 7 14 21	3 10 17 24 S 1 8 15 22
4 11 25 2 9 16 23 30	5 12 19 26 M 3 10 17 24 31	6 13 20 27 T T 4 11	7 14 21 28 //A W 5 12 19 26 UN	1 8 15 22 29 T T 6 13 20 27 E	2 9 16 23 30 F 7 14 21 28	3 10 17 24 S 1 8 15 22
4 11 25 S 2 9 16 23	5 12 19 26 M 3 10 17 24	6 13 20 27 T 4 11 18 25 J T	7 14 21 28 W 5 12 19 26 UN W	1 8 15 22 29 T T 6 13 20 27 E T	2 9 16 23 30 F 7 14 21 28 F	3 10 17 24 S 1 8 15 22 29 S
4 11 18 25 S 2 9 16 23 30 S	5 12 19 26 M 3 10 17 24 31 M	6 13 20 27 T 4 11 18 25 J T 1	7 14 21 28 W 5 12 19 26 UN W 2	1 8 15 22 29 7 T 6 13 20 27 E T 3	2 9 16 23 30 F 7 14 21 28 F 4	3 10 17 24 S 15 22 29 S 5
4 11 18 25 S 2 9 16 23 30 S 6	5 12 19 26 M 3 10 17 24 (31) M 7	6 13 20 27 T 4 11 18 25 J T 1 8	7 14 21 28 W 5 12 19 26 UN W 2 9	1 8 15 22 29 T 6 13 20 27 E T 3 10	2 9 16 23 30 F 7 14 21 28 F 4 11	3 10 17 24 S 15 22 29 S 5 12
4 11 25 2 9 16 23 30 5 6 13	5 12 19 26 M 3 10 17 24 31 M 7 14	6 13 20 27 T 4 11 18 25 J 7 1 8 15	7 14 21 28 W 5 12 19 26 UN 26 W 29 16	1 8 15 22 29 7 7 6 13 20 27 E 7 3 10 17	2 9 16 23 30 F 7 14 21 28 F 4 11 18	3 10 17 24 S 1 8 15 22 29 S 5 12 19
4 11 18 25 2 9 16 23 30 5 6 13 20	5 12 19 26 M 3 10 17 24 31 M 7 14 21	6 13 20 27 T 4 11 18 25 J T 1 8 15 22	7 14 21 28 W 5 12 19 26 UN W 26 UN V 2 9 16 23	1 8 15 22 29 7 7 6 13 20 27 E 7 3 10 17	2 9 16 23 30 F 7 14 21 28 F 4 11 18	3 10 17 24 S 15 22 29 S 5 12
4 11 25 2 9 16 23 30 5 6 13	5 12 19 26 M 3 10 17 24 31 M 7 14	6 13 20 27 T 4 11 18 25 J T 1 8 15 22	7 14 21 28 W 5 12 19 26 UN 26 W 29 16	1 8 15 22 29 7 7 6 13 20 27 E 7 3 10 17	2 9 16 23 30 F 7 14 21 28 F 4 11 18	3 10 17 24 S 1 8 15 22 29 S 5 12 19

JULY									
S	Μ	Т	W	Т	F	S			
	_				2	-			
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			

AUGUST									
S	Μ	Т	W	Т	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							

					<u> </u>				
SMTWTFS									
_ <u>S</u>	M		VV		F	S			
	~			2					
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					

OCTOBER								
S	Μ	Т	W	Т	F	S		
					1	2		
			6					
10	(11)	12	13	14	15	16		
17	18	19	20	21	22	23		
24	25	26	27	28	29	30		
31								

NOVEMBER									
S	Μ	Т	W	Т	F	S			
	1	2	3	4	5	6			
7	8	9	10	4 (11)	12	13			
14	15	16	17	18	19	20			
21	22	23	24	25	26	27			
28	29	30		<u> </u>					

	DECEMBER									
S	Μ	Т	W	Т	F	S				
			1	2	3	4				
5	6	7	8	9	10	11				
					17					
19	20	21	22	23	(24)	25				
26	27	28	29	30	31					

HIS-501(C) (10-15-2002)

Holiday

HOLIDAYS 2003

New Year's Day	January 1
Martin Luther King's Birthday	January 20
President's Day	February 17
Easter	April 6
Memorial Day	May 26
Independence Day	July 4
Labor Day	September 1
Columbus Day	October 13
Veteran's Day	November 11
Thanksgiving	November 27
Christmas	December 25

2004

New Year's Day	January 1
Martin Luther King's Birthday	January 19
President's Day	February 16
Easter	April 11
Memorial Day	May 31
Independence Day	July 5
Labor Day	September 6
Columbus Day	October 11
Veteran's Day	November 11
Thanksgiving	November 25
Christmas	December 24

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

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

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

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

You may choose more than one.

- 1. Did not receive medical treatment or advice
- 2. Phone call to doctor or health care professional
- **3. Phone call to Poison Control Center**
- 4. Visit to Doctor's Office
- 5. Visit to Clinic or Outpatient department
- 6. Visit to Emergency department
- 7. Hospitalized for at least one night

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

- 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

- 1. Driving or riding in a motor vehicle
- 2. Working at 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

- 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

Not employed at the time of the injury/poisoning

None

Less than 1 day

One to five days

Six or more days

Card F7 Card F8

Not in school at the time of the injury/poisoning

None

Less than 1 day

One to five days

Six or more days

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 program
- 4. Medicare
- 5. Medi-Gap
- 6. Medicaid
- 7. Children's Health Insurance Program (CHIP/SCHIP)
- 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 F9 Card F10

Card F11 – All states

HIS-501(C) (10-15-2002)

UNNUMBERED DIVIDER – To be placed between pages 21 and 22

CARD F11-AL

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

ALABAMA

Medicaid: Patient 1st; SOBRA; Maternity Care Program; Health Insurance Payment Program (HIPP)

CHIP: AL-Kids; ALL KIDS

State/Other: Children's Rehabilitation Service (CRS); Alabama Child Caring Plan, Alabama Health Insurance Plan (AHIP)

CARD F11-AK

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

ALASKA

Medicaid: Medical Assistance Program

CHIP: Denali KidCare; AKChip

State/Other: Chronic and Acute Medical Assistance (CAMA); Health Care Program for Children with Special Health Care Needs (HCP-CSN); Alaska Comprehensive Health Insurance Association (ACHIA)

CARD F11-AZ

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

ARIZONA

Medicaid: AHCCCS; Arizona Health Care Cost Containment System; Healthy Arizona

CHIP: KidsCare

State/Other: Medically Indigent-Medically Needy Program (MI/MN); Office for Children with Special Health Care Needs; Premium Sharing Program; Young Adults Transitional Insurance (YATI)

CARD F11-AR

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

ARKANSAS

Medicaid: ConnectCare

CHIP: ARKids First; Child Health Insurance Program

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

CARD F11-CA

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

CALIFORNIA

Medicaid: Medi-Cal

CHIP: Healthy Families Program (HFP)

State/Other: Access for Infants & Mothers (AIM); County Medical Services Program (CMSP); Children's Services (CCS); Major Risk Medical Insurance Program (MRMIP); Managed Risk Medical Insurance Board; CARE Health Insurance Premium Payment Program

CARD F11-CO

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

COLORADO

Medicaid: Primary Care Physician Program (PCPP); BabyCare/KidsCare

CHIP: Child Health Plan Plus (CHP+); Childrens Basic Health Plan

State/Other: Health Care Program for Children with Special Health Care Needs; CUHIP – Colorado Uninsurable Health Insurance Plan; CoverColorado; Colorado Indigent Care Program (CICP)

CARD F11-CT

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

CONNECTICUT

Medicaid: Medical Assistance Program; HUSKY Part A

CHIP: The HUSKY Plan; HUSKY PLUS; HUSKY Part B

State/Other: General Assistance Medical Aid; Refugee Medical Assistance; Children with Special Health Care Needs; Connecticut Health Reinsurance Association (HRA); Connecticut Insurance Assistance Program for AIDS Patients (CIAPAP); State-Administered General Assistance Medical Aid (SAGA)

CARD F11-DE

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

DELAWARE

Medicaid: Diamond State Health Plan

CHIP: The Delaware Healthy Children Program (DHCP)

State/Other: Children with Special Health Care Needs; Disabled Children's Program

CARD F11-DC

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

DISTRICT OF COLUMBIA

Medicaid: Medical Assistance

CHIP: DC Healthy Families

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

CARD F11-FL

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

FLORIDA

Medicaid: MediPass

CHIP: KidCare; MediKids; Florida Healthy Kids

State/Other: AIDS Insurance Continuation Program (AICP); Florida Comprehensive Health Insurance Plan; Children's Medical Services

CARD F11-GA

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

GEORGIA

Medicaid: Georgia Better Health Care; Right from the Start (RSM)

CHIP: PeachCare for Kids

State/Other: Children's Medical Services; Indigent Care Trust Fund (ICTF)

CARD F11-HI

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

HAWAII

Medicaid: Hawaii-QUEST

CHIP: Hawaii CHIP

State/Other: QUEST-Net; HCOBRA; Children with Special Health Needs

CARD F11-ID

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

IDAHO

Medicaid: Healthy Connections; Medical Assistance

CHIP: Children's Health Insurance Program

State/Other: Catastrophic Fund; Children's Special Health Program

CARD F11-IL

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

ILLINOIS

Medicaid: Medical Assistance; Healthy Start; Parent Assist; KidCare Assist

CHIP: KidCare Share; KidCare Premium

State/Other: Comprehensive Health Insurance Plan (ICHIP); Specialized Care for Children (DSCC); Kidcare Moms and Babies

CARD F11-IN

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

INDIANA

Medicaid: Hoosier Healthwise; Primestep; Risk Based Managed Care

CHIP: Hoosier Healthwise for Children; Children's Health Plan; Benefit Package C

State/Other: Children's Special Health Care Services; Indiana Comprehensive Health Insurance Association (ICHIA)

CARD F11-IA

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

IOWA

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

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

State/Other: Children's Health Specialty Clinics; Iowa Comprehensive Health Association; AIDS/HIV Health Insurance Premium Payment

CARD F11-KS

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

KANSAS

Medicaid: HealthConnect; PrimeCare Kansas; KANBE Healthy

CHIP: HealthWave

State/Other: Medi-KAN; Services for Children with Special Health Care Needs (CSHSN); Kansas Uninsurable Health Insurance Plan; Kansas Health Insurance Association (KHIA)

CARD F11-KY

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

KENTUCKY

Medicaid: Kentucky Patient Access and Care System (KenPAC)

CHIP: Kentucky Children's Health Insurance Program (KCHIP)

State/Other: HIV Health Insurance Assistance Program; Commission for Children with Special Health Care Needs; Kentucky Access

CARD F11-LA

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

LOUISIANA

Medicaid: CommunityCARE

CHIP: LACHIP

State/Other: Louisiana Health Plan; Children's Special Health Services; Louisiana Health Insurance Association

CARD F11-ME

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

MAINE

Medicaid: Medical Assistance; PrimeCare

CHIP: Cub Care

State/Other: Children with Special Health Care Needs Program (CSHNP)

CARD F11-MD

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

MARYLAND

Medicaid: Medical Assistance Program; HealthChoice; REM Program

CHIP: Maryland Children's Health Program (MCHP)

State/Other: AIDS Insurance Assistance Program (MAIAP); Maryland Primary Care (MPC); Children's Medical Services (CMS)

CARD F11-MA

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

MASSACHUSETTS

Medicaid: MassHealth

CHIP: MassHealth

State/Other: Children's Medical Security Plan (CMSP); Commonhealth; Medical Security Plan (MSP); Special Kids/Special Care; Insurance Partnership; Family Assistance Plan

CARD F11-MI

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

MICHIGAN

Medicaid: Comprehensive Health Care Program (CHCP); Medical Assistance Program; Healthy Kids; MICHOICE

CHIP: MIChild Program

State/Other: Children's Special Health Care Services; Trust Fund for Children with Special Health Care Needs

CARD F11-MN

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

MINNESOTA

Medicaid: Medical Assistance (MA); Prepaid Medical Assistance Program (PMAP) or PMAP+

CHIP: Children's Health Insurance Program

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

CARD F11-MS

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

MISSISSIPPI

Medicaid: HealthMACS

- CHIP: Mississippi Children's Health Insurance Program (CHIP); Title XXI
- State/Other: Mississippi Comprehensive Health Insurance Risk Pool; Children with Special Health Care Needs

CARD F11-MO

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

MISSOURI

Medicaid: Managed Care Plus (MC+); MCPlus; Sarah Lopez Waiver

CHIP: MC+ for Kids

State/Other: General Relief Medical Assistance; Children with Special Health Care Needs; Missouri Health Insurance Pool (MHIP)

CARD F11-MT

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

MONTANA

Medicaid: Passport to Health

CHIP: Montana's CHIP

State/Other: Montana Comprehensive Health Insurance Association (MCHA); Health Insurance Continuum of Coverage Program (HICCP); Special Health Services

CARD F11-NE

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

NEBRASKA

Medicaid: Medical Assistance Program; Nebraska Health Connection (NHC)

CHIP: Kids Connection

State/Other: Medically Handicapped Children's Program; Comprehensive Health Association

CARD F11-NV

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

NEVADA

Medicaid: Nevada Medicaid

CHIP: Nevada Check Up

State/Other: Family Health Services Bureau

CARD F11-NH

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

NEW HAMPSHIRE

Medicaid: Medical Assistance Program; Healthy Kids Gold

CHIP: Healthy Kids Silver

State/Other: Bureau of Special Medical Services

CARD F11-NJ

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

NEW JERSEY

Medicaid: New Jersey Care 2000+; AIDS Community Care Alternatives (ACCAP)

CHIP: New Jersey Family Care

State/Other: Health Insurance Continuation Program (HICP); Special Child Adult and Early Intervention Services

CARD F11-NM

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

NEW MEXICO

Medicaid: SALUD!

CHIP: New MexiKids

State/Other: Comprehensive Health Insurance Pool; Insurance Assistance Program; Children's Medical Services

CARD F11-NY

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

NEW YORK

Medicaid: Medical Assistance Program (MAP); The Partnership Plan

CHIP: Child Health Plus (CHPlus)

State/Other: Family Health Plus; Healthy New York; Physically Handicapped Children's Program; Children with Special Health Care Needs

CARD F11-NC

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

NORTH CAROLINA

Medicaid: Carolina Access; Health Care Connection Access II

CHIP: NC CHIP Program; NC Health Choice for Children (NCHC)

State/Other: Children Special Health Services (CHS)

CARD F11-ND

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

NORTH DAKOTA

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

CHIP: Healthy Steps Program

State/Other: Comprehensive Health Association of North Dakota; Children's Special Health Services

CARD F11-OH

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

OHIO

Medicaid: PremierCare; Healthy Families, Healthy Start

CHIP: Healthy Start

State/Other: HIV Health Insurance Premium Payment Program; Hemophilia Insurance Pilot Program; Children with Medical Handicaps (BCMH)

CARD F11-OK

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

OKLAHOMA

Medicaid: SoonerCare; Health Benefits Program

CHIP: Oklahoma CHIP, SCHIP

State/Other: Children with Special Health Care Needs; Oklahoma Health Insurance High Risk Pool

CARD F11-OR

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

OREGON

Medicaid: Oregon Health Plan (OHP)

CHIP: Oregon CHIP

State/Other: CareAssist; Oregon Services for Children with Special Health Needs; Oregon Medical Insurance Pool; Family Health Insurance Assistance Program (FHIAP); Insurance Purchasing Cooperative

CARD F11-PA

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

PENNSYLVANIA

Medicaid: Medical Assistance; Access Card; Family Care Network; HealthChoices

CHIP: Pa CHIP

State/Other: Division of Special Health Care Programs

CARD F11-RI

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

RHODE ISLAND

Medicaid: RIte Care; RI Medical Assistance; Katie Beckett

CHIP: Rite Care

State/Other: Subsidy for Health Insurance for Center-Based Child-Care Providers; Children with Special Health Care Needs; RIte Share Premium Assistance Program

CARD F11-SC

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

SOUTH CAROLINA

Medicaid: Healthy Options Program (HOP); Physicians Enhanced Program (PEP); South Carolina Partners for Health Medicaid Insurance

CHIP: Partners for Healthy Children (PHC)

State/Other: South Carolina Health Insurance Pool; Children's Rehabilitative Services

CARD F11-SD

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

SOUTH DAKOTA

Medicaid: PRIME; Medical Assistance

CHIP: Children's Health Insurance Program (CHIP)

State/Other: Catastrophic County-Poor Relief Program (CCPR); Continuation of Health Insurance; Children's Special Health Services; Refugee Medical Assistance

CARD F11-TN

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

TENNESSEE

Medicaid: TennCare; Medicaid

CHIP: TennCare for Children

State/Other: Children's Special Services (CSS); Tenncare Standard

CARD F11-TX

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

TEXAS

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

CHIP: Texas CHIP

State/Other: Texas Health Insurance Risk Pool; State Kid Insurance Program (SKIP); Children with Complex and Special Health Needs (CCSHCN)

CARD F11-UT

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

UTAH

Medicaid: Medicaid

CHIP: Children's Health Insurance Program

State/Other: Utah Medical Assistance Program (UMAP); Custody Medical Care Program; Premium Payment Program; Children with Special Health Care Needs; Comprehensive Health Insurance Pool

CARD F11-VT

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

VERMONT

Medicaid: Medicaid

CHIP: Dr. Dynasaur

State/Other: Vermont Health Access Plan (VHAP); HIV Insurance Continuation Program; Children with Special Health Care Needs

CARD F11-VA

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

VIRGINIA

Medicaid: Virginia Medallion. Medallion II

CHIP: Children's Medical Security Insurance Plan (CMSIP); Family Access to Medical Insurance Security Plan (FAMIS)

State/Other: State and Local Hospitalization (SLH) Program; Children's Specialty Services

CARD F11-WA

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

WASHINGTON

Medicaid: Healthy Options; Basic Health Plus

CHIP: Children's Health Insurance Program

State/Other: Basic Health; State Medical; Children with Special Health Care Needs; Washington State Health Insurance Pool

CARD F11-WV

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

WEST VIRGINIA

Medicaid: Medical Assistance; Mountain Health Trust (MHT); Physician Assured Access System (PAAS)

CHIP: Children's Health Insurance Program (CHIP)

State/Other: Children with Special Health Care Needs

CARD F11-WI

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

WISCONSIN

Medicaid: Medical Assistance MA; Wisconsin Medicaid; Healthy Start

CHIP: BadgerCare

State/Other: Health Insurance Risk Sharing Program (HIRSP); Wisconsin AIDS/HIV Health Insurance Premium Subsidy Program; Children with Special Health Care Needs

CARD F11-WY

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

Please find your State.

Note: 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." The names provided below offer additional names for the public health insurance programs for each State.

WYOMING

Medicaid: Wyoming Medicaid

CHIP: Wyoming Kid Care

State/Other: Wyoming Health Insurance Pool (WHIP); Children's Special Health Program (CSH); Caring Program for Children

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

- 1. 6 months or less
- 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

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)**

- 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

- 1. Yes, born in one of the 50 United States, or the District of Columbia
- 2. Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
- 3. Yes, born abroad to American parent(s)
- 4. Yes, U.S. citizen by naturalization
- 5. No, not a citizen of the United States

Card F15 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. GED or equivalent**
- **14. HIGH SCHOOL GRADUATE**
- 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 Card F18 - All states

HIS-501(C) (10-15-2002)

UNNUMBERED DIVIDER – To be placed between pages 78 and 79

CARD F18-AL

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

ALABAMA

Family Assistance (FA) Program*

JOBS

CARD F18-AK

ALASKA

Alaska Temporary Assistance Program (ATAP)

CARD F18-AZ

ARIZONA

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

CARD F18-AR

ARKANSAS

Transitional Employment Assistance (TEA)

CARD F18-CA

CALIFORNIA

California Work Opportunity and Responsibility to Kids (CalWorks)

CARD F18-CO

COLORADO

Colorado Works

CARD F18-CT

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

CONNECTICUT

Temporary Family Assistance*

JOBS FIRST

CARD F18-DE

DELAWARE

A Better Chance (ABC)

CARD F18-DC

DISTRICT OF COLUMBIA

Temporary Assistance for Needy Families (TANF)

CARD F18-FL

FLORIDA

Work and Gain Economic Self-Sufficiency (WAGES)

CARD F18-GA

GEORGIA

Temporary Assistance for Needy Families (TANF)

CARD F18-HI

HAWAII

Temporary Assistance for Needy Families (TANF)

CARD F18-ID

IDAHO

Temporary Assistance for Families in Idaho (TAFI)

CARD F18-IL

ILLINOIS

Temporary Assistance for Needy Families (TANF)

CARD F18-IN

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

INDIANA

Temporary Assistance for Needy Families (TANF)*

Indiana Manpower Placement and Comprehensive Training (IMPACT)

CARD F18-IA

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

IOWA

Family Investment Program (FIP)*

PROMISE JOBS

CARD F18-KS

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

KANSAS

Temporary Assistance for Families (TAF)*

KansasWorks

CARD F18-KY

KENTUCKY

Transitional Assistance Program (K-TAP)

CARD F18-LA

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

LOUISIANA

Family Independence Temporary Assistance Program (FITAP)*

Family Independence Work Program (FIND Work)

CARD F18-ME

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

MAINE

Temporary Assistance for Needy Families (TANF)*

Additional Support for People in Retraining and Employment (ASPIRE)

CARD F18-MD

MARYLAND

Family Investment Program (FIP)

CARD F18-MA

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

MASSACHUSETTS

Transitional Aid to Families with Dependent Children (TAFDC)*

Employment Services Program (ESP)

CARD F18-MI

MICHIGAN

Family Independence Program (FIP)

CARD F18-MN

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

MINNESOTA

Minnesota Family Investment Program (MFIP)*

Minnesota Works 95 – WorkFIRST

CARD F18-MS

MISSISSIPPI

Temporary Assistance for Needy Families (TANF)

CARD F18-MO

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

MISSOURI

Temporary Assistance*

Beyond Welfare

CARD F18-MT

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

MONTANA

Families Achieving Independence in Montana (FAIM)*

— Pathways

— Community Services Program (CSP)

Demonstration JOBS

CARD F18-NE

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

NEBRASKA

Temporary Assistance for Needy Families (TANF)

Employment First

CARD F18-NV

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

NEVADA

Temporary Assistance for Needy Families (TANF)*

New Employees of Nevada (NEON)

CARD F18-NH

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

NEW HAMPSHIRE

Family Assistance Program (FAP)*

New Hampshire Employment Program (NHEP)

CARD F18-NJ

NEW JERSEY

Work First New Jersey (WFNJ)

CARD F18-NM

NEW MEXICO

NM Works

CARD F18-NY

NEW YORK

Financial Assistance (FA) Program

CARD F18-NC

NORTH CAROLINA

Work First

CARD F18-ND

NORTH DAKOTA

Training, Employment, Education Management (TEEM)

CARD F18-OH

OHIO

Ohio Works First (OWF)

CARD F18-OK

OKLAHOMA

Temporary Assistance for Needy Families (TANF)

CARD F18-OR

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

OREGON

Temporary Assistance for Needy Families (TANF)*

Job Opportunities and Basic Skills Program (JOBS)

CARD F18-PA

PENNSYLVANIA

Pennsylvania TANF

CARD F18-RI

RHODE ISLAND

Family Independence Program (FIP)

CARD F18-SC

SOUTH CAROLINA

Family Independence Program

CARD F18-SD

SOUTH DAKOTA

Temporary Assistance for Needy Families (TANF)

CARD F18-TN

TENNESSEE

Families First

CARD F18-TX

TEXAS

Texas Works (Department of Human Services)

CARD F18-UT

UTAH

Family Employment Program (FEP)

CARD F18-VT

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

VERMONT

Aid to Needy Families with Children (ANFC)*

Reach UP

CARD F18-VA

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

VIRGINIA

Virginia Independence Program (VIP)*

Virginia Initiative for Employment Not Welfare (VIEW)

CARD F18-WA

WASHINGTON

WorkFirst

CARD F18-WV

WEST VIRGINIA

West Virginia Works

CARD F18-WI

WISCONSIN

Wisconsin Works (W-2)

CARD F18-WY

WYOMING

Personal Opportunities with Employment Responsibility (POWER)

CARD F19

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

Card F19

CARD F20

Α.	Less than \$1,000
Β.	\$1,000 - \$1,999
С.	\$2,000 - \$2,999
D .	\$3,000 - \$3,999
Ε.	\$4,000 - \$4,999
F.	\$5,000 - \$5,999
G .	\$6,000 - \$6,999
Η.	\$7,000 - \$7,999
I.	\$8,000 - \$8,999
J.	\$9,000 - \$9,999
Κ.	\$10,000 - \$10,999
L.	\$11,000 - \$11,999
Μ.	\$12,000 - \$12,999
Ν.	\$13,000 - \$13,999
Ο.	\$14,000 - \$14,999
Ρ.	\$15,000 - \$15,999
Q .	\$16,000 - \$16,999
R.	\$17,000 - \$17,999
S.	\$18,000 - \$18,999
Т.	\$19,000 - \$19,999

- 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

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**

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

- **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

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

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

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

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 Card
1.	Not at all	d C9
2.	A little	
3.	A medium amount	

4. A great deal

CARD A1

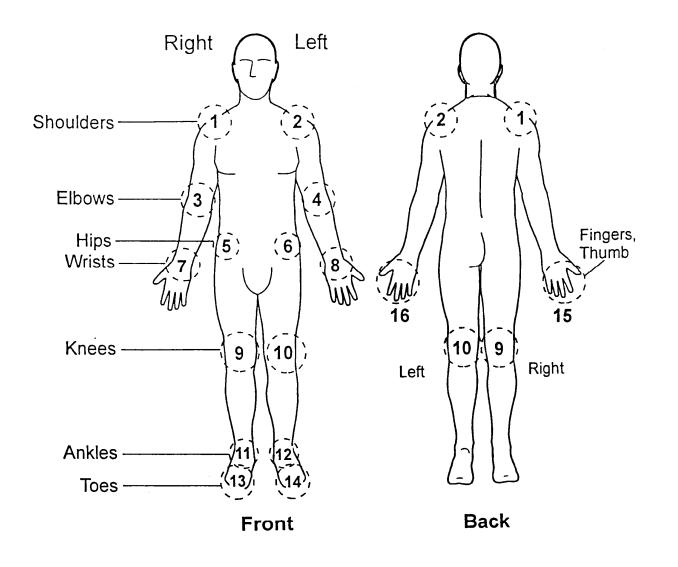
- 1. An employee of a PRIVATE company, business, or individual for wages, salary, or commission
- 2. A FEDERAL government employee
- **3. A STATE government employee**
- 4. A LOCAL government employee
- 5. Self-employed in OWN business, professional practice or farm
- 6. Working WITHOUT PAY in family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

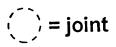
CARD A2

- 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

- 1. Found by myself by accident
- 2. Found by myself during a self breast examination
- **3. Found by my spouse or partner**
- 4. Found by a physician during routine breast exam
- 5. Found by a mammogram
- 6. Other

You may choose more than one.





- 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

- 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

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

- **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

- 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

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

- 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

- **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

- **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**

- 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

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

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

Card A15 Card A16

- 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

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

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

- 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

- 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

- 1. Part of a routine physical exam/screening test
- 2. Because of a specific problem

3.	Followup test of an earlier test or	Card Card
_	screening exam (Fecal Occult Blood	H A21 H A22
	Test or sigmoidoscopy)	N

4. Family history

- **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

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 estan 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. ¿Recibióusted 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, hablécon (previous respondent) para realizar una encuesta sobre la salud general que se estállevando a cabo a través del país. Anteriormente hice arreglos con (previous respondent) para llamarle hoy y hacerle algunas preguntas. En nuestra útima 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 estan 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)?" Introduction (Spanish) Confidentiality (English)

EXPLANATION OF THE NATIONAL HEALTH INTERVIEW SURVEY

The basic purpose of the National Health Interview Survey (NHIS) 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 U.S. Census Bureau 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 Census Bureau. 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 Census Bureau. 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 U.S. Census Bureau, 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.

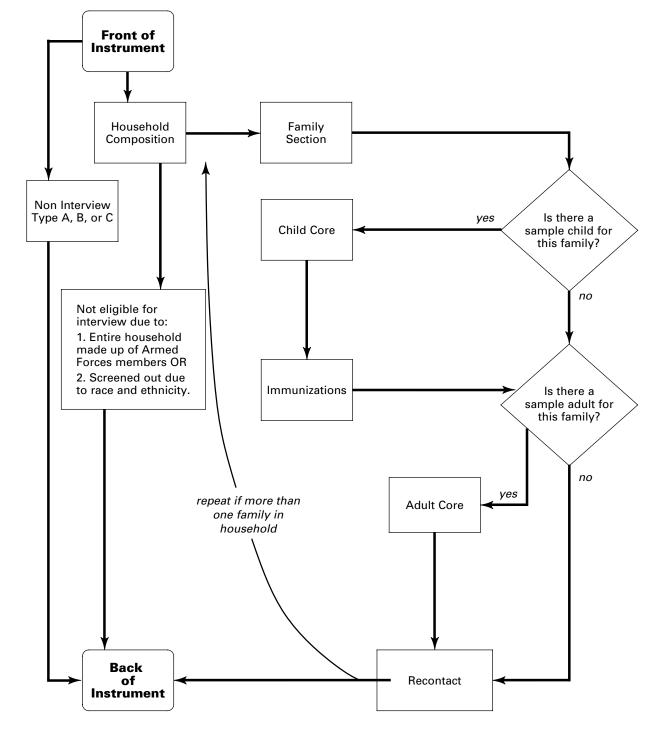
NATIONAL HEALTH INTERVIEW SURVEY OUTCOME CODES

OUT- COME	DEFINITION	USUAL ACTION*	LAPTOP	CAPI CONTROL		
200	New case, not started	00	Remain	NA		
200	Complete interview	10	Transmit	To DSD		
202	Accessed instrument, no progress	01	Remain	NA		
203	Sufficient partial interview, no follow-up	04	Transmit	To DSD		
204	Insufficient Partial interview, follow-up needed	05	Remain	NA		
205	Sufficient partial interview, follow-up needed	05	Remain	NA		
	Туре А		- .	T 0 ·		
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		
	Туре В					
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 ter	nt 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		
	Туре С					
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		
	<i>,</i> ,					

***ACTION DESCRIPTION**

CODES

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



Flow of 2003 HIS CAPI Instrument

2003 NHIS CHECKLIST FOR INTERVIEWING NATIONAL HEALTH INTERVIEW SURVEY

Laptop Accessories

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

Advance Letters*

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

Thank You Letters*

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

Flashcard Booklet* – HIS-501C

Promotional Packet

Calendar Card – HIS-505

Pen

FR Manual – HIS-100C

*Throw away old versions

Checklist