

## CARD RE-1

### **NATIONAL ORIGIN**

- Puerto Rican
- Cuban
- Mexican, Mexican-American,  
Mexicano, Chicano
- Other Latin American
- Other Spanish

## CARD RE-2

### **RACIAL BACKGROUND**

- American Indian
- Aleut, Eskimo
- Asian or Pacific Islander
- Black
- White

## CARD PG-1

- High Blood Pressure, Toxemia, Pre-Eclampsia, or Eclampsia
- Anemia
- Diabetes, Gestational Diabetes, or High Blood Sugar
- Low Lying Placenta (Placenta Previa)
- Vaginal Bleeding
- Premature Labor

## CARD HE-1

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

CARD HE-2

0

NO PROBLEM

4

A VERY BIG PROBLEM

## CARD HE-3

- Definitely False
- Mostly False
- Mostly True
- Definitely True

# CARD PP-1

## TYPES OF HEALTH CARE PROVIDERS AND FACILITIES

### Medical Professionals and Practitioners:

Medical Doctor  
Nurse or Nurse Practitioner  
Paramedic  
Health Aide  
Physician's Assistant  
Midwife/Nurse Midwife  
Optometrist/Ophthalmologist  
Podiatrist (Foot Doctor)  
Chiropractor  
Acupuncturist  
Therapist - Physical, Speech,  
Occupational  
Audiologist

### Mental Health Professionals:

Psychiatrist  
Psychologist  
Psychiatric Social Worker  
Mental Health Therapist

### Medical Facility or Clinic:

Health Clinic  
Walk-in Surgi-Clinic  
Company or School Clinic  
Infirmary  
Neighborhood Health Clinic  
Family Planning Center  
Mental Health Facility

### Dental Care:

Dentist  
Dental or Oral Surgeon  
Orthodontist  
Dental Hygienist  
Dental Technician  
Dental Assistant

## CARD PP-2

### **TYPES OF HOSPITAL SERVICES**

Overnight Stay (1 or more nights)

Emergency Room Visit

Outpatient Department Visit

### **TYPES OF LONG TERM CARE FACILITIES**

Convalescent Home

Nursing Home

Nursing Home Unit of a Hospital

Intermediate Care Facilities

Board and Care Homes

Residential Psychiatric Institution

Facility for the Mentally Retarded

Group Homes

Long Term Place that Provides Hospice Care

Long Term Place that Provides Respite Care

## CARD PP-3

### **TYPES OF HOME CARE SERVICES**

#### **Skilled Medical Care**

Home care from a nurse, any type of therapist, a doctor, a social worker, or anyone else providing nursing or medical care.

#### **Personal Care**

Home care services including bathing, dressing, or help getting around the house either paid or unpaid.

#### **Household Chore Services**

Help in the home with services like cooking or cleaning either paid or unpaid.

#### **Companionship**

Services such as reading, talking, or going for a walk, a drive, or to a restaurant either paid or unpaid.

#### **Any Other Type of Home Care**

## CARD PP-4

### **TYPES OF OTHER MEDICAL SUPPLIES/EXPENSES**

#### **Eyeglasses or Contact Lenses ...**

Bought

Replaced

Paid for Repairing

#### **Diabetic Equipment or Supplies ...**

Insulin

Syringes

Test Paper

Other Diabetic Equipment or Supplies

## CARD PP-5

### **TYPES OF DENTAL CARE PROVIDERS**

Dentist

Dental or Oral Surgeon

Orthodontist

Dental Hygienist

Dental Technician

Dental Assistant

## CARD PP-6

### **TYPES OF MEDICAL PROVIDERS**

#### **Medical Professionals:**

Medical Doctor

Nurse

Nurse Practitioner

Nurse Midwife

#### **Mental Health Professionals:**

Psychiatrist

Psychologist

## CARD PP-7

### **TYPES OF HOSPITAL SERVICES**

Overnight Stay (1 or more nights)

Emergency Room Visit

Outpatient Department Visit

## CARD PP-8

### **TYPES OF OTHER MEDICAL PROVIDERS**

#### **Medical Professionals and Practitioners:**

- Paramedic
- Health Aide
- Physician's Assistant
- Midwife
- Optometrist/Ophthalmologist
- Podiatrist (Foot Doctor)
- Chiropractor
- Acupuncturist
- Therapist - Physical, Speech, Occupational
- Audiologist

#### **Medical Facility or Clinic:**

- Health Clinic
- Walk-in Surgi-Clinic
- Company or School Clinic
- Infirmery
- Neighborhood Health Clinic
- Family Planning Center
- Mental Health Facility

#### **Mental Health Professionals:**

- Psychiatric Social Worker
- Mental Health Therapist

## CARD PP-9

### **TYPES OF HOME CARE SERVICES**

#### **Skilled Medical Care**

Home care from a nurse, any type of therapist, a doctor, a social worker, or anyone else providing nursing or medical care.

#### **Personal Care**

Home care services including bathing, dressing, or help getting around the house either paid or unpaid.

#### **Household Chore Services**

Help in the home with services like cooking or cleaning either paid or unpaid.

#### **Companionship**

Services such as reading, talking, or going for a walk, a drive, or to a restaurant either paid or unpaid.

#### **Any Other Type of Home Care**

## CARD PP-10

### **TYPES OF LONG TERM CARE FACILITIES**

Convalescent Home

Nursing Home

Nursing Home Unit of a Hospital

Intermediate Care Facilities

Board and Care Homes

Residential Psychiatric Institution

Facility for the Mentally Retarded

Group Homes

Long Term Place that Provides Hospice Care

Long Term Place that Provides Respite Care

## CARD PP-11

### **TYPES OF OTHER MEDICAL SUPPLIES/EXPENSES**

#### **Eyeglasses or Contact Lenses ...**

Bought

Replaced

Paid for Repairing

#### **Diabetic Equipment or Supplies ...**

Insulin

Syringes

Test Paper

Other Diabetic Equipment or Supplies

## CARD HS-1

- Operation or Surgical Procedure
- Treatment or Therapy For a Medical Condition, Not Including Surgery
- Diagnostic Tests Only
- Give Birth To a Baby - Normal or Caesarean Section (Mother)
- To Be Born (Baby)

## CARD ER-1

- Diagnosis or Treatment For a Health Problem
- Emergency (e.g., Accident or Injury)
- Psychotherapy or Mental Health Counseling
- Follow-up or Post-Operative Visit
- Immunization or Shots
- Maternity Care (Pre/Postnatal)

## CARD ER-2

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

## CARD OP-1

- General Checkup
- Diagnosis or Treatment For a Health Problem
- Emergency (e.g., Accident or Injury)
- Psychotherapy or Mental Health Counseling
- Follow-up or Post-Operative Visit
- Immunizations or Shots
- Vision Exam
- Maternity Care (Pre/Postnatal)
- Well Child Exam

## CARD OP-2

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Chemotherapy
- Radiation Therapy
- Kidney Dialysis
- IV Therapy
- Drug or Alcohol Treatment
- Allergy Shot
- Psychotherapy/Counseling

## CARD OP-3

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

## CARD MV-1

- General Checkup
- Diagnosis or Treatment For a Health Problem
- Emergency (e.g., Accident or Injury)
- Psychotherapy or Mental Health Counseling
- Follow-up or Post-Operative Visit
- Immunizations or Shots
- Vision Exam
- Maternity Care (Pre/Postnatal)
- Well Child Exam

## CARD MV-2

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Chemotherapy
- Radiation Therapy
- Kidney Dialysis
- IV Therapy
- Drug or Alcohol Treatment
- Allergy Shot
- Psychotherapy/Counseling

## CARD MV-3

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

# CARD DN-1

- \* **DIAGNOSTIC OR PREVENTATIVE**
  - General Exam, Checkup or Consultation
  - Cleaning, Prophylaxis, or Polishing
  - X-Rays, Radiographs, or Bitewings
  - Fluoride Treatment
  - Sealant (Plastic Coatings on Back Teeth)
  
- \* **RESTORATIVE OR ENDODONTIC**
  - Fillings
  - Inlays
  - Crowns or Caps
  - Root Canal
  
- \* **PERIODONTIC (GUM TREATMENT)**
  - Periodontal Scaling, Root Planing, or Gum Surgery
  - Periodontal Recall Visit (Periodic or Regular)
  
- \* **ORAL SURGERY**
  - Extraction, Tooth Pulled
  - Implants
  - Abscess or Infection Treatment
  - Other Oral Surgery
  
- \* **PROSTHETICS**
  - Fixed Bridges
  - Dentures or Removable Partial Dentures
  - Relining or Repair of Bridges or Dentures
  
- \* **ORTHODONTICS**
  - Orthodontia, Braces, or Retainers
  
- \* **ADDITIONAL PROCEDURES**
  - Bonding, Whitening, or Bleaching
  - Treatment for TMD or TMJ

## CARD HH-1

- Certified Nursing Assistant (CNA)
- Companion
- Dietician/Nutritionist
- Home Health/Home Care Aide
- Hospice Worker
- Homemaker
- I.V. or Infusion Therapist
- Medical Doctor
- Nurse/Nurse Practitioner
- Nurse's Aide
- Occupational Therapist
- Personal Care Attendant
- Physical Therapist
- Respiratory Therapist
- Social Worker
- Speech Therapist

## CARD HH-2

### **Medical Treatments**

Changing bandages, wound care, giving medication, taking blood pressure, giving shots or injections, any type of therapy, other medical treatments

### **Help Using Medical Equipment or Assistive Device (Examples)**

Oxygen tank, wheelchair, walker, hospital bed, tub seat, special railing, special commode, other medical equipment or assistive device

### **Help With Daily Activities or Personal Care (Examples)**

Using the telephone, paying bills, shopping, driving, housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking, eating, other daily activities or personal care

## CARD HH-3

### **Help With Daily Activities or Personal Care (Examples)**

Using the telephone, paying bills, shopping, driving, housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking, eating, other daily activities or personal care

## CARD CP-1

- Paid At Time Of Visit
- Made A Copayment
- Bill Sent Directly To Other Source
- Bill Has Not Arrived
- **No Bill Sent:**
  - HMO Plan
  - VA
  - Military Facility
  - Welfare/Medicaid
  - Worker's Compensation
  - Private Health Center/Clinic
  - Public Clinic/Health Center or  
Private Charity
- No Charge: Telephone Call
- Free From Provider
- Government-Financed Research And  
Clinical Trials

## CARD CN-1

- A Motor Vehicle
- A Gun
- Weapon Other Than a Gun
- A Poison or Something That Can Poison  
(Like Gasoline or a Cleaning Fluid or  
Chemical)
- A Fire or Something Hot That Would Cause  
a Burn
- A Drowning or Near-Drowning
- A Sports Injury
- A Fall (Exclude Falls Related to Sports)

## CARD OC-1

### **TYPES OF OVER-THE-COUNTER MEDICATION**

-- **Digestive System Problem Medication**

Examples: antacids, laxatives, adult pain relievers, and diarrhea remedies

-- **Respiratory Problem Medication**

Examples: allergy/hay fever remedies, adult and children pain relievers, room vaporizers, liquid cold remedies, cough remedies, chest rubs/ointments, sprays/inhalers, cough drops, sore throat lozenges/gum, anesthetic throat lozenges, asthma remedies, nose drops, and special sinus remedies

-- **Pain Problem Medication**

Examples: adult and children pain relievers and pain relieving rubs

-- **Skin Problem Medication**

Examples: jock itch remedy, hemorrhoid remedies, anti-itch cream/lotion, diaper rash remedies, medicated powder/talc, antiseptics, suntan lotion, sunburn remedies, acne cream/lotion, athlete's foot remedies, dandruff shampoos, wart removers, psoriasis remedies, skin spot remedies, ingrown toenail remedies, and skin cream/lotion

-- **Eye/Ear/Mouth Problem Medication**

Examples: eye drops, eye washes, ear drops, lip products, mouth or gum pain reliever, cold sore remedies, dental floss products, sensitive teeth remedies, dental rinse, and adult and children pain relievers

-- **Feminine Problem Medication**

Examples: adult pain relievers, pre-menstrual/menstrual relief products, vaginal itching and irritation creams, feminine douches, and water pills

-- **General Well-Being Problem Medication**

Examples: adult pain relievers, diet pills, sleep aids, stay awake products, and motion sickness remedies

## CARD HX-1

- From a Professional Association
- From a Small Business Group
- From a Union
- From a Health Insurance Purchasing Alliance
- Directly From an Insurance Agent
- Directly From Insurance Company
- Directly From an HMO
- From a Previous Employer
- From a Previous Employer (COBRA)

# CARD HX-2

## Sample Medicare Card

|   |   |                         |
|---|---|-------------------------|
| <b>MEDICARE</b>   |    | <b>HEALTH INSURANCE</b> |
| <b>SOCIAL SECURITY ACT</b>  |   |                         |
| NAME OF BENEFICIARY<br><b>JOHN D. DOE</b>   |   |                         |
| MEDICARE CLAIM NUMBER<br><b>123-45-6789A</b>  | SEX<br><b>MALE</b>  |                         |
| IS ENTITLED TO<br><b>HOSPITAL INSURANCE (PART A)</b><br><b>MEDICAL INSURANCE (PART B)</b> | EFFECTIVE DATE<br><b>1/1/95</b>   |                         |
| SIGN<br>HERE  |  | _____                   |

CARD HX-3

**Sample State-Specific Medicaid Card**

**(One for Each State)**

## CARD HX-4

- From a Group or Association
- From a Health Insurance Purchasing Alliance
- Directly Through a School
- Directly From an Insurance Agent
- Directly From Insurance Company
- Directly From an HMO
- From a Union
- From Anyone's Previous Employer (COBRA)
- From Anyone's Previous Employer  
(Not COBRA)
- From Spouse's/Deceased Spouse's Previous  
Employer
- From Some Other Employer
- Under Plan of Someone Not Living Here

CARD HX-5

**State-Specific Names of Medicare HMOs**

**(One for Each State)**

CARD HX-6

**State-Specific Names of Medicaid HMOs**

**(One for Each State)**

## CARD HX-7

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

# CARD HX-8

**STATE-SPECIFIC PLAN NAMES OF FEDERAL INSURANCE PLANS  
(FOR FEDERAL CIVILIAN EMPLOYEES)**

**(ONE FOR EACH STATE)**

## CARD HX-9

- Cancer
- Hypertension
- Diabetes
- Coronary Artery Disease
- Some Other Condition

