

**MEDICAL EXPENDITURE PANEL SURVEY**

**HOUSEHOLD COMPONENT  
MAIN STUDY**

**BLAISE**

**SHOW CARDS**

**Panels 24, 23, and 22**

January 2019



## SHOW CARDS USED FOR ROUNDS 1-5

Card Number	Topic	Round(s) Used
RE-1	Periods of Active Duty Service	1, 2, 3, 4, 5
RE-2	Ethnic Background	1, 2, 3, 4, 5
RE-3	Racial Background	1, 2, 3, 4, 5
PE-1	Types of Cancer	1, 2, 3, 4
PE-2	Frequency Scale	1, 2, 3, 4
HE-1	Level of Difficulty Categories	1, 3
PP-1	Types of Hospital Visits	1, 2, 3, 4, 5
PP-2	Types of Emergency Room Services	1, 2, 3, 4, 5
PP-3	Types of Outpatient Care	1, 2, 3, 4, 5
PP-4	Types of Primary Care	1, 2, 3, 4, 5
PP-5	Types of Medical Specialists	1, 2, 3, 4, 5
PP-6	Types of Dental Care Providers	1, 2, 3, 4, 5
PP-7	Types of Mental Health Professionals	1, 2, 3, 4, 5
PP-8	Types of Other Medical Professionals	1, 2, 3, 4, 5
PP-9	Types of Clinics	1, 2, 3, 4, 5
PP-10	Types of Laboratories	1, 2, 3, 4, 5
PP-11	Types of Therapists	1, 2, 3, 4, 5
PP-12	Types of Vision Care Providers	1, 2, 3, 4, 5
PP-13	Types of Alternative Care	1, 2, 3, 4, 5
PP-14	Types of Home Care Services	1, 2, 3, 4, 5
PP-15	Types of Residential Care	1, 2, 3, 4, 5
EV-1A	Examples of Where Care Received (Event Typing)	1, 2, 3, 4, 5
EV-1B	Examples of Where Care Received (Event Typing)	1, 2, 3, 4, 5
HS-1	Reasons for Entering the Hospital	1, 2, 3, 4, 5
ER-1	Care Received During ER Visit	1, 2, 3, 4, 5
ER-2	Services Received During ER Visit	1, 2, 3, 4, 5
OP-1	Care Received During Outpatient Visit	1, 2, 3, 4, 5
OP-2	Services Received During Outpatient Visit	1, 2, 3, 4, 5
MV-1	Care Received During Medical Provider Visit	1, 2, 3, 4, 5
MV-2	Services Received During Medical Provider Visit	1, 2, 3, 4, 5
DN-1	Types of Dental Care Providers	1, 2, 3, 4, 5
DN-2	Care Received During Dental Visit	1, 2, 3, 4, 5

## SHOW CARDS USED FOR ROUNDS 1-5 (Cont.)

Card Number	Topic	Round(s) Used
HH-1	Types of Home Health Care Workers	1, 2, 3, 4, 5
HH-2	Types of Home Health Care Workers	1, 2, 3, 4, 5
IC-1	Types of Residential Care Facilities	1, 2, 3, 4, 5
OM-1	Types of Disposable Medical Supplies	1, 2, 3, 4, 5
OM-2	Types of Other Medical Equipment	1, 2, 3, 4, 5
CP-1	Reasons for Not Receiving Anything in Writing	1, 2, 3, 4, 5
CP-2	Total Charges for Disposable Supplies	1, 2, 3, 4, 5
CS-1	Scale for Child Health Supplement	2, 4
CS-2	Scale for Child Health Supplement	2, 4
CS-3	Number of Times Went to Doctor's Office or Clinic	2, 4
CS-4	Scale for Child Health Supplement	2, 4
AC-1	Provider's Race	2, 4
AC-2	Difficulty Scale	2, 4
AC-3	Frequency Scale	2, 4
HX-1	Sample Medicare Card	1, 2, 3, 4, 5
HX-2	Sample Medicaid Card (for STATE)	1, 2, 3, 4, 5
HX-3	Source of Health Insurance (for STATE)	1, 2, 3, 4, 5
HX-4	Types of Public Insurance	1, 2, 3, 4, 5
HX-5	Medicare HMO Premium Ranges	1, 3
HX-6	Medicare Part D Premium Ranges	1, 3
HX-7	Types of Health Insurance Coverage	1, 2, 3, 4, 5
HX-8	State Sources of Health Insurance for Self-Employed Jobs	1, 2, 3, 4, 5
IN-1	Yearly Income Ranges	3, 5
IN-2	Yearly Income Ranges	3, 5
IN-3	Monthly Income Ranges	3, 5
IN-4	Other Sources of Income Categories	3, 5
AS-1	Asset Ranges	5
AS-2	Asset Ranges	5

## CARD RE-1

RE-1

One or more categories may be selected.

- September 2001 or later
- August 1990 to August 2001, including the Persian Gulf War
- May 1975 to July 1990
- Vietnam era, August 1964 to April 1975
- February 1955 to July 1964
- Korean War, July 1950 to January 1955
- January 1947 to June 1950
- World War II, December 1941 to December 1946
- November 1941 or earlier

## CARD RE-2

One or more categories may be selected.

- Mexican
- Mexican-American/Chicano
- Puerto Rican
- Cuban/Cuban American
- Dominican
- Central or South American

## CARD RE-3

One or more categories may be selected.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

## CARD PE-1

-- Bladder	-- Mouth/Tongue/Lip
-- Blood	-- Ovarian
-- Bone	-- Pancreas
-- Brain	-- Prostate
-- Breast	-- Rectum
-- Cervical	-- Skin – Melanoma
-- Colon	-- Skin – Non-Melanoma
-- Esophagus	-- Skin (unknown type)
-- Gallbladder	-- Soft tissue muscle or fat
-- Kidney/Renal	-- Stomach
-- Larynx-Windpipe	-- Testicular
-- Leukemia	-- Throat or Pharynx
-- Liver	-- Thyroid
-- Lung	-- Uterine
-- Lymphoma (Non-Hodgkin's)	-- Other



## CARD PE-2

- Within the last 7 days
- More than 7 days ago, but within last 30 days
- More than 30 days ago

## CARD HE-1

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

## CARD PP-1

- Admitted to the hospital for one or more nights

## CARD PP-2

- Any type of care received in a hospital emergency room

## CARD PP-3

**Same-day** care received at a hospital outpatient department such as...

- Surgery Centers
- Cancer Treatment Centers
- Physical Therapy and Rehabilitation Centers
- Cardiology Centers
- Obesity Treatment Centers
- Radiology and Imaging Centers

## CARD PP-4

### **Primary care doctor** such as...

- General Practitioner
- Internist
- Pediatrician
- Family Medicine Provider
- Medical Doctor

## CARD PP-5

### Such as...

- Orthopedist
- Cardiologist
- Dermatologist
- Oncologist
- Neurologist
- Gynecologist
- Allergist
- Gastroenterologist
- Surgeon
- Kidney specialist (Nephrologist)
- Radiologist
- Ear, nose and throat specialist  
(Otorhinolaryngologist)
- Urologist
- Podiatrist
- Audiologist
- Any other type of medical specialist

## CARD PP-6

### **Such as...**

- Dentists
- Oral Surgeons
- Orthodontists
- Dental Assistants
- Dental Hygienists
- Pediatric Dentists
- Endodontists
- Periodontists
- Dental Technicians
- Other Type of Dental Care Providers



## CARD PP-7

### **Such as...**

- Psychiatrist
- Psychologist
- Licensed Clinical Social Worker
- Mental Health Therapist
- Counselor
- Psychiatric Social Worker
- Other Mental Health Professional

## CARD PP-8

### **Such as...**

- Nurse (RN, LPN, PHN, BSN)
- Nurse practitioner
- Nurse's aide
- Physician's assistant (PA)
- Midwife
- Health aide

## CARD PP-9

### **Such as...**

- Walk-in Urgent Care
- Retail Clinic – in a pharmacy
- Retail Clinic – in a grocery store
- Family Planning Center
- College or University Clinic
- Employer Clinic
- Free Clinic
- Infirmary
- Other type of Health Clinic

## CARD PP-10

### **Such as...**

- Independent Medical Lab
- Testing Facility Lab

## CARD PP-11

### **Such as...**

- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Chiropractor
- Psychiatrist
- Behavioral Therapist
- Other type of Therapist

## CARD PP-12

### **Such as...**

- Optometrist
- Ophthalmologist
- Vision Technician
- Optician
- Orthoptist
- Other Eye Care Professional

## CARD PP-13

### **Such as...**

- Acupuncture
- Homeopathic care
- Massage therapy
- Hypnosis
- Naturopathic care
- Herbalist
- Other alternative care professional

## CARD PP-14

Care received **at home**, such as...

### **Skilled Medical Care from -**

- a home care nurse,
- any type of therapist,
- a social worker,
- anyone else providing nursing or medical care

### **Personal Care Services such as help with -**

- bathing,
- dressing,
- taking medication

### **Household Chore Services**

- help with cooking
- help with cleaning

### **Companionship Services such as -**

- reading,
- talking,
- going for a walk or drive

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



## CARD PP-15

**Residential or long-term care** received at places such as...

- Nursing Home for Rehabilitation Services
- Inpatient Rehabilitation Facility or Convalescent Home
- Hospice Care
- Respite Care
- Mental Health Treatment Center
- Drug and Alcohol Treatment Center
- Addiction Treatment Center
- Eating Disorder Treatment Center
- Other Treatment Center

## CARD EV-1A

- Hospital – Inpatient Stay
- Hospital Emergency Room
- Hospital Outpatient Department
- Dental Office
- Medical Provider Office or Clinic
- Care Received at Home
- Residential or Long Term Care Facility
  - e.g., Nursing Home, Rehabilitation Facility, Drug Treatment, Psychiatric Facility

## CARD EV-1B

- Hospital – Inpatient Stay
- Hospital Emergency Room
- Hospital Outpatient Department
- Dental Office
- Medical Provider Office or Clinic
- Care Received at Home
- Residential or Long Term Care Facility
  - e.g., Nursing Home, Rehabilitation Facility, Drug Treatment, Psychiatric Facility
- Glasses/Contact Lenses
- Other Medical Expenses

## CARD HS-1

- Operation or Surgical Procedure
- Treatment or Therapy, Not Including Surgery
- Diagnostic Tests Only
- Give Birth to a Baby - Normal or Caesarean Section (Mother)
- To Be Born (Baby)
- Pregnancy-Related Complications

## CARD ER-1

- Diagnosis or Treatment
- Emergency (e.g., Accident or Injury)
- Psychotherapy or Mental Health Counseling
- Follow-up or Post-Operative Visit
- Immunization or Shots
- Pregnancy-Related  
(Including Prenatal Care and Delivery)

## CARD ER-2

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

## CARD OP-1

- General Checkup
- Diagnosis or Treatment
- Emergency (e.g., Accident or Injury)
- Psychotherapy or Mental Health Counseling
- Follow-up or Post-Operative Visit
- Immunizations or Shots
- Vision Exam
- Pregnancy-Related  
(Including Prenatal Care and Delivery)
- Well Child Exam
- Laser Eye Surgery

## CARD OP-2

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



## CARD MV-1

- General Checkup
- Diagnosis or Treatment
- Emergency (e.g., Accident or Injury)
- Psychotherapy or Mental Health Counseling
- Follow-up or Post-Operative Visit
- Immunizations or Shots
- Vision Exam
- Pregnancy-Related  
(Including Prenatal Care and Delivery)
- Well Child Exam
- Laser Eye Surgery

## CARD MV-2

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

## CARD DN-1

- General Dentist
- Pediatric Dentist
- Dental Specialist  
(e.g., Orthodontist, Endodontist, Periodontist)
- Dental Hygienist

## CARD DN-2

### **Diagnostic or Preventive**

- General Exam, Check-up, or Consultation
- Cleaning, Prophylaxis, Polishing, or Periodontal Recall Visit (Periodic or Regular)
- 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

### **Oral Surgery**

- Extraction, Tooth Pulled, or Other Oral Surgery
- Implants

### **Prosthetics**

- Fixed Bridges, Dentures or Removable Partial Dentures, Relining or Repair of Bridges or Dentures

### **Orthodontics**

- Orthodontia, Braces, or Retainers

### **Additional Procedures**

## CARD HH-1

- Certified Nursing Assistant (CNA)
- Dietitian/Nutritionist
- I.V. or Infusion Therapist
- Medical Doctor
- Nurse/Nurse Practitioner
- Occupational Therapist
- Physical Therapist
- Respiratory Therapist
- Social Worker
- Speech Therapist

## CARD HH-2

- Companion
- Homemaker or House Cleaner
- Home Health or Home Care Aide
- Hospice Worker
- Nurse's Aide
- Personal Care Attendant

## CARD IC-1

- Inpatient Rehabilitation Facility or Convalescent Home
- Nursing Home
- Residential Mental Health Treatment Center
- Residential Eating Disorder Treatment Center
- Residential Drug and Alcohol or Addiction Treatment Center
- Residential Hospice Care
- Residential Respite Care

## CARD OM-1

### **Disposable Supplies** such as...

- Ostomy supplies
- Bandages and dressings
- Tape
- Adult disposable diapers
- Catheters
- Syringes not prescribed by a physician
- IV supplies



## CARD OM-2

### **Medical Equipment** such as...

#### **Mobility aids**

- Walker
- Scooter
- Wheelchair
- Braces

#### **Equipment used in the home**

- Hospital bed
- Monitor
- Bed pan
- Lift
- Special chair
- Adaptive feeding equipment

#### **Home and automobile modifications**

- Ramp
- Elevator
- Handrails
- Automobile modifications

#### **Hearing and speech assistance**

- Hearing aid
- Amplifier for a telephone
- Adaptive speech equipment

#### **Other**

- Blood pressure monitor
- Oxygen
- Vaporizer or nebulizer

## CARD CP-1

- Paid at Time of Visit
- Made a Co-payment
- Bill Sent Directly to Other Source
- Bill Has Not Arrived

### **No Bill Sent:**

- HMO Plan
- VA (Veterans Administration)/CHAMPVA
- Military Facility
- Public Assistance/Medicaid/SCHIP
- Indian Health Service (IHS)
- Worker's Compensation
- Private Health Center/Clinic
- Public Clinic/Health Center or Private Charity
  
- Telephone Call – No Charge
  
- Free From Provider
  
- Government-Financed Research and Clinical Trials

## CARD CP-2

- 0
- 1 - 10
- 11 - 30
- 31 - 100
- 101 or More

## CARD CS-1

- 0 No Problem
- 1
- 2 Some Problem
- 3
- 4 A Very Big Problem

## CARD CS-2

- Never
- Sometimes
- Usually
- Always

## CARD CS-3

None

1 time

2 times

3 times

4 times

5 to 9 times

10 or more times

CS-3

# CARD CS-4

0 Worst Health Care Possible

1

2

3

4

5

6

7

8

9

10 Best Health Care Possible

CS-4

## CARD AC-1

- White
- Black/African American
- Asian
- Indian/Native American Alaska Native
- Other Pacific Islander
- Some Other Race



## CARD AC-2

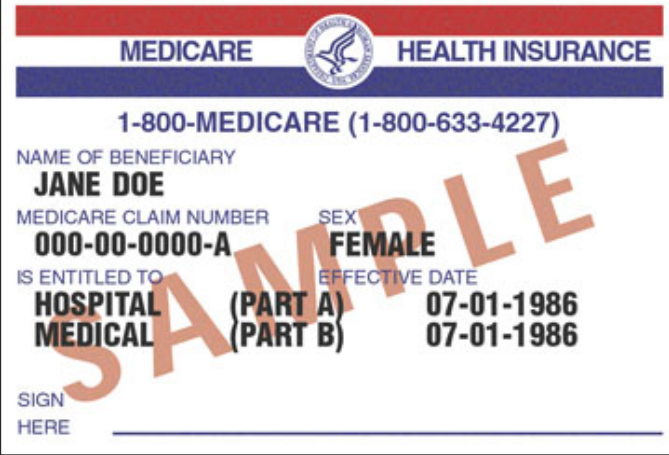
- Very Difficult
- Somewhat Difficult
- Not Too Difficult
- Not At All Difficult

## CARD AC-3

- Never
- Sometimes
- Usually
- Always

# CARD HX-1

## Retiring Medicare Card Sample



**MEDICARE HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY  
**JANE DOE**

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **FEMALE**

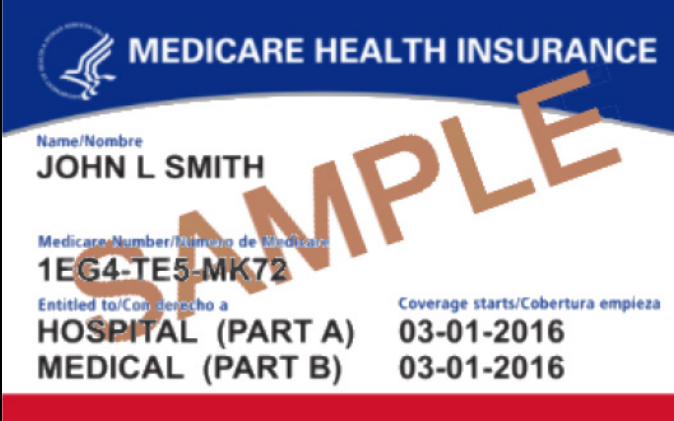
IS ENTITLED TO **HOSPITAL (PART A)** EFFECTIVE DATE **07-01-1986**  
**MEDICAL (PART B)** **07-01-1986**

SIGN HERE \_\_\_\_\_

*Large diagonal watermark: SAMPLE*

HX-1

## New Medicare Card Sample



**MEDICARE HEALTH INSURANCE**

Name/Nombre  
**JOHN L SMITH**

Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

Entitled to/Con derecho a **HOSPITAL (PART A)** Coverage starts/Cobertura empieza **03-01-2016**  
**MEDICAL (PART B)** **03-01-2016**

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CARD HX-2

**Sample Medicaid Card  
[State Name Here]**

**(One for Each State)**

**HX-2**

## CARD HX-3

- From a Group or Association
- 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
- From Spouse's/Deceased Spouse's Previous Employer
- From Some Other Employer
- Under Plan of Someone Not Living Here
- Directly From the Health Insurance Marketplace

## CARD HX-4

- Medicare
- Medicaid
- SCHIP
- TRICARE
- CHAMPVA
- VA
- Other Government Program Providing Hospital and Physician Benefits

## CARD HX-5

- 1 - 50
- 51 - 100
- 101 - 200
- 201 - 300
- 301 or more

## CARD HX-6

- 1 - 30
- 31 - 60
- 61 - 90
- 91 - 120
- 121 or more



## CARD HX-7

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

## CARD HX-8

- From a Professional Association
- From a Small Business Group
- From a Union
- Directly From an Insurance Agent
- Directly From an Insurance Company
- Directly From an HMO
- From a Previous Employer
- Directly From the Health Insurance Marketplace

## CARD IN-1

- 1 - 5,000
- 5,001 - 10,000
- 10,001 - 15,000
- 15,001 - 25,000
- 25,001 - 50,000
- 50,001 - 100,000
- 100,001 or more

## CARD IN-2

- 1 - 100
- 101 - 500
- 501 - 1,000
- 1,001 - 5,000
- 5,001 - 15,000
- 15,001 or more

## CARD IN-3

- 1 - 250
- 251 - 500
- 501 - 750
- 751 - 1,000
- 1,001 or more

## CARD IN-4

- Wages and salary
- Farm income (or loss)
- Business income (or loss)
- Social Security/Railroad Retirement
- Private, military, or government pensions
- Interest
- Dividends
- Rental income (or loss)
- Other source

## CARD AS-1

- 0 - 10,000
- 10,001 - 25,000
- 25,001 - 50,000
- 50,001 - 100,000
- 100,001 - 250,000
- 250,001 - 500,000
- 500,001 - 1,000,000
- 1,000,001 or more

## CARD AS-2

- 0 - 1,000
- 1,001 - 5,000
- 5,001 - 10,000
- 10,001 - 25,000
- 25,001 - 50,000
- 50,001 - 100,000
- 100,001 - 250,000
- 250,001 - 500,000
- 500,001 or more