Preventive Care (AP) Section

NOTE: ALL THE ALTERNATIVE/COMPLEMENTARY CARE QUESTIONS HAVE BEEN OMITTED. THE "ALTERNATIVE" WAS DROPPED FROM THE SECTION TITLE.

AP01
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OMITTED.

AP02
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OMITTED.

AP03
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OMITTED.

AP04
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OMITTED.

AP04A
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OMITTED.

AP05
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OMITTED.

AP06
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OMITTED.

AP07
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OMITTED.

AP08
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OMITTED.

AP09
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OMITTED.

AP10
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OMITTED.

AP11
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OMITTED.

AP11A
====
{PERSON'S FIRST MIDDLE AND LAST NAME}
The next few questions ask about the amounts and types of preventive care (PERSON) may receive.
On average, how often (do/does) (PERSON) receive a dental check-up?

TWICE A YEAR OR MORE .................. 1
ONCE A YEAR ............................ 2
LESS THAN ONCE A YEAR .................. 3
NEVER GO TO DENTIST .................... 4
REF ................................... -7
DK .................................... -8

[Code One]
PRESS F1 FOR DEFINITION OF DENTAL CHECK-UP.

| IF PERSON BEING ASKED ABOUT IS 18 YEARS OF AGE OR |
| OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH |
| AP16
| -------------------------------------------------- |

| IF PERSON BEING ASKED ABOUT IS 16 OR 17 YEARS OF |
| AGE, GO TO AP32
| -------------------------------------------------- |

| OTHERWISE (THAT IS, PERSON BEING ASKED ABOUT IS |
| LESS THAN 16 YEARS OF AGE OR IN AGE CATEGORIES |
| 1-3), GO TO BOX_02
| -------------------------------------------------- |
About how long has it been since (PERSON) had (PERSON)'s blood cholesterol checked by a doctor or other health professional?

- WITHIN PAST YEAR ....................... 1
- WITHIN PAST 2 YEARS .................... 2
- WITHIN PAST 3 YEARS .................... 3
- WITHIN PAST 5 YEARS .................... 4
- MORE THAN 5 YEARS ...................... 5
- NEVER .................................. 6
- REF ................................... -7
- DK .................................... -8

PRESS F1 FOR DEFINITION OF BLOOD CHOLESTEROL CHECK.

A routine check-up is a visit with a doctor or other health professional for assessing overall health, usually not prompted by a specific illness or complaint. It usually includes a blood pressure check, and may include taking a blood sample for analysis and questions about health behaviors such as smoking. About how long has it been since (PERSON) had a routine check-up by a doctor or other health professional?

- WITHIN PAST YEAR ....................... 1
- WITHIN PAST 2 YEARS .................... 2
- WITHIN PAST 3 YEARS .................... 3
- WITHIN PAST 5 YEARS .................... 4
- MORE THAN 5 YEARS ...................... 5
- NEVER .................................. 6
- REF ................................... -7
- DK .................................... -8

PRESS F1 FOR DEFINITION OF FLU SHOT.

About how long has it been since (PERSON) had a flu shot?

- WITHIN PAST YEAR ....................... 1
- WITHIN PAST 2 YEARS .................... 2
- WITHIN PAST 3 YEARS .................... 3
- WITHIN PAST 5 YEARS .................... 4
- MORE THAN 5 YEARS ...................... 5
- NEVER .................................. 6
- REF ................................... -7
- DK .................................... -8

PRESS F1 FOR DEFINITION OF FLU SHOT.

OMITTED (DENTURE ITEM)
(Have/Has) (PERSON) lost all of (PERSON)’s upper and lower natural (permanent) teeth?

YES .......................................... 1
NO ............................................. 2
REF ............................................ -7
DK ............................................. -8

BOX_01A

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| IF PERSON BEING ASKED ABOUT IS MALE AND IS 40 |  
| YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 6-9), |  
| CONTINUE WITH AP19                           |  
----------------------------------------

----------------------------------------
| IF PERSON BEING ASKED ABOUT IS MALE AND IS LESS |  
| THAN 40 YEARS OF AGE (OR IN AGE CATEGORIES 4-5), |  
| GO TO AP23                                     |  
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| OTHERWISE (I.E., PERSON BEING ASKED ABOUT IS |  
| FEMALE), GO TO AP20A                         |  
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AP19

{PERSON’S FIRST MIDDLE AND LAST NAME}  
A "P-S-A" or prostate specific antigen is a blood test for prostate cancer. About how long has it been since (PERSON) had a "P-S-A"?

WITHIN PAST YEAR ............................. 1 {AP23}
WITHIN PAST 2 YEARS ........................... 2 {AP23}
WITHIN PAST 3 YEARS ........................... 3 {AP23}
WITHIN PAST 5 YEARS ........................... 4 {AP23}
MORE THAN 5 YEARS ............................. 5 {AP23}
NEVER ........................................... 6 {AP23}
REF ............................................ -7 {AP23}
DK ............................................. -8 {AP23}

[Code One]

AP20A

{PERSON’S FIRST MIDDLE AND LAST NAME}  
(Have/Has) (PERSON) had a hysterectomy?

YES ............................................. 1
NO ............................................. 2
REF ............................................ -7
DK ............................................. -8

PRESS F1 FOR DEFINITION OF HYSTERECTOMY.

AP20

{PERSON’S FIRST MIDDLE AND LAST NAME}  
About how long has it been since (PERSON) had a pap smear test?

WITHIN PAST YEAR ............................. 1
WITHIN PAST 2 YEARS ........................... 2
WITHIN PAST 3 YEARS ........................... 3
During a breast exam a doctor or other health professional feels the breast for lumps. About how long has it been since (PERSON) had a breast exam?

- Within past year: 1
- Within past 2 years: 2
- Within past 3 years: 3
- Within past 5 years: 4
- More than 5 years: 5
- Never: 6
- Ref: -7
- Dk: -8

AP22
====

A mammogram is an x-ray taken only of the breast by a machine that presses the breast against a plate. About how long has it been since (PERSON) had a mammogram?

- Within past year: 1
- Within past 2 years: 2
- Within past 3 years: 3
- Within past 5 years: 4
- More than 5 years: 5
- Never: 6
- Ref: -7
- Dk: -8

AP23
====

A blood stool test is a test that you do at home using a special kit or cards provided by a doctor or other health professional to determine whether the stool contains blood. (Have/Has) (PERSON) ever had this test using a home kit?

- Yes: 1
- No: 2
(PERSON'S FIRST MIDDLE AND LAST NAME)
When did (PERSON) have (PERSON)'s last blood stool test using a home kit?
WITHIN PAST YEAR ..................................... 1
WITHIN PAST 2 YEARS ................................. 2
WITHIN PAST 3 YEARS ................................. 3
WITHIN PAST 5 YEARS ................................. 4
MORE THAN 5 YEARS .................................. 5
REF ....................................................... -7
DK ....................................................... -8

(Code One)

A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. (Have/Has) (PERSON) ever had this exam?
YES ....................................................... 1
NO ......................................................... 2 {AP28}
REF ....................................................... -7 {AP28}
DK ....................................................... -8 {AP28}

(MOVED TO END OF SECTION (SEATBELT ITEM))

(PERSON'S FIRST MIDDLE AND LAST NAME)
When did (PERSON) have (PERSON)'s last sigmoidoscopy or colonoscopy?
WITHIN PAST YEAR ................................. 1
WITHIN PAST 2 YEARS ................................. 2
WITHIN PAST 3 YEARS ................................. 3
WITHIN PAST 5 YEARS ................................. 4
MORE THAN 5 YEARS .................................. 5
REF ....................................................... -7
DK ....................................................... -8

(Code One)

(Do/Does) (PERSON) now spend half an hour or more in moderate or vigorous physical activity at least three times a week?
YES ....................................................... 1
NO ......................................................... 2
REF ....................................................... -7
DK ....................................................... -8

PRESS F1 FOR DEFINITION OF MODERATE OR VIGOROUS PHYSICAL ACTIVITY.
(PERSON'S FIRST MIDDLE AND LAST NAME)
About how tall (are/is) (PERSON) without shoes?
PROBE FOR INCHES IF NOT REPORTED.

ENTER FEET:
[Enter Feet] ...........................
REF ...................................
DK ....................................
----------------------------------------------------
|  SOFT RANGE CHECK: 2 TO 6                      |
----------------------------------------------------

ENTER INCHES:
[Enter Inches] ........................
REF ...................................
DK ....................................
----------------------------------------------------
|  SOFT RANGE CHECK: 0 TO 12                     |
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(PERSON'S FIRST MIDDLE AND LAST NAME)
About how much (do/does) (PERSON) weigh without shoes?
ENTER CURRENT WEIGHT TO THE NEAREST POUND.
[Enter Pounds] .........................
REF ...................................
DK ....................................
----------------------------------------------------
|  SOFT RANGE CHECK: 50 TO 500                  |
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(PERSON'S FIRST MIDDLE AND LAST NAME)
SHOW CARD AP-1.
Looking at this card, what is your best guess of (PERSON)'s weight?

LESS THAN 79 POUNDS ................. 1
80 TO 99 POUNDS .................... 2
100 TO 119 POUNDS .................. 3
120 TO 139 POUNDS .................. 4
140 TO 159 POUNDS .................. 5
160 TO 179 POUNDS .................. 6
180 TO 199 POUNDS .................. 7
200 TO 219 POUNDS .................. 8
220 TO 239 POUNDS .................. 9
240 TO 259 POUNDS .................. 10
260 TO 279 POUNDS .................. 11
280 TO 299 POUNDS .................. 12
300 TO 319 POUNDS .................. 13
AP32
====

(Person's First Middle and Last Name)
When (Person) drive(s) or ride(s) in a car, would (Person) say (Person) wear(s) a seat belt...
If respondent volunteers that person never drives or rides in a car (e.g., always uses public transportation, walks, etc.), code '6'.

Always, ................................ 1
Nearly Always, .............................. 2
Sometimes, ................................. 3
Seldom, or ................................. 4
Never? ...................................... 5
NEVER DRIVES/RIDES IN A CAR .......... 6
REF ......................................... -7
DK ........................................... -8
[Code One]

BOX_02
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<table>
<thead>
<tr>
<th>GO TO NEXT QUESTIONNAIRE SECTION.</th>
</tr>
</thead>
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