

Quality (Priority Conditions) Supplement (PC) Section

BOX\_01  
=====

OMITTED.

PC01  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Now I would like to ask you a few questions about some health conditions (PERSON) may have and the course of treatment (PERSON) received. You may have already mentioned some of these conditions and treatments, however I still need to ask about each one.

PRESS ENTER TO CONTINUE.

BOX\_01A  
=====

-----  
| IF PERSON IS < 18 YEARS OF AGE OR IN AGE |  
CATEGORIES 1-3, CONTINUE WITH PC01A

-----  
OTHERWISE, GO TO PC02

PC01A  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Let's talk about the last time (PERSON) had a sore throat that was serious enough to cause you to contact a doctor or other health professional.

Did this happen during the **past 12 months**?

YES	.....	1
NO	.....	2 {PC02}
REF	.....	-7 {PC02}
DK	.....	-8 {PC02}

PC01B  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Was that primarily because (PERSON) had a sore throat or was it primarily for other symptoms?

SORE THROAT	.....	1
OTHER SYMPTOMS	.....	2 {PC02}
REF	.....	-7 {PC02}
DK	.....	-8 {PC02}

[Code One]

PC01C  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did (PERSON) actually see a doctor or other health professional for this sore throat?

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

PC01D  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did a doctor or other health professional prescribe an antibiotic for (PERSON)?

YES	.....	1	
NO	.....	2	{PC02}
REF	.....	-7	{PC02}
DK	.....	-8	{PC02}

PC01E  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did a doctor or other health professional give (PERSON) a throat swab before giving (PERSON) the antibiotic prescription?

YES	.....	1	{PC02}
NO	.....	2	
REF	.....	-7	
DK	.....	-8	

PC01F  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did any of the other people in this household have similar symptoms around the same time as (PERSON)?

YES	.....	1	
NO	.....	2	{PC02}
REF	.....	-7	{PC02}
DK	.....	-8	{PC02}

PC01G

=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did a doctor or other health professional do a throat swab  
for (that person/those other people)?

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

PC01H

=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did a doctor or other health professional prescribe an  
antibiotic for (that person/those other people)?

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

PC02

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Other than during pregnancy, (have/has)/(Have/Has)} (PERSON)  
**ever** been told by a doctor or health professional that  
(PERSON) (have/has) diabetes or sugar diabetes?

YES ..... 1  
NO ..... 2 {PC04}  
REF ..... -7 {PC04}  
DK ..... -8 {PC04}

PRESS F1 FOR DEFINITION OF DIABETES.

-----  
| DISPLAY 'Other than during pregnancy, (have/has)' |  
| IF PERSON BEING ASKED ABOUT IS FEMALE AND IS > 9 |  
| YEARS OF AGE OR IN AGE CATEGORIES 3-9. DISPLAY |  
| '(Have/Has)' IF PERSON BEING ASKED ABOUT IS MALE |  
| OR IS FEMALE AND IS <= 9 YEARS OF AGE OR IN AGE |  
CATEGORIES 1-2.

PC03

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: XXX

AGE: XXX

STATUS: {CURRENT/INSTITUTIONALIZED/DECEASED}

DETERMINE IF SELF OR PROXY DIABETES CARE SUPPLEMENT (DCS)  
SHOULD BE DISTRIBUTED:

SELF DCS: FOR ANY CURRENT RU MEMBER WHO IS 18 YEARS OF AGE OR  
OLDER.

PROXY DCS: FOR ANY CURRENT RU MEMBER WHO IS LESS THAN 18 YEARS OF  
AGE. ALSO FOR ANY RU MEMBER WHO IS 18 OR OLDER AND IS  
INSTITUTIONALIZED, DECEASED, OR OTHERWISE INCAPACITATED.

CODE TYPE OF DCS DISTRIBUTED FOR (PERSON).

SELF ..... 1 {PC03A}  
PROXY ..... 2

[Code One]

PC03OV1  
=====

CODE REASON FOR PROXY DCS.

CHILD UNDER 18 ..... 1 {PC03A}  
OTHER ..... 2

[Code One]

PC03OV2  
=====

SPECIFY OTHER REASON FOR PROXY DCS.

[Enter Other Specify] .....

-----  
| DISPLAY "CURRENT" IF PERSON BEING ASKED ABOUT IS A |  
| CURRENT RU MEMBER AND IS NOT DECEASED OR |  
| INSTITUTIONALIZED. DISPLAY "INSTITUTIONALIZED" |  
| IF PERSON BEING ASKED ABOUT IS FLAGGED AS |  
| 'INSTITUTIONALIZED' FOR THE CURRENT ROUND. |  
| DISPLAY "DECEASED" IF PERSON BEING ASKED ABOUT |  
IS FLAGGED AS 'DECEASED' FOR THE CURRENT ROUND.

-----  
| PROGRAMMER NOTE: WE NEED TO CREATE A RECORD THAT |  
| WILL KEEP TRACK OF EACH PERSON REQUIRING A |  
| DIABETES CARE SUPPLEMENT. WE WILL TRACK AND |  
FOLLOW-UP ON THE DCSs IN THE CLOSING SECTION.

PC03A  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: XXX      DOB: XX/XX/XXXX

PREPARE {SELF/PROXY} DIABETES CARE SUPPLEMENT (DCS): WRITE IN  
PERSON NAME, PID, DATE OF BIRTH, AGE, AND RUID.

HAND PREPARED {SELF/PROXY} DCS TO RESPONDENT AND SAY:

The care of people with diabetes is an interest of the Public  
Health Service. We hope that {(PERSON)/you or someone else in  
the family} would be able to fill out this short questionnaire  
on the care (PERSON) get(s) for (PERSON)'s diabetes. {(PERSON)/  
You} can give it to me before I leave today, or I can pick it  
up later.

PRESS ENTER TO CONTINUE.

-----  
| DISPLAY "SELF" AND "(PERSON)" IF PC03 IS CODED '1' |  
| (SELF). DISPLAY "PROXY", "you or someone else in |  
the family" AND "You" IF PC03 IS CODED '2' (PROXY)

PC04  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) **ever** been told by a doctor or other health  
professional that (PERSON) (have/has) asthma?

YES ..... 1  
NO ..... 2 {BOX\_02}  
REF ..... -7 {BOX\_02}  
DK ..... -8 {BOX\_02}

PRESS F1 FOR DEFINITION OF ASTHMA.

PC05

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

During the **past 12 months**, (have/has) (PERSON) had an episode  
of asthma or an asthma attack?

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

PRESS F1 FOR DEFINITION OF ASTHMA ATTACK.

PC06

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) take any prescription medications for  
(PERSON)'s asthma?

YES .....	1
NO .....	2 {PC08}
REF .....	-7 {PC08}
DK .....	-8 {PC08}



PC07  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD PC-1.

(Do/Does) (PERSON) use any of these steroid inhalers for  
(PERSON)'s asthma?

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

PC08  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

A peak flow meter measures how hard you can blow air out of  
your lungs. (Do/Does) (PERSON) currently have a peak flow meter  
at home?

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

BOX\_02  
=====

-----  
| IF PERSON IS => 18 YEARS OF AGE OR IN AGE |  
CATEGORIES 4-9, CONTINUE WITH PC09

-----  
OTHERWISE, GO TO BOX\_03

PC09

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Other than during pregnancy, (have/has)/(Have/Has)} (PERSON)  
**ever** been told by a doctor or other health professional that  
(PERSON) had hypertension, also called high blood pressure?

YES	.....	1
NO	.....	2 {PC11}
REF	.....	-7 {PC11}
DK	.....	-8 {PC11}

PRESS F1 FOR DEFINITION OF HYPERTENSION.

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-----  
| DISPLAY 'Other than during pregnancy, (have/has)' |  
| IF PERSON BEING ASKED ABOUT IS FEMALE AND IS > 9 |  
| YEARS OF AGE OR IN AGE CATEGORIES 3-9. DISPLAY |  
| '(Have/Has)' IF PERSON BEING ASKED ABOUT IS MALE |  
| OR IS FEMALE AND IS <= 9 YEARS OF AGE OR IN AGE |  
| CATEGORIES 1-2. |  
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PC10

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) told on two or more **different** visits  
that (PERSON) had hypertension, also called high blood pressure?

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

PC11  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had (PERSON)'s blood pressure checked by a doctor, nurse or other health professional?

WITHIN PAST YEAR .....	1	
WITHIN PAST 2 YEARS .....	2	
WITHIN PAST 3 YEARS .....	3	{PC12}
WITHIN PAST 5 YEARS .....	4	{PC12}
MORE THAN 5 YEARS .....	5	{PC12}
NEVER .....	6	{PC12}
REF .....	-7	{PC12}
DK .....	-8	{PC12}

PRESS F1 FOR DEFINITION OF BLOOD PRESSURE CHECK.

[Code One]

PC110V  
=====

IF NOT ALREADY GIVEN, ASK: About how long ago in months has it been?

[Enter Number-2] .....	
REF .....	-7
DK .....	-8

-----  
RANGE CHECK: 1 TO 24

PC12  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) **ever** been told by a doctor or other health professional that (PERSON) had ...

1 = YES  
2 = NO

PC12\_01  
=====

...Coronary heart disease? ( )

PC12\_02  
=====

...Angina, also called angina pectoris? ( )

PC12\_03  
=====

...A heart attack, also called myocardial infarction or MI? ( )

PC12\_04  
=====

...Any other kind of heart condition or heart disease, other than coronary heart disease, angina, or heart attack? ( )

-----  
IF CODED '1' (YES), CONTINUE WITH PC12\_04OV

-----  
OTHERWISE, GO TO PC12\_05

12\_04OV  
=====

What did the doctor or other health professional call it?

[Enter Other Specify-45] .....  
REF ..... -7  
DK ..... -8

PC12\_05  
=====

{(Have/Has) (PERSON) **ever** been told by a doctor or other health professional that (PERSON) had ...}

...A stroke or TIA? A TIA is a transient  
ischemic attack which is sometimes referred  
to as a ministroke. ( )

-----  
| DISPLAY '(Have/Has) (PERSON)... that (PERSON) |  
| had...' IF PC12\_04 IS CODED '1' (YES). OTHERWISE, |  
DISPLAY '[Have/Has...]'

PC12\_06  
=====

...Emphysema? ( )

-----  
| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED ON ALL |  
ENTRY FIELDS.

-----  
GO TO PC13

PC13  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Doctors or other health professionals often advise people to make a change to their lifestyles to lower their risk of developing a number of diseases, including heart disease.

Has a doctor or other health professional **ever** advised (PERSON) to...

1 = YES  
2 = NO

PC13\_01  
=====

...Eat fewer high fat or high cholesterol foods? ( )

PC13\_02  
=====

...Exercise more? ( )

-----  
| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED ON ALL |  
ENTRY FIELDS.

PC14  
=====

COMBINED WITH PC13

PC15  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) take aspirin every day or every other day?

YES ..... 1 {PC18}  
NO ..... 2  
REF ..... -7 {PC18}  
DK ..... -8 {PC18}

PC16  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) have a health problem or condition that makes taking aspirin unsafe for (PERSON)?

YES	.....	1	
NO	.....	2	{PC18}
REF	.....	-7	{PC18}
DK	.....	-8	{PC18}

PC17  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is that problem stomach related or something else?

STOMACH RELATED	.....	1	
SOMETHING ELSE	.....	2	
REF	.....	-7	
DK	.....	-8	

[Code One]

PC18  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) had pain, aching, stiffness or swelling around a joint in the **last 12 months**?

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

PC19

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) **ever** been told by a doctor or other health professional that (PERSON) had arthritis?

YES	.....	1
NO	.....	2 {BOX_03}
REF	.....	-7 {BOX_03}
DK	.....	-8 {BOX_03}

PC20

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Are/Is) (PERSON) currently being treated by a doctor or other health professional for (PERSON)'s arthritis?

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

BOX\_03

=====

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GO TO NEXT QUESTIONNAIRE SECTION