Preventive Care (AP) Section

BOX_00A
=====

<p>| THE AP SECTION IS ASKED IN ROUNDS 3 AND 5 ONLY. IF |
| IT IS ROUND 1, 2, OR 4, CONTINUE TO THE NEXT      |</p>
<table>
<thead>
<tr>
<th>SECTION.</th>
</tr>
</thead>
</table>

BOX_00
=====

<p>| CONTEXT HEADER DISPLAY INSTRUCTIONS:              |</p>
<table>
<thead>
<tr>
<th>DISPLAY PERS.FULLNAME.</th>
</tr>
</thead>
</table>

AP01
====
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
====
OMITTED.
OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.
{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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>TWICE A YEAR OR MORE</td>
<td>1</td>
</tr>
<tr>
<td>ONCE A YEAR</td>
<td>2</td>
</tr>
<tr>
<td>LESS THAN ONCE A YEAR</td>
<td>3</td>
</tr>
<tr>
<td>NEVER GO TO DENTIST</td>
<td>4</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

HELP AVAILABLE FOR DEFINITION OF DENTAL CHECK-UP.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF PERSON BEING ASKED ABOUT IS 18 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH</td>
<td>AP15</td>
</tr>
<tr>
<td>IF PERSON BEING ASKED ABOUT IS 16 OR 17 YEARS OF AGE, GO TO AP32</td>
<td></td>
</tr>
<tr>
<td>OTHERWISE (THAT IS, PERSON BEING ASKED ABOUT IS LESS THAN 16 YEARS OF AGE OR IN AGE CATEGORIES 1-3), GO TO BOX_02</td>
<td></td>
</tr>
</tbody>
</table>

AP13
====
OMITTED.

AP14
====
OMITTED.
(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 {AP15OV}
- WITHIN PAST 2 YEARS .................... 2 {AP15OV}
- WITHIN PAST 3 YEARS .................... 3 {AP16}
- WITHIN PAST 5 YEARS .................... 4 {AP16}
- MORE THAN 5 YEARS ...................... 5 {AP16}
- NEVER .................................. 6 {AP16}
- REF ................................... -7 {AP16}
- DK .................................... -8 {AP16}

HELP AVAILABLE FOR DEFINITION OF BLOOD PRESSURE CHECK.

[Code One]

AP15OV

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

IF LESS THAN ONE MONTH AGO, ENTER 0.

NUMBER:

[Enter Small Number] ............... {AP16}
- REF ................................... -7 {AP16}
- DK .................................... -8 {AP16}

----------------------------------------------------
| HARD CHECK:                                      |
| 0 – 24                                          |
----------------------------------------------------
AP16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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 {AP17}
WITHIN PAST 2 YEARS ..................... 2 {AP17}
WITHIN PAST 3 YEARS ..................... 3 {AP17}
WITHIN PAST 5 YEARS ..................... 4 {AP17}
MORE THAN 5 YEARS ..................... 5 {AP17}
NEVER .................................. 6 {AP17}
REF ................................... -7 {AP17}
DK .................................... -8 {AP17}

HELP AVAILABLE FOR DEFINITION OF BLOOD CHOLESTEROL CHECK.

[Code One]

AP17
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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 {AP17A}
WITHIN PAST 2 YEARS ..................... 2 {AP17A}
WITHIN PAST 3 YEARS ..................... 3 {AP17A}
WITHIN PAST 5 YEARS ..................... 4 {AP17A}
MORE THAN 5 YEARS ..................... 5 {AP17A}
NEVER .................................. 6 {AP17A}
REF ................................... -7 {AP17A}
DK .................................... -8 {AP17A}

[Code One]
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...

YES  NO

...Eat fewer high fat or high cholesterol foods?  1  2  ( ) AP17A_02

| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED. |

...Exercise more?  1  2  ( ) {AP18}

| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED. |
About how long has it been since (PERSON) had a flu vaccination (shot or nasal spray)?

- WITHIN PAST YEAR ....................... 1 {AP18A}
- WITHIN PAST 2 YEARS .................... 2 {AP18A}
- WITHIN PAST 3 YEARS .................... 3 {AP18A}
- WITHIN PAST 5 YEARS .................... 4 {AP18A}
- MORE THAN 5 YEARS ....................... 5 {AP18A}
- NEVER .................................. 6 {AP18A}
- REF ................................... -7 {AP18A}
- DK .................................... -8 {AP18A}

[Code One]

HELP AVAILABLE FOR DEFINITION OF FLU VACCINATION.

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

- YES .................................... 1 {AP18B}
- NO ..................................... 2 {AP18AA}
- REF ................................... -7 {AP18B}
- DK .................................... -8 {AP18B}

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

- YES ..................................... 1 {AP18AAA}
- NO ...................................... 2 {AP18B}
- REF ................................... -7 {AP18B}
- DK ..................................... -8 {AP18B}
{PERSON'S FIRST MIDDLE AND LAST NAME}

Is that problem stomach related or something else?

STOMACH RELATED ........................ 1 {AP18B}
SOMETHING ELSE ............................. 2 {AP18B}
REF ................................. -7 {AP18B}
DK .............................. -8 {AP18B}

[Code One]

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

YES ................................. 1 {BOX_01A}
NO ..................................... 2 {BOX_01A}
REF ................................... -7 {BOX_01A}
DK .................................... -8 {BOX_01A}

BOX_01A

----------------------------------------------------
| 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                                        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (I.E., PERSON BEING ASKED ABOUT IS    |
| FEMALE), GO TO AP20A                              |
----------------------------------------------------
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 {AP20}
NO ............................................... 2 {AP20}
REF ............................................. -7 {AP20}
DK .............................................. -8 {AP20}

HELP AVAILABLE 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?

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHIN PAST YEAR</td>
<td>1</td>
</tr>
<tr>
<td>WITHIN PAST 2 YEARS</td>
<td>2</td>
</tr>
<tr>
<td>WITHIN PAST 3 YEARS</td>
<td>3</td>
</tr>
<tr>
<td>WITHIN PAST 5 YEARS</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS</td>
<td>5</td>
</tr>
<tr>
<td>NEVER</td>
<td>6</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

HELP AVAILABLE FOR DEFINITION OF PAP SMEAR TEST.

[Code One]

AP21
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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?

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHIN PAST YEAR</td>
<td>1</td>
</tr>
<tr>
<td>WITHIN PAST 2 YEARS</td>
<td>2</td>
</tr>
<tr>
<td>WITHIN PAST 3 YEARS</td>
<td>3</td>
</tr>
<tr>
<td>WITHIN PAST 5 YEARS</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS</td>
<td>5</td>
</tr>
<tr>
<td>NEVER</td>
<td>6</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

-------------------------------------------------------------------
| IF PERSON BEING ASKED ABOUT IS 30 YEARS OF AGE OR |
| OLDER (OR IN AGE CATEGORIES 5-9), CONTINUE WITH     |
| 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 {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}

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 {AP24}
- NO ............................................. 2 {AP25}
- REF ........................................... -7 {AP25}
- DK ............................................. -8 {AP25}
AP24
====

{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 {AP25}
WITHIN PAST 2 YEARS ..................... 2 {AP25}
WITHIN PAST 3 YEARS ..................... 3 {AP25}
WITHIN PAST 5 YEARS ..................... 4 {AP25}
MORE THAN 5 YEARS ....................... 5 {AP25}
REF ................................... -7 {AP25}
DK .................................... -8 {AP25}

[Code One]

AP25
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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 {AP26}
NO ..................................... 2 {AP28}
REF ................................... -7 {AP28}
DK .................................... -8 {AP28}
When did {PERSON} have {PERSON}'s last sigmoidoscopy or colonoscopy?

- WITHIN PAST YEAR ....................... 1 {AP28}
- WITHIN PAST 2 YEARS .................... 2 {AP28}
- WITHIN PAST 3 YEARS .................... 3 {AP28}
- WITHIN PAST 5 YEARS .................... 4 {AP28}
- MORE THAN 5 YEARS ...................... 5 {AP28}
- REF ................................... -7 {AP28}
- DK .................................... -8 {AP28}

[Code One]

OMITTED.

(Do/Does) {PERSON} now spend half an hour or more in moderate or vigorous physical activity at least three times a week?

- YES .................................... 1 {AP29}
- NO ..................................... 2 {AP29}
- REF ................................... -7 {AP29}
- DK .................................... -8 {AP29}

HELP AVAILABLE FOR DEFINITION OF MODERATE OR VIGOROUS PHYSICAL ACTIVITY.
AP29
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how tall (are/is) (PERSON) without shoes?

PROBE FOR INCHES IF NOT REPORTED.

AP29_01
=======

FEET:

[Enter Feet] .........................   {AP29_02}
REF ................................... -7  {AP30}
DK .................................... -8  {AP30}

<p>|  SOFT CHECK:                                       |</p>
<table>
<thead>
<tr>
<th>SOFT RANGE CHECK:  2 TO 6</th>
</tr>
</thead>
</table>

AP29_02
=======

INCHES:

[Enter Inches] .............................   {AP30}
REF ................................... -7 {AP30}
DK .................................... -8 {AP30}

<p>|  HARD CHECK:                                       |</p>
<table>
<thead>
<tr>
<th>HARD RANGE CHECK:  0 TO 11</th>
</tr>
</thead>
</table>
{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] .........................   {AP32}
REF ................................... -7 {AP32}
DK .................................... -8 {AP31}

----------------------------------------------------
|  SOFT CHECK:                                         |
|  SOFT RANGE CHECK:  50 TO 500                        |
----------------------------------------------------

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AP-1.

Looking at this card, what is your best guess of (PERSON)'s weight?

99 POUNDS OR LESS ......................... 1 {AP32}
100 - 149 POUNDS ......................... 2 {AP32}
150 - 199 POUNDS ......................... 3 {AP32}
200 - 249 POUNDS ......................... 4 {AP32}
250 - 299 POUNDS ......................... 5 {AP32}
300 POUNDS OR MORE ...................... 6 {AP32}
REF ................................... -7 {AP32}
DK .................................... -8 {AP32}

[Code One]
When (PERSON) drive(s) or ride(s) in a car, would (PERSON) say (PERSON) wear(s) a seat belt...

Always, ................................ 1 {BOX_02}
Nearly Always, .......................... 2 {BOX_02}
Sometimes, ................................ 3 {BOX_02}
Seldom, or ................................ 4 {BOX_02}
Never? ................................... 5 {BOX_02}
IF VOLUNTEERED: NEVER DRIVES OR RIDES IN A CAR/ALWAYS USES PUBLIC TRANSPORTATION OR WALKS ........... 6 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]