Preventive Care (AP) Section

BOX_00A
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---------------------------------------------
| THE AP SECTION IS ASKED IN ROUNDS 3 AND 5 ONLY. IF |
| IT IS ROUND 1, 2, OR 4, CONTINUE TO THE NEXT      |
| SECTION.                                          |
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BOX_00
======

---------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:         |
| DISPLAY PERS.FULLNAME.                       |
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AP01
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OMITTED.

AP02
====
OMITTED.

AP03
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OMITTED.

AP04
====
OMITTED.

AP04A
====
OMITTED.

AP05
====
OMITTED.

AP06
====
OMITTED.
AP07
====
OMITTED.

AP08
====
OMITTED.

AP09
====
OMITTED.

AP10
====
OMITTED.

AP11
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OMITTED.

AP11A
====
OMITTED.

AP11B
====
OMITTED.

AP11C
====
OMITTED.

BOX_01
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| IF PERSON IS LESS THAN 1 YEAR OF AGE (OR AGE      |
| CATEGORY 1), GO TO BOX_02                         |
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| OTHERWISE, CONTINUE WITH AP12                     |
----------------------------------------------------
{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]

HELP AVAILABLE FOR DEFINITION OF DENTAL CHECK-UP.

<table>
<thead>
<tr>
<th>IF PERSON BEING ASKED ABOUT IS 18 YEARS OF AGE OR</th>
<th>OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH</th>
<th>AP15</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF PERSON BEING ASKED ABOUT IS 16 OR 17 YEARS OF</th>
<th>AGE, GO TO AP32</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (THAT IS, PERSON BEING ASKED ABOUT IS</th>
<th>LESS THAN 16 YEARS OF AGE OR IN AGE CATEGORIES</th>
<th>1-3), GO TO BOX_02</th>
</tr>
</thead>
</table>

AP13
====
OMITTED.

AP14
====
OMITTED.
AP15
====

{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                                   |
----------------------------------------------
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]

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]
(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...

YES  NO

AP17A_01

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

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

AP17A_02

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

----------------------------------------------------
| REFUSED (-7) AND DON’T KNOW (-8) ALLOWED.          |
----------------------------------------------------
AP18
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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.

AP18A
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{PERSON'S FIRST MIDDLE AND LAST NAME}

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

YES ......................................... 1 {AP18B}
NO ........................................... 2 {AP18A}
REF ......................................... -7 {AP18B}
DK ........................................... -8 {AP18B}

AP18AA
====

{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 {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 |  |
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| IF PERSON BEING ASKED ABOUT IS MALE AND IS LESS |  |
| THAN 40 YEARS OF AGE (OR IN AGE CATEGORIES 4-5), |  |
| GO TO AP28 |  |
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----------------------------------------------------
| OTHERWISE (I.E., PERSON BEING ASKED ABOUT IS |  |
| FEMALE), GO TO AP20A |  |
----------------------------------------------------
When did (PERSON) have (PERSON)’s most recent “PSA” test?

IF NECESSARY, SAY: A "P-S-A" is a blood test to detect prostate cancer. It is also called a prostate specific antigen test.

WITHIN PAST YEAR ....................... 1 {AP24}
WITHIN PAST 2 YEARS .................... 2 {AP24}
WITHIN PAST 3 YEARS .................... 3 {AP24}
WITHIN PAST 5 YEARS .................... 4 {AP24}
MORE THAN 5 YEARS ...................... 5 {AP24}
NEVER .................................. 6 {AP24}
REF ................................... -7 {AP24}
DK .................................... -8 {AP24}

[Code One]

(Have/Has) (PERSON) had a hysterectomy?

YES .................................... 1 {AP20}
NO ..................................... 2 {AP20}
REF ................................... -7 {AP20}
DK .................................... -8 {AP20}

HELP AVAILABLE FOR DEFINITION OF HYSTERECTOMY.
When did (PERSON) have (PERSON)’s most recent Pap test?

IF NECESSARY, SAY: A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

WITHIN PAST YEAR ....................... 1 {AP21}
WITHIN PAST 2 YEARS .................... 2 {AP21}
WITHIN PAST 3 YEARS .................... 3 {AP21}
WITHIN PAST 5 YEARS .................... 4 {AP21}
MORE THAN 5 YEARS ....................... 5 {AP21}
NEVER .................................. 6 {AP21}
REF ................................... -7 {AP21}
DK .................................... -8 {AP21}

[Code One]
{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON) have (PERSON)’s most recent breast exam?

IF NECESSARY, SAY: A breast exam is when the breasts are felt by a doctor or other health professional to check for lumps.

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

[Code One]

<table>
<thead>
<tr>
<th>Code One</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IF PERSON BEING ASKED ABOUT IS 30 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 5-9), CONTINUE WITH AP22</td>
</tr>
<tr>
<td></td>
<td>OTHERWISE, GO TO AP28</td>
</tr>
</tbody>
</table>
When did (PERSON) have (PERSON)’s most recent mammogram?

IF NECESSARY SAY: A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

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

[Code One]

| IF PERSON BEING ASKED ABOUT IS 40 YEARS OF AGE OR |
| OLDER (OR IN AGE CATEGORIES 6-9), CONTINUE WITH |
| AP24 |

| OTHERWISE, GO TO AP28 |

OMITTED.
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.

When did (PERSON) do (PERSON)'s most recent blood stool test using a home kit?

- WITHIN PAST YEAR ....................... 1 {AP24A}
- WITHIN PAST 2 YEARS .................... 2 {AP24A}
- WITHIN PAST 3 YEARS .................... 3 {AP24A}
- WITHIN PAST 5 YEARS .................... 4 {AP24A}
- WITHIN PAST 10 YEARS ................... 5 {AP24A}
- MORE THAN 10 YEARS .................... 6 {AP24A}
- NEVER .................................. 7 {AP26}
- REF ...................................... -7 {AP26}
- DK ....................................... -8 {AP26}

[Code One]

What was the main reason (PERSON) had (PERSON)'s most recent blood stool test using a home kit? Was it...

- Part of a routine exam, ....................... 1 {AP26}
- Because of a problem, or .................... 2 {AP26}
- Some other reason? ............................ 3 {AP26}
- REF ........................................ -7 {AP26}
- DK .......................................... -8 {AP26}

[Code One]
A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home.

When did (PERSON) have (PERSON)’s most recent colonoscopy?

- WITHIN PAST YEAR ....................... 1 (AP26A)
- WITHIN PAST 2 YEARS .................... 2 (AP26A)
- WITHIN PAST 3 YEARS .................... 3 (AP26A)
- WITHIN PAST 5 YEARS .................... 4 (AP26A)
- WITHIN PAST 10 YEARS ................... 5 (AP26A)
- MORE THAN 10 YEARS ..................... 6 (AP26A)
- NEVER .................................. 7 (AP27)
- REF ................................... -7 (AP27)
- DK .................................... -8 (AP27)

[Code One]

What was the main reason (PERSON) had (PERSON)’s most recent colonoscopy? Was it...

- Part of a routine exam, ..................... 1 (AP27)
- Because of a problem, or .................. 2 (AP27)
- Some other reason? ....................... 3 (AP27)
- REF ................................... -7 (AP27)
- DK .................................... -8 (AP27)

[Code One]
AP27
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON) have (PERSON)’s most recent sigmoidoscopy?

WITHIN PAST YEAR .......................... 1 {AP27A}
WITHIN PAST 2 YEARS ....................... 2 {AP27A}
WITHIN PAST 3 YEARS ....................... 3 {AP27A}
WITHIN PAST 5 YEARS ....................... 4 {AP27A}
WITHIN PAST 10 YEARS ..................... 5 {AP27A}
MORE THAN 10 YEARS ....................... 6 {AP27A}
NEVER ..................................... 7 {AP28}
REF ..................................... -7 {AP28}
DK ..................................... -8 {AP28}

[Code One]

AP27A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

What was the main reason (PERSON) did (PERSON)’s most recent sigmoidoscopy? Was it...

Part of a routine exam, ............... 1 {AP28}
Because of a problem, or ............ 2 {AP28}
Some other reason? .................... 3 {AP28}
REF ..................................... -7 {AP28}
DK ..................................... -8 {AP28}

[Code One]

AP28
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(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 ................................. -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}

|   SOFT CHECK:  |
|  SOFT RANGE CHECK: 2 TO 6  |

AP29_02
=======

INCHES:

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

|   HARD CHECK:  |
|  HARD RANGE CHECK: 0 TO 11  |
AP30

{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                      |
-----------------------------------------------

AP31

{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 {AP31}

[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]