Preventive Care (AP) Section

BOX_00A
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| THE AP SECTION IS ASKED IN ROUND 3 AND 5 ONLY. IF |
| IT IS ROUND 1, 2, OR 4, CONTINUE TO THE NEXT       |
| SECTION.                                           |
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BOX_00
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| CONTEXT HEADER DISPLAY INSTRUCTIONS:               |
| DISPLAY PERS.FULLNAME.                             |
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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
====
OMITTED.

AP11B
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OMITTED.

AP11C
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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                     |
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(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 OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH AP15</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF PERSON BEING ASKED ABOUT IS 16 OR 17 YEARS OF AGE, GO TO AP32</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>
</tr>
</tbody>
</table>

OMITTED.

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                                          |
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.

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...

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**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 {AP18AA}
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]
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]
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]

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.

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]
AP22
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

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]

AP23
====

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]
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}

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}

(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.
{PERSON'S FIRST MIDDLE AND LAST NAME}

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

PROBE FOR INCHES IF NOT REPORTED.

FEET:

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

INCHES:

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

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|  SOFT CHECK:                                       |
|  SOFT RANGE CHECK:  50 TO 500                      |
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AP31
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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?

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}

[Code One]