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
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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
====
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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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>
</table>

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

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

AP13
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OMITTED.

AP14
-----
OMITTED.
About how long has it been since (PERSON) had (PERSON)’s blood pressure checked by a doctor, nurse or other health professional?

<table>
<thead>
<tr>
<th>Within Past Year</th>
<th>1 {AP15OV}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within Past 2 Years</td>
<td>2 {AP15OV}</td>
</tr>
<tr>
<td>Within Past 3 Years</td>
<td>3 {AP16}</td>
</tr>
<tr>
<td>Within Past 5 Years</td>
<td>4 {AP16}</td>
</tr>
<tr>
<td>More Than 5 Years</td>
<td>5 {AP16}</td>
</tr>
<tr>
<td>Never</td>
<td>6 {AP16}</td>
</tr>
<tr>
<td>Ref</td>
<td>-7 {AP16}</td>
</tr>
<tr>
<td>Dk</td>
<td>-8 {AP16}</td>
</tr>
</tbody>
</table>

HELP AVAILABLE FOR DEFINITION OF BLOOD PRESSURE CHECK.

[Code One]

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}

<table>
<thead>
<tr>
<th>Hard Check:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 24</td>
<td></td>
</tr>
</tbody>
</table>
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}

About how long has it been since (PERSON) had a routine check-up by a doctor or other health professional?

IF NECESSARY, SAY: 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.

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]
AP17A

{PERSON’S FIRST MIDDLE AND LAST NAME}

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
=====

{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]

{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}

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

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.

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 30 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 5-9), CONTINUE WITH AP22

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]

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

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]

OMITTED.
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}

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}
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 five 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.

AP29
====

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                     |
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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  {AP32}

[Code One]
{PERSON'S FIRST MIDDLE AND LAST NAME}  
Would {you say you wear/(PERSON) say (he/she) wears} a seat belt when driving or riding in a car...

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]

| DISPLAY 'you say you wear' IF PERSON BEING ASKED ABOUT IS THE RESPONDENT [PERSON IS SELECTED AT RE06 WHEN RE02 IS CODED '1' (RU MEMBER)]. OTHERWISE, DISPLAY '(PERSON) say (he/she) wears'. |

BOX_02

| GO TO NEXT QUESTIONNAIRE SECTION. |