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
=====
OMITTED.

AP02
=====
OMITTED.

AP03
=====
OMITTED.

AP04
=====
OMITTED.

AP04A
=====
OMITTED.

AP05
=====
OMITTED.

AP06
=====
OMITTED.
IF PERSON IS LESS THAN 1 YEAR OF AGE (OR AGE CATEGORY 1), GO TO BOX_02

OTHERWISE, CONTINUE WITH AP12
{PERSON'S FIRST MIDDLE AND LAST NAME}

The next few questions ask about the amounts and types of preventive care {you/{PERSON}} may receive.

On average, how often {do/does} {you/he/she} 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
====
OMITTED.

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

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since {you/{PERSON}} had {your/his/her} 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 {you/PERSON} had {your/his/her} 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]

About how long has it been since {you/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 {you/{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 {you/{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} {you/{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} {you/{PERSON}} have a health problem or condition that makes taking aspirin unsafe for {you/him/her}?

YES ..................................... 1 {AP18AAA}
NO ..................................... 2 {AP18B}
REF ................................... -7 {AP18B}
DK .................................... -8 {AP18B}
AP18AAA

{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]

AP18B

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Have/Has} {you/{PERSON}} lost all of {your/his/her} 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 AP28                                                                 |
-------------------------------------------------------------------------

-------------------------------------------------------------------------
| OTHERWISE (I.E., PERSON BEING ASKED ABOUT IS                               |
| FEMALE), GO TO AP20A                                                        |
-------------------------------------------------------------------------
AP19
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did {you/{PERSON}} have {your/his} 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]

AP20A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Have/Has} {you/{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}

When did {you/{PERSON}} have {your/her} 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]

AP21
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did {you/{PERSON}} have {your/her} 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 {you/{PERSON}} have {your/her} 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 {you/{PERSON}} do {your/his/her} 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 {you/{PERSON}} had {your/his/her} 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 {you/{PERSON}} have {your/his/her} 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 {you/{PERSON}} had {your/his/her} 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 {you/{PERSON}} have {your/his/her} 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 {you/{PERSON}} did {your/his/her} 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} {you/{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.
AP29
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how tall {are/is} {you/{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>
AP30
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how much (do/does) {you/{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 {your/{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]
Would you say you wear 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'. |

| GO TO NEXT QUESTIONNAIRE SECTION. |