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
=====
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
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OMITTED.

AP11B
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OMITTED.

AP11C
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OMITTED.

BOX_01
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----------------------------------------------------
<p>| IF PERSON IS LESS THAN 1 YEAR OF AGE (OR AGE      |</p>
<table>
<thead>
<tr>
<th>CATEGORY 1), GO TO BOX_02</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH AP12</th>
</tr>
</thead>
</table>
{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.

--------------------------------------------------------------------------
| IF PERSON BEING ASKED ABOUT IS 18 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH |
| AP15 |
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--------------------------------------------------------------------------
| IF PERSON BEING ASKED ABOUT IS 16 OR 17 YEARS OF AGE, GO TO AP32 |
--------------------------------------------------------------------------

--------------------------------------------------------------------------
| OTHERWISE (THAT IS, PERSON BEING ASKED ABOUT IS LESS THAN 16 YEARS OF AGE OR IN AGE CATEGORIES |
| 1-3), GO TO BOX_02 |
--------------------------------------------------------------------------

AP13
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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 {AP16}
WITHIN PAST 2 YEARS ..................... 2 {AP16}
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
=====

OMITTED.

AP16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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]
AP17
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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.

<table>
<thead>
<tr>
<th></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]

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 ( )

---------------------------------------------------------------------
| 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}
{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}

{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} {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                                |
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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                                        |
----------------------------------------------------

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

---

{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]

---------------------------------------------------------------------
| IF PERSON BEING ASKED ABOUT IS 30 YEARS OF AGE OR OLDER (OR IN AGE | |
| CATEGORIES 5-9), CONTINUE WITH AP22                                 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO AP28                                             |
---------------------------------------------------------------------
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.

<table>
<thead>
<tr>
<th>Code One</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF PERSON BEING ASKED ABOUT IS 40 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 6-9), CONTINUE WITH AP24</td>
</tr>
<tr>
<td>OTHERWISE, GO TO AP28</td>
</tr>
</tbody>
</table>

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/your most recent blood stool test using a home kit?

- Within past year: 1
- Within past 2 years: 2
- Within past 3 years: 3
- Within past 5 years: 4
- Within past 10 years: 5
- More than 10 years: 6
- Never: 7
- Ref: -7
- DK: -8

What was the main reason you/your had your most recent blood stool test using a home kit? Was it...

- Part of a routine exam: 1
- Because of a problem: 2
- Some other reason: 3
- Ref: -7
- DK: -8

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 {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)

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)
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}

----------------------------------------------------
|  SOFT CHECK:                                       |
|  SOFT RANGE CHECK:  2 TO 6                         |
|  HARD CHECK:                                       |
|  HARD RANGE CHECK:  0 TO 11                        |
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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) (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/{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]