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
====
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?

<table>
<thead>
<tr>
<th>TWICE A YEAR OR MORE</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONCE A YEAR</td>
<td>2</td>
</tr>
<tr>
<td>LESS THAN ONCE A YEAR</td>
<td>3</td>
</tr>
<tr>
<td>NEVER GO TO DENTIST</td>
<td>4</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]
HELP AVAILABLE FOR DEFINITION OF DENTAL CHECK-UP.

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

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

<table>
<thead>
<tr>
<th>REFUSED (-7) AND DON’T KNOW (-8) ALLOWED.</th>
</tr>
</thead>
</table>

AP17A_02
======

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

<table>
<thead>
<tr>
<th>REFUSED (-7) AND DON’T KNOW (-8) ALLOWED.</th>
</tr>
</thead>
</table>
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 {AP18A}
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}
{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                                              |
-------------------------------------------------------------------

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

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}
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}

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]
(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'.