Preventive Care (AP) Section

BOX_00A

THE AP SECTION IS ASKED IN ROUNDS 3 AND 5 ONLY. IF IT IS ROUND 1, 2, OR 4, CONTINUE TO THE NEXT SECTION.

BOX_00

CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY PERS.FULLNAME.

BOX_01

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.

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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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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]

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.

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

| REFUSED (-7) AND DON’T KNOW (-8) ALLOWED. |

{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.

{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}
| 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]
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]

<p>| IF PERSON BEING ASKED ABOUT IS 30 YEARS OF AGE OR |
| OLDER (OR IN AGE CATEGORIES 5-9), CONTINUE WITH |</p>
<table>
<thead>
<tr>
<th>AP22</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO AP28</th>
</tr>
</thead>
</table>
{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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WITHIN PAST YEAR</td>
</tr>
<tr>
<td>2</td>
<td>WITHIN PAST 2 YEARS</td>
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<tr>
<td>3</td>
<td>WITHIN PAST 3 YEARS</td>
</tr>
<tr>
<td>4</td>
<td>WITHIN PAST 5 YEARS</td>
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<tr>
<td>5</td>
<td>MORE THAN 5 YEARS</td>
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<tr>
<td>6</td>
<td>NEVER</td>
</tr>
<tr>
<td>-7</td>
<td>REF</td>
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<tr>
<td>-8</td>
<td>DK</td>
</tr>
</tbody>
</table>

[Code One]

<table>
<thead>
<tr>
<th>IF PERSON BEING ASKED ABOUT IS 40 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 6-9), CONTINUE WITH AP24</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO AP28</th>
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</thead>
</table>
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/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)

What was the main reason you/his/her had 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]
{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

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{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

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{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.
About how tall {are/is} {you/{PERSON}} without shoes?

PROBE FOR INCHES IF NOT REPORTED.

FEET:

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

| SOFT CHECK: |
| SOFT RANGE CHECK: 2 TO 6 |

INCHES:

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

| HARD CHECK: |
| HARD RANGE CHECK: 0 TO 11 |
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 {AP32}

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

| HARD CHECK:                                       |
| HARD RANGE CHECK:  30 TO 999                     |

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]
AP32
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{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]

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| 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'. |
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BOX_02
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---------------------------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION. |
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