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.                                      |

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                |
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.
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.         |
----------------------------------------------------

AP17A_02
======

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

{Do/Does} {you/{PERSON}} take aspirin every day or every other day?

- YES .................................... 1 (AP18B)
- NO ..................................... 2 (AP18BA)
- 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}
<table>
<thead>
<tr>
<th>IF PERSON BEING ASKED ABOUT IS MALE AND IS 40 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 6-9), CONTINUE WITH AP19</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>IF PERSON BEING ASKED ABOUT IS MALE AND IS LESS THAN 40 YEARS OF AGE (OR IN AGE CATEGORIES 4-5), GO TO AP28</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (I.E., PERSON BEING ASKED ABOUT IS FEMALE), GO TO AP20A</th>
</tr>
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</table>

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]
{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.

<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>
</tr>
<tr>
<td>3</td>
<td>WITHIN PAST 3 YEARS</td>
</tr>
<tr>
<td>4</td>
<td>WITHIN PAST 5 YEARS</td>
</tr>
<tr>
<td>5</td>
<td>MORE THAN 5 YEARS</td>
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<tr>
<td>6</td>
<td>NEVER</td>
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<tr>
<td>7</td>
<td>REF</td>
</tr>
<tr>
<td>8</td>
<td>DK</td>
</tr>
</tbody>
</table>

(Code One)

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| 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

---
{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]
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}

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}

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.
{PERSON’S FIRST MIDDLE AND LAST NAME}

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

INCHES:

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

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

----------------------------------------------------
<p>|  SOFT CHECK:                                       |</p>
<table>
<thead>
<tr>
<th>SOFT RANGE CHECK:  50 TO 500</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>|  HARD CHECK:                                       |</p>
<table>
<thead>
<tr>
<th>HARD RANGE CHECK:  30 TO 999</th>
</tr>
</thead>
</table>

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]
AP32
=====

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