

Preventive Care (AP) Section
November 14, 2017

MEPS P21R5/P22R3/P23R1

The MEPS instrument design changed beginning in Spring of 2018, affecting Panel 23 Round 1, Panel 22 Round 3, and Panel 21 Round 5, and affected the 2017 MEPS data files. The MEPS website releases the consolidated CAPI survey instruments each year for the Rounds 1 through 3 for the first year panel and Rounds 3 through 5 for the second year panel to accompany data releases. For the Full-Year 2017 PUFs, the Panel 22 Round 3 and Panel 21 Round 5 data were transformed to the degree possible to conform to the previous year (2016) design. For this reason, we are releasing 2016 CAPI survey instruments, updated to reflect 2017 dates, and **users should note that not all changes to the instrument administered in the Spring of 2018 will be reflected in these documents.**

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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BOX_01

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| IF PERSON IS LESS THAN 1 YEAR OF AGE (OR AGE |  
| CATEGORY 1), GO TO BOX_02 |  
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| OTHERWISE, CONTINUE WITH AP12 |  
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AP12

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{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

| 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

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}

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]

| 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

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]

| IF PERSON BEING ASKED ABOUT IS 40 YEARS OF AGE OR |
| OLDER (OR IN AGE CATEGORIES 6-9), CONTINUE WITH |
AP24

OTHERWISE, GO TO AP28

AP24
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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]

AP24A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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]

AP26
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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 YEARS5 {AP26A}
- MORE THAN 10 YEARS 6 {AP26A}
- NEVER 7 {AP27}
- REF -7 {AP27}
- DK -8 {AP27}

[Code One]

AP26A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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}

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

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

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

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

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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]

| 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

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GO TO NEXT QUESTIONNAIRE SECTION.