

## Preventive Care (AP) Section

Beta

NOTE: ALL THE ALTERNATIVE/COMPLEMENTARY CARE QUESTIONS HAVE BEEN OMITTED. THE "ALTERNATIVE" WAS DROPPED FROM THE SECTION TITLE.

### AP12

Help Enabled ([AP12Help](#))       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.OFTDENT	HOW OFTEN PERSON GETS DENTAL CHECKUP	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

The next few questions ask about the amounts and types of **preventive care** (PERSON) may receive.

On average, how often (do/does) (PERSON) 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
-----	
Refused	RF
Don't Know	DK

**HELP AVAILABLE FOR DEFINITION OF DENTAL CHECK-UP.**

ROUTING INSTRUCTION:  
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**

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Variable Name	Label	Size
PRND.BLDCK	HOW LONG SINCE BLOOD PRESSURE CHECK	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had (PERSON)'s blood pressure checked by a doctor, nurse or other health professional?

WITHIN PAST YEAR	1	{AP15OV}
WITHIN PAST 2 YEARS	2	{AP15OV}
WITHIN PAST 3 YEARS	3	{AP16}
WITHIN PAST 5 YEARS	4	{AP16}
MORE THAN 5 YEARS	5	{AP16}
NEVER	6	{AP16}
-----		
Refused	RF	{AP16}
Don't Know	DK	{AP16}

**HELP AVAILABLE FOR DEFINITION OF BLOOD PRESSURE CHECK.**

**AP15OV**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.BLDCHKMO	NUMBER OF MONTHS SINCE BLD PRS CK'D	2

**IF NOT ALREADY GIVEN, ASK:** About how long ago in months has it been?

**IF LESS THAN ONE MONTH AGO, ENTER 1.**

NUMBER: \_\_\_\_\_ {AP16}

Refused RF {AP16}

Don't Know DK {AP16}

Hard CHECK: 1 TO 24
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**AP16**

Help Enabled ([AP16Help](#))       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.APCHOLCK	HOW LONG SINCE CHOLESTEROL LEVEL CHECKED	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had (PERSON)'s 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}
-----		
Refused	RF	{AP17}
Don't Know	DK	{AP17}

**HELP AVAILABLE FOR DEFINITION OF BLOOD CHOLESTEROL CHECK.**

**AP17**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.APPHYSIC	HOW LONG SINCE HAD COMPLETE PHYSICAL	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

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.

About how long has it been since (PERSON) had a routine check-up by a doctor or other health professional?

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}
-----		
Refused	RF	{AP18}
Don't Know	DK	{AP18}

**AP17A**

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-----  
{PERSON'S FIRST MIDDLE AND LAST NAME}  
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Doctors or other health professionals often advise people to make a change to their lifestyles to lower their risk of developing a number of diseases, including heart disease.

Has a doctor or other health professional **ever** advised (PERSON) to...

1 = YES  
2 = NO



**AP18**

Help Enabled ([AP18Help](#))       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.APFLUSHT	HOW LONG SINCE HAD FLU SHOT	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had a flu shot?

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}
-----		
Refused	RF	{AP18A}
Don't Know	DK	{AP18A}

**HELP AVAILABLE FOR DEFINITION OF FLU SHOT.**



**AP18A**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.ASPRNDAY	TAKE AN ASPIRIN A DAY	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) take aspirin every day or every other day?

YES	1	{AP18B}
NO	2	{AP18AA}
-----		
Refused	RF	{AP18B}
Don't Know	DK	{AP18B}

**AP18AA**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.ASPUNSF	HEALTH PROBLEM MAKES ASPIRIN UNSAFE	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) have a health problem or condition that makes taking aspirin unsafe for (PERSON)?

YES	1	{AP18AAA}
NO	2	{AP18B}
-----		
Refused	RF	{AP18B}
Don't Know	DK	{AP18B}

**AP18AAA**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.STMCHREL	PROBLEM STOMACH RELATED	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is that problem stomach related or something else?

STOMACH RELATED	1	{AP18B}
SOMETHING ELSE	2	{AP18B}
-----		
Refused	RF	{AP18B}
Don't Know	DK	{AP18B}

**AP18B**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.LOSTEETH	HAS PERSON LOST ALL ADULT TEETH	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) lost all of (PERSON)'s upper and lower natural (permanent) teeth?

YES	1	{BOX_01A}
NO	2	{BOX_01A}
-----		
Refused	RF	{BOX_01A}
Don't Know	DK	{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 AP23.

OTHERWISE (I.E., PERSON BEING ASKED ABOUT IS FEMALE), GO TO AP20A

**AP19**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.PROSTEX	HOW LONG SINCE PROSTATE EXAM	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

A "P-S-A" or prostate specific antigen is a blood test for prostate cancer.  
About how long has it been since (PERSON) had a "P-S-A"?

WITHIN PAST YEAR	1	{AP23}
WITHIN PAST 2 YEARS	2	{AP23}
WITHIN PAST 3 YEARS	3	{AP23}
WITHIN PAST 5 YEARS	4	{AP23}
MORE THAN 5 YEARS	5	{AP23}
NEVER	6	{AP23}
-----		
Refused	RF	{AP23}
Don't Know	DK	{AP23}

**AP20A**

Help Enabled ([AP20AHelp](#))       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.HYSTERCT	HAS PERSON HAD A HYSTERECTOMY	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) had a hysterectomy?

YES	1	{AP20}
NO	2	{AP20}
-----		
Refused	RF	{AP20}
Don't Know	DK	{AP20}

**HELP AVAILABLE FOR DEFINITION OF HYSTERECTOMY.**

**AP20**

Help Enabled ([AP20Help](#))       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.PAPSMR	HOW LONG SINCE PAP SMEAR	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had a pap smear test?

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}
-----		
Refused	RF	{AP21}
Don't Know	DK	{AP21}

**HELP AVAILABLE FOR DEFINITION OF PAP SMEAR TEST.**

**AP21** Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.BREASTEX	HOW LONG SINCE BREAST EXAM	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

During a breast exam a doctor or other health professional feels the breast for lumps. About how long has it been since (PERSON) had a breast exam?

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

Refused	RF
Don't Know	DK

ROUTING INSTRUCTION:  
 IF PERSON BEING ASKED ABOUT IS 30 YEARS OF AGE OR OLDER (OR IN  
 AGE CATEGORIES 5-9), CONTINUE WITH AP22  
 OTHERWISE, GO TO AP23



**AP22**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.MAMMOGRAM	HOW LONG SINCE MAMMOGRAM	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

A mammogram is an x-ray taken only of the breast by a machine that presses the breast against a plate. About how long has it been since (PERSON) had a mammogram?

- |                     |    |        |
|---------------------|----|--------|
| WITHIN PAST YEAR    | 1  | {AP23} |
| WITHIN PAST 2 YEARS | 2  | {AP23} |
| WITHIN PAST 3 YEARS | 3  | {AP23} |
| WITHIN PAST 5 YEARS | 4  | {AP23} |
| MORE THAN 5 YEARS   | 5  | {AP23} |
| NEVER               | 6  | {AP23} |
| -----               |    |        |
| Refused             | RF | {AP23} |
| Don't Know          | DK | {AP23} |

**AP23**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.BLDSTL	USED A BLOOD STOOL HOME KIT	2

{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. (Have/Has) (PERSON) ever had this test using a home kit?

YES	1	{AP24}
NO	2	{AP25}
-----		
Refused	RF	{AP25}
Don't Know	DK	{AP25}

**AP24**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.LSTBLDST	LAST TIME USED BLOOD STOOL HOME KIT	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON) have (PERSON)'s last blood stool test using a home kit?

WITHIN PAST YEAR	1	{AP25}
WITHIN PAST 2 YEARS	2	{AP25}
WITHIN PAST 3 YEARS	3	{AP25}
WITHIN PAST 5 YEARS	4	{AP25}
MORE THAN 5 YEARS	5	{AP25}
-----		
Refused	RF	{AP25}
Don't Know	DK	{AP25}

**AP25**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.COLONOSC	HAD A SIGMOIDOSCOPY OR COLONOSCOPY	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. (Have/Has) (PERSON) ever had this exam?

YES	1	{AP26}
NO	2	{AP28}
-----		
Refused	RF	{AP28}
Don't Know	DK	{AP28}

**AP26**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.LSTCOLON	LAST HAD SIMOIDOSCOPY OR COLONOSCOPY	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON) have (PERSON)'s last sigmoidoscopy or colonoscopy?

WITHIN PAST YEAR	1	{AP28}
WITHIN PAST 2 YEARS	2	{AP28}
WITHIN PAST 3 YEARS	3	{AP28}
WITHIN PAST 5 YEARS	4	{AP28}
MORE THAN 5 YEARS	5	{AP28}
-----		
Refused	RF	{AP28}
Don't Know	DK	{AP28}

**AP28**

Help Enabled ([AP28Help](#))       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.VIGPHYS	VIGOROUS PHYSICAL ACTIVITY	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) now spend half an hour or more in moderate or vigorous physical activity at least three times a week?

YES	1	{AP29}
NO	2	{AP29}
-----		
Refused	RF	{AP29}
Don't Know	DK	{AP29}

**HELP AVAILABLE FOR DEFINITION OF MODERATE OR VIGOROUS PHYSICAL ACTIVITY.**

**AP29**

Help Enabled       Comment Enabled       Jump Back Enabled

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how tall (are/is) (PERSON) without shoes?

**PROBE FOR INCHES IF NOT REPORTED.**

**AP29\_01**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.APHGTFT	PERSONS HEIGHT FEET	2

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FEET: \_\_\_\_\_ {AP29\_02}

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Refused	RF	{AP30}
Don't Know	DK	{AP30}

Soft CHECK: SOFT RANGE CHECK: 2 TO 6
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**AP29\_02**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.APHGTIN	PERSONS HEIGHT INCHES	2

INCHES: \_\_\_\_\_ {AP30}

Refused RF {AP30}

Don't Know DK {AP30}

Soft CHECK: SOFT RANGE CHECK: 0 TO 12
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**AP30**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.APWGT	AP WEIGHT	3

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how much (do/does) (PERSON) weigh without shoes?

**ENTER CURRENT WEIGHT TO THE NEAREST POUND.**

POUNDS: \_\_\_\_\_ {AP32}

-----

Refused	RF	{AP32}
Don't Know	DK	{AP31}

Soft CHECK: SOFT RANGE CHECK: 50 TO 500
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**AP31**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.APWGTRNG	BEST GUESS OF WEIGHT	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

**SHOW CARD AP-1.**

Looking at this card, what is your best guess of (PERSON)'s weight?

79 POUNDS OR LESS	1	{AP32}
80 TO 99 POUNDS	2	{AP32}
100 TO 119 POUNDS	3	{AP32}
120 TO 139 POUNDS	4	{AP32}
140 TO 159 POUNDS	5	{AP32}
160 TO 179 POUNDS	6	{AP32}
180 TO 199 POUNDS	7	{AP32}
200 TO 219 POUNDS	8	{AP32}
220 TO 239 POUNDS	9	{AP32}
240 TO 259 POUNDS	10	{AP32}
260 TO 279 POUNDS	11	{AP32}
280 TO 299 POUNDS	12	{AP32}
300 TO 319 POUNDS	13	{AP32}
320 TO 339 POUNDS	14	{AP32}
340 TO 359 POUNDS	15	{AP32}
360 TO 379 POUNDS	16	{AP32}
380 TO 399 POUNDS	17	{AP32}
400 POUNDS OR MORE	18	{AP32}
-----		
Refused	RF	{AP32}
Don't Know	DK	{AP32}

**AP32**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.SEATBELT	PERSON WEARS SEAT BELT	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

When (PERSON) drive(s) or ride(s) in a car, would (PERSON) say (PERSON) wear(s) a seat belt...

**IF VOLUNTEERED: NEVER DRIVES OR RIDES IN CAR/ ALWAYS USES PUBLIC TRANSPORTATION/WALKS, SELECT 'NEVER DRIVES/RIDES 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}
NEVER DRIVES/RIDES IN A CAR	6	{BOX_02}
-----		
Refused	RF	{BOX_02}
Don't Know	DK	{BOX_02}

**BOX\_02**

[ GO TO NEXT QUESTIONNAIRE SECTION. ]