

Preventive Care (PVQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list |
|---------------|----------------|---------------|--|--|
| | BOX PVBEG | routing | IF RESPONDENT IS DECEASED, GO TO BOX PVEND. ELSE IF SEASON=FALL, GO TO PV8 - PREVHLTHINTRO. ELSE IF (SEASON=WINTER), GO TO PVINT-PVINTRO. ELSE IF (SEASON=SUMMER) AND (WINTER ROUND RESONSE TO PVF1-FLUSHOT^=1/YES), GO TO PVINT-PVINTRO. ELSE IF (SEASON=SUMMER) AND (WINTER ROUND RESONSE TO PVF1-FLUSHOT=1/YES), GO TO BOX PV4. | |
| PVINTRO | PVINT | No entry | IF SEASON=WINTER, FILL "Now I'd like to ask you some questions about the seasonal flu vaccine." ELSE IF SEASON=SUMMER, FILL "Last time we interviewed you, you told us that you had not gotten a flu vaccination for the [CURRENT YEAR MINUS 1] - [CURRENT YEAR] flu season." | |
| FLUSHOT | PVF1 | yes/no | Since [July 1st, (CURRENT YEAR MINUS 1)/[MREFDATE]], [have you/has (SP)] had a seasonal flu vaccination? IF THE RESPONDENT MENTIONS A SHORT NEEDLE OR NEEDLELESS INJECTOR, CODE AS "YES". | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |
| | BOX PV1 | routing | IF SEASON=WINTER GO TO PVF2-FLUCODE. ELSE GO TO BOX PV4. | |

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| FLUCODE | PVF2 | code all | For what reason didn't [you/(SP)] get a seasonal flu vaccination since July 1st? [PROBE: Any other reason?] CHECK ALL THAT APPLY. | (01) DIDN'T KNOW IT WAS NEEDED (02) SHOT COULD CAUSE FLU (03) SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE (04) DIDN'T THINK IT WOULD PREVENT THE FLU/COULD GET THE FLU ANYWAY (05) FLU NOT SERIOUS/WOULD NOT GET FLU ANYWAY/NOT AT RISK/NEVER GET THE FLU (06) DOCTOR DID NOT RECOMMEND THE SHOT (07) DOCTOR RECOMMENDED AGAINST GETTING VACCINE (08) DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS (09) INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION (10) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT (11) COST OF VACCINE (12) HAD VACCINE BEFORE/DIDN'T NEED IT AGAIN (13) VACCINE UNAVAILABLE/VACCINE SHORTAGE (14) NOT WORTH THE MONEY (15) DIDN'T HAVE TIME (16) NOT IN HIGH RISK/PRIORITY GROUP (17) ONGOING HEALTH CONDITION PREVENTING VACCINE/ALLERGIC TO SHOT/MEDICAL REASONS (18) DON'T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE (91) OTHER (-8) DON'T KNOW (-9) REFUSED |
| FLUOTHOS | PVF2 | verbatim text | OTHER (SPECIFY) | |
| | BOX PV2 | routing | IF MORE THAN ONE RESPONSE SELECTED AS YES AT PVF2-FLUCODE, GO TO PVF3-PVFLU3, ELSE GO TO BOX PV3 | |
| PVFLU3 | PVF3 | code 1 | Of the reasons you listed, what is the main reason [you/(SP)] did not get a flu vaccination this flu season? READ LIST TO RESPONDENT. IF RESPONDENT SELECTS MORE THAN ONE REASON PROBE FOR MAIN REASON. | [LIST ALL RESPONSES SELECTED AT PVF2-FLUCODE] __ [ENTER MAIN REASON] (-8) DON'T KNOW (-9) REFUSED |
| | BOX PV3 | routing | IF RESPONSE TO PVF2-FLUCODE DOES NOT INCLUDE 13, GO TO PVF4-NOVACINE. ELSE GO TO BOX PV4. | |
| NOVACINE | PVF4 | yes/no | Was one reason that [you/(SP)] did not get a seasonal flu vaccination since July 1st, [CURRENT YEAR MINUS 1] because the vaccine was in short supply or unavailable? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |

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| VACSUPPLY | PVF5 | yes/no | Did [you/(SP)] have any trouble getting a seasonal flu shot when (you/he/she) wanted to because the vaccine was in short supply or unavailable? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |
| | BOX PV4 | routing | IF THIS IS A SUMMER ROUND AND RESPONDENT HAS NOT REPORTED RECEIVING THE SHINGLES VACCINE (P_SHINGVAC^=1) AND RESPONDENT IS AGE 60 OR ABOVE (AGECALC ≥ 60), GO TO PV6-SHINGVAC. ELSE GO TO BOX PV5. | |
| SHINGVAC | PV6 | yes/no | Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. [Have you/Has (SP)] ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |
| | BOX PV5 | routing | IF THIS IS A SUMMER ROUND AND RESPONDENT HAS NOT REPORTED RECEIVING THE PNEUMONIA VACCINE (PNEUSHOT^=1), GO TO PV7-PNEUSHOT. ELSE GO TO BOX PVEND. | |
| PNEUSHOT | PV7 | yes/no | [Have you/Has (SP)] EVER had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |
| PREVHLTHINTRO | PV8 | no entry | These next few questions are about preventive health care measures some people take. | (01) CONTINUE (-7) EMPTY |
| BPTAKEN | PV9 | code one | When was the most recent time [you/(SP)] had (your/his/her) blood pressure taken by a doctor or other health professional? | (01) LESS THAN 6 MONTHS AGO (02) 6 MONTHS TO LESS THAN 1 YEAR AGO (03) 1 YEAR TO LESS THAN 2 YEARS AGO (04) 2 YEARS AGO TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (06) NEVER HAD BLOOD PRESSURE TAKEN (-8) DON'T KNOW (-9) REFUSED |
| BCTAKEN | PV10 | code one | When was the most recent time [you/(SP)] had (your/his/her) blood cholesterol checked? | (01) LESS THAN 6 MONTHS AGO (02) 6 MONTHS TO LESS THAN 1 YEAR AGO (03) 1 YEAR TO LESS THAN 2 YEARS AGO (04) 2 YEARS AGO TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (06) NEVER HAD CHOLESTEROL CHECKED (-8) DON'T KNOW (-9) REFUSED |
| | BOX PV6 | routing | IF SP IS FEMALE, GO TO PV11 - MAMMOGRM. ELSE GO TO BOX PV8. | |

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| MAMMOGRM | PV11 | yes/no | These next few questions are about preventive health care measures some people take. [Have you/Has (SP)] had a mammogram or a breast X-ray since (LAST HF MONTH YEAR, sample_person.DATE_FALLRND)? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |
| MAMCODE | PV11 | code all | What is the reason that [you have/(SP) has] not had a mammogram since (LAST HF MONTH YEAR, sample_person.DATE_FALLRND)? CHECK ALL THAT APPLY. | (01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE (03) DIDN'T THINK IT WOULD PREVENT BREAST CANCER/COULD GET BREAST CANCER ANYWAY/TEST IS USELESS (04) NOT AT RISK FOR BREAST CANCER (05) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (06) DOCTOR RECOMMENDED AGAINST GETTING IT (07) DON'T LIKE MAMMOGRAMS/PAIN, SORENESS, DISCOMFORT OR REACTIONS (08) INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY (09) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED (10) COST OF MAMMOGRAM/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY (11) AFRAID OF RESULTS/DON'T WANT TO KNOW (12) MAMMOGRAM RADIATION COULD CAUSE CANCER/ILL EFFECTS (13) NEVER HEARD OF MAMMOGRAM (14) APPOINTMENT SCHEDULED FOR FUTURE DATE (15) MASTECTOMY/BREASTS REMOVED (16) TOO ILL, PHYSICALLY/MENTALLY (91) OTHER (-8) DON'T KNOW (-9) REFUSED |
| MAMNOTHS | PV11 | verbatim text | OTHER (SPECIFY) | |
| PAPSMEAR | PV12 | yes/no | [Have you/Has (SP)] had a Pap smear test since (LAST HF MONTH YEAR, sample_person.DATE_FALLRND)? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |

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| PAPCODE | PV13 | code all | What is the reason that [you have/(SP) has] not had a Pap smear test since (LAST HF MONTH YEAR, sample_person.DATE_FALLRND)? CHECK ALL THAT APPLY. | (01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE (03) DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS (04) NOT AT RISK FOR CANCER (05) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (06) DOCTOR RECOMMENDED AGAINST GETTING IT (07) DON'T LIKE PAP SMEAR/PAIN, SORENESS, DISCOMFORT OR REACTIONS (08) INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY (09) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED (10) COST OF PAP SMEAR/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY (11) AFRAID OF RESULTS/DON'T WANT TO KNOW (12) NEVER HEARD OF PAP SMEAR (13) APPOINTMENT SCHEDULED FOR FUTURE DATE (14) HAD HYSTERECTOMY/NO UTERUS, OVARIES (15) TOO ILL, PHYSICALLY/MENTALLY (91) OTHER (-8) DON'T KNOW (-9) REFUSED |
| PAPNOTHS | PV13 | verbatim text | OTHER (SPECIFY) | |
| | BOX PV7 | routing | IF RESPONDENT HAS NOT PREVIOUSLY REPORTED HYSTERECTOMY (SAMPLE_PERSON.P_HYSTEREC^=1) AND RESPONSE TO PV13 – PAPCODE DOES NOT INCLUDE 14/HadHysterectomy, GO TO PV14 - HYSTEREC. ELSE GO TO BOX PVEND. | |
| HYSTEREC | PV14 | yes/no | [Have you/Has (SP)] ever had a hysterectomy? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |
| | BOX PV8 | routing | IF SP HAS EVER REPORTED HAVING PROSTATE SURGERY IN A PREVIOUS ROUND (sample_person.P_PROSSURG=1), GO TO PV16 - DIGTEXAM. ELSE GO TO PV15 - PROSSURG. | |

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| PROSSURG | PV15 | yes/no | <p>[Since (LAST HF MONTH YEAR, sample_person.DATE_FALLRND), [have you/has (SP)/[Have you/has (SP)] ever] had surgery on (your/his) prostate?</p> <p>[EXPLAIN IF NECESSARY: Surgery on the prostate gland is typically used as a treatment for prostate cancer or to correct urinary problems. Surgery can include complete or partial removal of the prostate.]</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> |
| DIGTEXAM | PV16 | yes/no | <p>[These next few questions are about preventive health care measures some people take/follow-up care sometimes prescribed after prostate surgery].</p> <p>[Have you/Has (SP)] had a digital rectal examination (of the prostate) since (LAST HF MONTH YEAR, sample_person.DATE_FALLRND)?</p> <p>[EXPLAIN IF NECESSARY: The exam may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> |
| BLOODTST | PV17 | yes/no | <p>[Have you/Has (SP)] had a blood test for detection of prostate cancer, known as a PSA, since (LAST HF MONTH YEAR, sample_person.DATE_FALLRND)?</p> <p>PSA = PROSTATE-SPECIFIC ANTIGEN</p> <p>[EXPLAIN IF NECESSARY: The test may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> |

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| PRONCODE | PV18 | code all | What is the reason that [you have/(SP) has] not had a prostate blood test or PSA since (LAST HF MONTH YEAR, sample_person.DATE_FALLRND)? CHECK ALL THAT APPLY. | (01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE (03) DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS (04) NOT AT RISK FOR CANCER (05) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (06) DOCTOR RECOMMENDED AGAINST GETTING IT (07) DON'T LIKE BLOOD TESTS/PAIN, SORENESS, DISCOMFORT OR REACTIONS (08) INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY (09) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED (10) COST OF TEST/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY (11) AFRAID OF RESULTS/DON'T WANT TO KNOW (12) NEVER HEARD OF PSA (13) APPOINTMENT SCHEDULED FOR FUTURE DATE (14) PROSTATECTOMY/PROSTATE REMOVED (91) OTHER (-8) DON'T KNOW (-9) REFUSED |
| PRONOTHS | PV18 | verbatim text | OTHER (SPECIFY) | |
| | BOX PVEND | routing | GO TO NEXT SECTION. | |