| Preventive Care (| | | | |
|-------------------|----------------|---|---|---|
| Variable Name | MR Screen Name | Question type | Question text/description | Code list |
| | | | IF RESPONDENT IS DECEASED, GO TO BOX PVEND. | |
| | | | ELSE IF SEASON=FALL, GO TO PV8 - PREVHLTHINTRO. | |
| | BOX PVBEG | routing | ELSE IF (SEASON=WINTER), GO TO PVINT-PVINTRO. | |
| | DOX 1 VBEG | Touting | 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. | |
| | | | IF SEASON=WINTER, FILL "Now I'd like to ask you some questions about the seasonal flu vaccine." | |
| PVINTRO | PVINT | No entry | ELSE IF SEASON=SUMMER, FILL "At the time of the last interview, we recorded that [you/(SP)] had not gotten | |
| | | | a flu vaccination for the [CURRENT YEAR MINUS 1] - [CURRENT YEAR] flu season." | |
| | | | Since [July 1st, (CURRENT YEAR MINUS 1)/[MREFDATE]], [have you/has (SP)] had a seasonal flu vaccination? | (01) YES |
| FLUSHOT | D\/E1 | vos/no | Since [July 1st, (CORRENT FEAR MINOS 1)/[MREFDATE]], [have you/has (3F)] had a seasonal hu vaccination: | (02) NO |
| FLUSHOT | PVF1 | yes/no | IF THE DECRONDENT MENTIONS A CHORT MEEDLE OF MEEDLE ESS INJECTOR, CODE AS "VES" | (-8) DON'T KNOW |
| | | | IF THE RESPONDENT MENTIONS A SHORT NEEDLE OR NEEDLELESS INJECTOR, CODE AS "YES". | (-9) REFUSED |
| | DOV DV/1 | | IF SEASON=WINTER GO TO PVF2-FLUCODE. | |
| | BOX PV1 | routing | ELSE GO TO BOX PV4. | |
| | | | | (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 |
| | | | | NYWAY/NOT AT RISK/NEVER GET THE FLU 6) DOCTOR DID NOT RECOMMEND THE SHOT 7) DOCTOR RECOMMENDED AGAINST GETTING |
| | | | | (07) DOCTOR RECOMMENDED AGAINST GETTING |
| | | | | VACCINE |
| | | | | (08) DON'T LIKE SHOTS OR NEEDLES/CONCERNS |
| | | | 5 1 (CD)1 | ABOUT SORENESS OR RASH/LOCAL REACTIONS |
| | | | For what reason didn't [you/(SP)] get a seasonal flu vaccination since July 1st? | (09) INCONVENIENT TO GET SHOT/UNABLE TO GET |
| FLUCODE | PVF2 | Code all [PROBE: Any other reason?] CHECK ALL THAT APPLY. | | TO LOCATION |
| | | | | (10) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT |
| | | | CHECK ALL THAT APPLY. | (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 |
| | | | | 1, , |
| | | | | , , |
| | | | | VACCINE/ALLERGIC TO SHOT/MEDICAL REASONS |
| | | | | 02) NO -8) DON'T KNOW -9) REFUSED (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 (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) REFLISED |
| | | | | VACCINE |
| | | | | (91) OTHER |
| | | | | (-8) DON'T KNOW |
| | | | | (-9) RFFUSED |
| 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 | |
| | | | Of the reasons you listed, what is the main reason [you/(SP)] did not get a flu vaccination this flu season? | [LIST ALL RESPONSES SELECTED AT PVF2-FLUCODE] |
| PVFLU3 | PVF3 | code 1 | (100) | |
| | 1 - 1 - | | READ LIST TO RESPONDENT. IF RESPONDENT SELECTS MORE THAN ONE REASON PROBE FOR MAIN REASON. | (-8) DON'T KNOW |
| | | | | (-9) REFUSED |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list |
|---------------|----------------|---------------|--|--|
| | 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 |
| VACSUPLY | 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 |
| REVHLTHINTRO | 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] 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 PV19 | | IF ROUND= FALL 2018 ROUND 82, GO TO PV19-BTSTHIV. ELSE IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3) GO TO PV19-BTSTHIV. IF P_EVRHIV=0 THEN GO TO PV20-CTSTHIV. ELSE GO TO BOX PV6. | |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list |
|---------------|----------------|---------------|---|--|
| BTSTHIV | PV19 | yes/no | The next question is about the test for HIV, the virus that causes AIDS. Except for tests [you/(SP)] may have had as part of blood donations, have [you/he/she] ever been tested for HIV? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |
| CTSTHIV | PV20 | code one | The next question is about the test for HIV, the virus that causes AIDS. Except for tests [you/(SP)] may have had as part of blood donations, since (SAMPLE_PERSON.DATE_FALLRND) have [you/he/she] been tested for HIV? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |
| RCNTHIV | PV21 | code one | When did [you/(SP)] have [your/his/her] most recent HIV test? | (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 HIV TEST (-8) DON'T KNOW (-9) REFUSED |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list |
|---------------|----------------|---------------|--|--|
| WHYNHIV | PV22 | code one | I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why [you/(SP)] have not been tested? | (01) IT'S UNLIKELY YOU'VE BEEN EXPOSED TO HIV (02) YOU WERE AFRAID TO FIND OUT IF YOU WERE HIV POSITIVE (THAT YOU HAD HIV) (03) DR. DID NOT PRESCRIBE OR RECOMMEND IT (04) YOU DIDN'T WANT TO THINK ABOUT HIV OR ABOUT BEING HIV POSITIVE (05) YOU WERE WORRIED YOUR NAME WOULD BE REPORTED TO THE GOVERNMENT IF YOU TESTED POSITIVE (06) YOU DIDN'T KNOW WHERE TO GET TESTED (07) YOU DON'T LIKE NEEDLES (08) YOU WERE AFRAID OF LOSING JOB, INSURANCE, HOUSING, FRIENDS, FAMILY, IF PEOPLE KNEW YOU WERE POSITIVE FOR AIDS INFECTION (09) SOME OTHER REASON (10) NO PARTICULAR REASON (-8) REFUSED (-9) DON'T KNOW |
| | BOX PV6 | routing | IF SP IS FEMALE, GO TO PV11 - MAMMOGRM. ELSE GO TO BOX PV8. | |
| MAMMOGRM | PV11 | yes/no | [Have you/Has (SP)] had a mammogram or a breast X-ray since (SAMPLE_PERSON.DATE_FALLRND)? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list |
|---------------|----------------|---------------|--|---|
| MAMCODE | PV11 | code all | What is the reason that [you have/(SP) has] not had a mammogram since ((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 ((SAMPLE_PERSON.DATE_FALLRND)? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list |
|---------------|----------------|---------------|--|--|
| PAPCODE | PV13 | code all | What is the reason that [you have/(SP) has] not had a Pap smear test since ((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. | |
| PROSSURG | PV15 | yes/no | [Since (SAMPLE_PERSON.DATE_FALLRND), [have you/has (SP)/[Have you/has (SP)] ever] had surgery on (your/his) prostate? [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.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list |
|---------------|----------------|---------------|--|--|
| | | | [These next few questions are about follow-up care sometimes prescribed after prostate surgery]. | |
| DIGTEXAM | PV16 | yes/no | [Have you/Has (SP)] had a digital rectal examination (of the prostate) since (SAMPLE_PERSON.DATE_FALLRND)? [EXPLAIN IF NECESSARY: The exam may be used to detect prostate cancer, to determine whether cancer has | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED |
| | | | spread beyond the prostate, and as part of follow-up care after prostate surgery.] | |
| | | | [Have you/Has (SP)] had a blood test for detection of prostate cancer, known as a PSA, since (SAMPLE_PERSON.DATE_FALLRND)? | (01) YES (02) NO |
| BLOODTST | PV17 | yes/no | PSA = PROSTATE-SPECIFIC ANTIGEN | (-8) DON'T KNOW |
| | | | [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.] | (-9) REFUSED |
| PRONCODE | PV18 | code all | What is the reason that [you have/(SP) has] not had a prostate blood test or PSA since (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) | |