

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<p>PREVENTIVE CARE QUESTIONNAIRE SPECIFICATIONS</p> <p><u>CRITERIA</u> INTTYPE=ALL SPALIVE=1 SEASON=ALL SPPROXY=SP or PROXY Other: N/A</p> <p><u>PLACEMENT</u> If INTTYPE in (C001, C002, C003, C004, C005, C006) and SEASON=FALL, administer after MBQ. If INTTYPE in (C001, C004, C005) and SEASON=WINTER or SUMMER, administer after CPS If INTTYPE in (C002, C006, C007, C010) and SEASON=SUMMER or WINTER, administer after NSQ</p>		
	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 "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."		PVF1-FLUSHOT
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	(01) FLUSITE-FLUSITE (02) BOX PV1 (-8) BOX PV4 (-9) BOX PV4
	BOX PV1	routing	IF SEASON=WINTER OR (IF SEASON=SUMMER AND P_FLUSHOT in (., -7, -8), GO TO PVF2-FLUCODE. ELSE GO TO BOX PV4.		
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) I WAS SICK WITH FLU SO I DON'T NEED THE VACCINE (02) I DIDN'T KNOW THE VACCINE WAS NEEDED (03) THE VACCINE COULD GIVE ME FLU (04) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE (05) I DON'T THINK THE VACCINE WILL PREVENT THE FLU (06) FLU IS NOT SERIOUS (07) MY DOCTOR DID NOT TELL ME THAT I SHOULD GET THE VACCINE (08) MY DOCTOR TOLD ME NOT TO GET THE VACCINE (09) I DON'T LIKE VACCINES OR NEEDLES (10) I COULDN'T GET TO THE PLACE WHERE THEY WERE OFFERING THE VACCINE (11) I COULDN'T FIND A PLACE THAT WAS OFFERING THE VACCINE (12) I FORGOT (13) I COULDN'T AFFORT THE VACCINE (14) I HAD VACCINE BEFORE AND DON'T NEED TO GET IT AGAIN (15) THE VACCINE WAS NOT AVAILABLE (16) THE VACCINE IS NOT WORTH THE MONEY (17) I DIDN'T HAVE TIME TO GET THE VACCINE (18) I'M NOT IN A HIGH RISK/PRIORITY GROUP (19) I HAVE AN ONGOING HEALTH CONDITION/ALLERGE/MEDICAL REASON THAT PREVENT ME FROM GETTING THE VACCINE (20) I DON'T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE (91) OTHER	(01) BOX PV2 (02) BOX PV2 (03) BOX PV2 (04) BOX PV2 (05) BOX PV2 (06) BOX PV2 (07) BOX PV2 (08) BOX PV2 (09) BOX PV2 (10) BOX PV2 (11) BOX PV2 (12) BOX PV2 (13) BOX PV2 (14) BOX PV2 (15) BOX PV2 (16) BOX PV2 (17) BOX PV2 (18) BOX PV2 (19) BOX PV2 (20) BOX PV2 (91) PVF2 - FLUOTHOS (-8) BOX PV2 (-9) BOX PV2
FLUOTHOS	PVF2	verbatim text	OTHER (SPECIFY)		BOX PV2
	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 one	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
	BOX PV3	routing	IF RESPONSE TO PVF2-FLUCODE DOES NOT INCLUDE 15, GO TO PVF5-VACAVAIL.. ELSE GO TO BOX PV4.		

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FLUSITE	FLUSITE	code one	Where did [you/(SP)] go for [your/his/her] most recent seasonal flu shot, was that a managed care plan or HMO center, a clinic, a doctor's office, a hospital, a health fair, shopping mall, or some other place? [IF CLINIC, ASK: Was it a hospital outpatient clinic, or some other kind of clinic? IF SOME OTHER PLACE, ASK: Where was this?]	(01) DOCTORS OFFICE OR GROUP PRACTICE (02) MEDICAL CLINIC (03) MANAGED CARE PLAN CENTER/HMO (04) NEIGHBORHOOD/FAMILY HEALTH CENTER (05) RURAL HEALTH CLINIC (06) COMPANY CLINIC/WORKPLACE (07) OTHER CLINIC (08) WALK-IN URGENT CENTER (09) HOSPITAL EMERGENCY ROOM (10) HOSPITAL OUTPATIENT DEPARTMENT/CLINIC (11) VA FACILITY (12) HEALTH FAIR (13) SHOPPING MALL/OTHER STORE (14) SENIOR CENTER (15) AT HOME (16) CHURCH/SCHOOL (17) LIBRARY (18) HOSPITAL INPATIENT (19) PHARMACY/DRUG STORE (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) VACPAID - VACPAID (02) VACPAID - VACPAID (03) VACPAID - VACPAID (04) VACPAID - VACPAID (05) VACPAID - VACPAID (06) VACPAID - VACPAID (07) VACPAID - VACPAID (08) VACPAID - VACPAID (09) VACPAID - VACPAID (10) VACPAID - VACPAID (11) VACPAID - VACPAID (12) VACPAID - VACPAID (13) VACPAID - VACPAID (14) VACPAID - VACPAID (15) VACPAID - VACPAID (16) VACPAID - VACPAID (17) VACPAID - VACPAID (18) VACPAID - VACPAID (19) VACPAID - VACPAID (91) FLUSITOS - FLUSITOS (-8) VACPAID - VACPAID (-9) VACPAID - VACPAID
FLUSITOS	FLUSITOS	verbatim text	OTHER (SPECIFY)		VACPAID - VACPAID
VACPAID	VACPAID	yes/no	Did [you/(SP)] pay some or all of the cost of the flu shot? Please include any monetary donations that [you/(SP)] may have made to cover the cost of the flu shot.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	PVF5-VACAVAIL
VACAVAIL	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? [IF NEEDED: This question is asking about whether the seasonal flu shot was available to [you/ (SP)], regardless if [you/ (SP)] did not receive or want one.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PV4
	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) OR RESPONDENT IS AGE=0, GO TO PV6-SHINGVAC. ELSE GO TO BOX PV5.		
SHINGVAC	PV6	yes/no	Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles; Zostavax®, which requires 1 shot, and Shingrix®, a new vaccine which requires 2 shots. [Have you/Has (SP)] had a vaccine for Shingles?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PV5
	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. There are two types of pneumonia shots: polysaccharide, also known as Pneumovax®23, and conjugate, also known as Prevnar13®.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PVEND
PREVHLTHINTRO	PV8	no entry	These next few questions are about preventive health care measures some people take.	(01) CONTINUE (-7) EMPTY	PV8A- WELLNESS
WELLNESS	PV8A	yes/no	Within the first 12 months of a beneficiary's Medicare enrollment, Medicare pays for a one-time "Welcome to Medicare" visit with their primary care provider to assess their current health. After a beneficiary has been enrolled in Medicare for 12 months, Medicare pays for "Annual Wellness" visits. These visits are yearly appointments with the beneficiary's primary care provider to update their personalized prevention plan. Since (SAMPLE_PERSON.DATE_FALLRND), [have you/has SP] had either a "Welcome to Medicare" or an "Annual Wellness" visit?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	PV9-BPTAKEN
BPTAKEN	PV9	code one	SHOW CARD PV1 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	PV10 - BCTAKEN

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BCTAKEN	PV10	code one	SHOW CARD PV2 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	BOXPV5A
	BOX PV5A	routing	IF SP IS IN THE BASELINE INTERVIEW (sample_person.INTTYPE=3) GO TO PV10A-BASKORAL. ELSE GO TO PV10B-CASKORAL.		
BASKORAL	PV10A	yes/no	[Have you/Has SP] ever had an exam for oral cancer in which the doctor or dentist pulls on [your/his/her] tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PV10C-OCCEXAM (02) BOX PV5C (-8) BOX PV5C (-9) BOX PV5C
CASKORAL	PV10B	yes/no	Since (SAMPLE_PERSON.DATE_FALLRND), [have you/has SP] had an exam for oral cancer in which the doctor or dentist pulls on [your/his/her] tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PV5C
OCCEXAM	PV10C	code one	When did [you/SP] have [your/his/her] most recent oral or mouth cancer exam? Was it within the past year, between 1 and 3 years ago, or over 3 years ago?	(01) WITHIN THE PAST YEAR (02) BETWEEN 1 AND 3 YEARS AGO (03) OVER 3 YEARS AGO (-8) DON'T KNOW (-9) REFUSED	BOX PV5C
	BOX PV5C	routing	ELSE IF SP IS IN THE BASELINE INTERVIEW (sample_person.INTTYPE=3) GO TO PV19-BTSTHIV. ELSE GO TO PV20-CTSTHIV.		
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/ has he/ has she] ever been tested for HIV?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PV21-RCNTHIV (02) BOX PV5D (-8) BOX PV6 (-9) BOX PV6
RCNTHIV	PV21	code one	When did [you/(SP)] have [your/his/her] most recent HIV test?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX PV6
CTSTHIV	PV20		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/ has he/ has she] been tested for HIV?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX PV6 (02) BOX PV5D (-8) BOX PV6 (-9) BOX PV6
	BOX PV5D		IF SP IS IN THE BASELINE INTERVIEW (sample_person.INTTYPE=3) GO TO PV22-WHYNHIV ELSE GO TO BOX PV6		
WHYNHIV	PV22	code one	SHOW CARD PV3 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 have/(SP) has] 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
	BOX PV6	routing	IF SP IS FEMALE, GO TO PV11 - MAMMOGRM. ELSE GO TO BOX PV8.		

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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	(01) PV12 - PAPSMEAR (02) PV11 - MAMCODE (-8) PV12 - PAPSMEAR (-9) PV12 - PAPSMEAR
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	(01) PV12 - PAPSMEAR (02) PV12 - PAPSMEAR (03) PV12 - PAPSMEAR (04) PV12 - PAPSMEAR (05) PV12 - PAPSMEAR (06) PV12 - PAPSMEAR (07) PV12 - PAPSMEAR (08) PV12 - PAPSMEAR (09) PV12 - PAPSMEAR (10) PV12 - PAPSMEAR (11) PV12 - PAPSMEAR (12) PV12 - PAPSMEAR (13) PV12 - PAPSMEAR (14) PV12 - PAPSMEAR (15) PV12 - PAPSMEAR (16) PV12 - PAPSMEAR (91) PV11 - MAMNOTHS (-8) PV12 - PAPSMEAR (-9) PV12 - PAPSMEAR
MAMNOTHS	PV11	verbatim text	OTHER (SPECIFY)		PV12 - PAPSMEAR
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	(01) BOX PV7 (02) PV13 - PAPCODE (-8) BOX PV7 (-9) BOX PV7
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	(01) BOX PV7 (02) BOX PV7 (03) BOX PV7 (04) BOX PV7 (05) BOX PV7 (06) BOX PV7 (07) BOX PV7 (08) BOX PV7 (09) BOX PV7 (10) BOX PV7 (11) BOX PV7 (12) BOX PV7 (13) BOX PV7 (14) BOX PV7 (15) BOX PV7 (91) PV13 - PAPNOTHS (-8) BOX PV7 (-9) BOX PV7
PAPNOTHS	PV13	verbatim text	OTHER (SPECIFY)		BOX PV7

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	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 PVEND
	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	PV16 - DIGTEXAM
DIGTEXAM	PV16	yes/no	[These next few questions are about follow-up care sometimes prescribed after prostate surgery]. [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 spread beyond the prostate, and as part of follow-up care after prostate surgery.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	PV17 - BLOODTST
BLOODTST	PV17	yes/no	[Have you/Has (SP)] had a blood test for detection of prostate cancer, known as a PSA, since (SAMPLE_PERSON.DATE_FALLRND)? PSA = PROSTATE-SPECIFIC ANTIGEN [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.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX PVEND (02) PV18 - PRONCODE (-8) BOX PVEND (-9) BOX PVEND
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	(01) BOX PVEND (02) BOX PVEND (03) BOX PVEND (04) BOX PVEND (05) BOX PVEND (06) BOX PVEND (07) BOX PVEND (08) BOX PVEND (09) BOX PVEND (10) BOX PVEND (11) BOX PVEND (12) BOX PVEND (13) BOX PVEND (14) BOX PVEND (91) PV18 - PRONOTHs (-8) BOX PVEND (-9) BOX PVEND
PRONOTHs	PV18	verbatim text	OTHER (SPECIFY)		BOX PVEND
	BOX PVEND	routing	GO TO CVQ.		