Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			PREVENTIVE CARE QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=ALL SPALIVE=1 SEASON=FALL SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after MBQ.		
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 [your/(SP)'s] blood pressure was 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~~ BPTKHOME
~~HYPEHOME~~ BPTKHOME	~~HFT6D~~ BPTKHOME	yes/no	~~Because of [your/(SP)'s] high blood pressure, [are you/is (SP)] now measuring~~ Do you regularly check [your/(SP)'s] blood pressure at home?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	~~HFT6G--HYPEMEDS~~ PV10-BCTAKEN
BCTAKEN	PV10	code one	SHOW CARD PV2 When was the most recent time [your/(SP)'s] cholesterol was 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~~ ORALCANC
	~~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/(SP)'s] 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~~ ORALCANC	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/(SP)'s] 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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
~~OCCEXAM~~	~~PV10C~~	~~code one~~	~~When was [your/(SP)'s] 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 INTERIVEW (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 (SP)] ever been tested for HIV?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PV21-RCNTHIV (02) ~~BOX PV5D~~ BOX PV6 (-8) BOX PV6 (-9) BOX PV6
RCNTHIV	PV21	code one	When was [your/(SP)'s] 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 (SP)] 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 INTERIVEW (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.		
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 (03) QUESTION DOES NOT APPLY TO SP (-8) DON'T KNOW (-9) REFUSED	(01) BOX PV7 (02) PV11 - MAMCODE (03) BOX PV7 (-8) BOX PV7 (-9) BOX PV7

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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. IF R MENTIONS AGE AS A REASON, PROBE TO DETERMINE IF THEIR DOCTOR SAID THE TEST IS NOT NEEDED DUE TO AGE GUIDELINES.	(01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/~~ON A~~ NOT YET DUE (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)~~ (04) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT ~~(06) DOCTOR RECOMMENDED AGAINST GETTING IT~~ ~~(07)~~ (05) DON'T LIKE MAMMOGRAMS/PAIN, SORENESS, DISCOMFORT OR REACTIONS ~~(08) INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY~~ ~~(09)~~ (06) 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)~~ (07) APPOINTMENT SCHEDULED FOR FUTURE DATE ~~(15)~~ (08) MASTECTOMY/BREASTS REMOVED ~~(16)~~ (09) TOO ILL, PHYSICALLY/MENTALLY (10) DOESN'T GO TO DOCTOR/DOESN'T HAVE DOCTOR (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~~ ~~(16) BOX PV7~~ (01) -(10) BOX PV7 (91) PV11 - MAMNOTHS (-8) BOX PV7 (-9) BOX PV7
MAMNOTHS	PV11	verbatim text	OTHER (SPECIFY)		BOX PV7
	BOX PV7	routing	IF RESPONDENT HAS NOT PREVIOUSLY REPORTED HYSTERECTOMY (SAMPLE_PERSON.P_HYSTEREC^=1), GO TO PV14 - HYSTER ELSE GO TO BOX PVEND.		
HYSTER	PV14	yes/no	[Have you/Has (SP)] ever had a hysterectomy?	(01) YES (02) NO (03) QUESTION DOES NOT APPLY TO SP (-8) DON'T KNOW (-9) REFUSED	~~(01)~~ BOX PVEND (02) ~~PV12 - PAPTEST~~ GYNEXAM (03) ~~PV12 - PAPTEST~~ GYNEXAM (-8) ~~PV12 - PAPTEST~~ GYNEXAM (-9) ~~PV12 - PAPTEST~~ GYNEXAM
~~PAPTEST~~ GYNEXAM	~~PV12~~ GYNEXAM	yes/no	~~[Have you/Has (SP)] had a Pap smear test since (SAMPLE_PERSON.DATE_FALLRND)?~~ [Have you/Has (SP)] had a gynecological exam by a health care professional since (LAST HF MONTH YEAR, sample_person.DATE_FALLRND)?	(01) YES (02) NO (03) QUESTION DOES NOT APPLY TO SP (-8) DON'T KNOW (-9) REFUSED	~~(01) BOX PVEND~~ ~~(02) PV13 - PAPREASN~~ ~~(03) BOX PVEND~~ ~~(-8) BOX PVEND~~ ~~(-9) BOX PVEND~~ BOX PVEND

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
~~PAPREASN~~	~~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~~ ~~(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~~ ~~(15) BOX PVEND~~ ~~(91) PV13 - PAPOTHR~~ ~~(-8) BOX PVEND~~ ~~(-9) BOX PVEND~~
~~PAPOTHR~~	~~PV13~~	~~verbatim text~~	~~OTHER (SPECIFY)~~		~~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/(SP)'s] 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 (03) QUESTION DOES NOT APPLY TO SP (-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 (03) QUESTION DOES NOT APPLY TO SP (-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 (03) QUESTION DOES NOT APPLY TO SP (-8) DON'T KNOW (-9) REFUSED	(01) BOX PVEND (02) PV18 - PRONCODE (03) BOX PVEND (-8) BOX PVEND (-9) BOX PVEND

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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. IF R MENTIONS AGE AS A REASON, PROBE TO DETERMINE IF THEIR DOCTOR SAID THE TEST IS NOT NEEDED DUE TO AGE GUIDELINES.	(01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/~~ON A~~ NOT DUE YET (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)~~ (03) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT ~~(06) DOCTOR RECOMMENDED AGAINST GETTING IT~~ ~~(07)~~ (04) DON'T LIKE BLOOD TESTS/PAIN, SORENESS, DISCOMFORT OR REACTIONS ~~(08) INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY~~ ~~(09)~~ (05) 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)~~ (06) APPOINTMENT SCHEDULED FOR FUTURE DATE/INTEND TO SCHEDULE ~~(14)~~ (07) PROSTATECTOMY/PROSTATE REMOVED (08) TOO ILL, PHYSICALLY/MENTALLY (09) DOESN'T GO TO DOCTOR/DOESN'T HAVE DOCTOR (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~~ (01) - (09) BOX PVEND (91) PV18 - PRONOTHS (-8) BOX PVEND (-9) BOX PVEND
PRONOTHS	PV18	verbatim text	OTHER (SPECIFY)		BOX PVEND
	BOX PVEND	routing	GO TO HFQ.		

Note: Variables shown in purple indicate items moved from the Health Status and Functioning Questionnaire. Variables shown in green indicate new items or revisions to the main Medicare Current Beneficiary Survey. Variables shown in black represent items that are unchanged.