AP01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AP-1.

In order to get as complete a picture as possible of all sources
of health care, we would also like to ask about the use of other
forms of health care, including treatment you may have previously
told me about, such as the treatments shown on this card.
Frequently this type of care is referred to as complementary or
alternative care.

During the **calendar year** 1996, **for health reasons**, did (PERSON)
consult someone who provides these types of treatments?

```
        YES .................................... 1
        NO ..................................... 2 {BOX_01}
        REF .................................... -7 {BOX_01}
        DK ..................................... -8 {BOX_01}
```

 PRESS F1 FOR DEFINITION OF COMPLEMENTARY/ALTERNATIVE CARE.

AP02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AP-1.

What type of treatment did (PERSON) receive?

PROBE: Any other types of treatments received?

CODE ALL THAT APPLY.

```
ACUPUNCTURE ........................... 1
NUTRITIONAL ADVICE OR LIFESTYLE DIETS .. 2
MASSAGE THERAPY ....................... 3
HERBAL REMEDIES PURCHASED ............. 4
BIO-FEEDBACK TRAINING ................. 5
TRAINING OR PRACTICE OF MEDITATION,
   IMAGERY, OR RELAXATION TECHNIQUES .... 6
HOMEOPATHIC TREATMENT ................. 7
SPIRITUAL HEALING OR PRAYER ........... 8
HYPNOSIS .............................. 9
TRADITIONAL MEDICINE, SUCH AS CHINESE,
   AYURVEDIC, AMERICAN INDIAN, ETC. .... 10
OTHER TREATMENT ...................... 91
REF .................................. -7
DK ................................... -8
```

[Code All That Apply.]

PRESS F1 FOR DEFINITIONS OF RESPONSE CATEGORIES.

```
-------------------------------------------------
|  IF CODED '91' (OTHER TREATMENT) ALONE OR IN     |
|  COMBINATION WITH ANY OTHER CODES, CONTINUE WITH  |
|  AP02OV                                           |
-------------------------------------------------

-------------------------------------------------
|  OTHERWISE, GO TO AP03                            |
-------------------------------------------------
```

AP02OV
======

ENTER OTHER:

```
[Enter Other Specify} .................
REF .................................. -7
DK ................................... -8
```

AP03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

You told me that (PERSON) consulted someone who practices
alternative care. What type of practitioner(s) (was/were) used?

PROBE: Any other types of practitioners consulted?

CODE ALL THAT APPLY.

```
        MASSAGE THERAPIST ...................... 1
        ACUPUNCTURIST .......................... 2
        PHYSICIAN .............................. 3
        NURSE .................................. 4
        HOMEOPATHIC OR NATUROPATHIC DOCTOR ..... 5
        CHIROPRACTOR ........................... 6
        CLERGY, SPIRITUALIST, OR CHANNELER ..... 7
        HERBALIST .............................. 8
        OTHER .................................. 91
        REF .................................... -7
        DK ..................................... -8
```

[Code All That Apply.]

PRESS F1 FOR DEFINITIONS OF RESPONSE CATEGORIES.

```
    -------------------------------------------------------
    |   IF CODED '91' (OTHER) ALONE OR IN COMBINATION WITH|
    |  ANY OTHER CODES, CONTINUE WITH AP03OV              |
    -------------------------------------------------------


    -------------------------------------------------------
    |   OTHERWISE, GO TO AP04                             |
    -------------------------------------------------------
```

AP03OV
======

ENTER OTHER:

```
        [Enter Other Specify] .................
        REF .................................... -7
        DK ..................................... -8
```

AP04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Approximately how many times in 1996 did (PERSON) actually
visit these types of practitioners?

```
     [Enter Number-3] ......................  {AP05}
     REF .................................. -7 {AP05}
     DK ................................... -8
```

```
     --------------------------------------------------------
    |   SOFT RANGE CHECK:  1-100                              |
     --------------------------------------------------------
```

AP04A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Would you say (PERSON) visited these types of practitioners ...

```
     1 time, ................................ 1
     2 - 4 times, ........................... 2
     5 - 10 times, .......................... 3
     11 - 20 times, ......................... 4
     21 - 30 times, or ...................... 5
     31 or more times? ...................... 6
     REF .................................. -7
     DK ................................... -8
```

[Code One.]

AP05
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did (PERSON) consult the alternative or complementary care
practitioner(s) for a specific physical or mental health problem?

```
     YES .................................... 1
     NO ................................... 2 {AP07}
     REF ................................. -7 {AP07}
     DK .................................. -8 {AP07}
```

AP06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

For what health problems was/were the alternative care practitioner(s)
consulted?

PROBE: Did (PERSON) have any **other** health problems for which
(PERSON) consulted an alternative care practitioner?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same
(NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

       [1. Medical Condition] ....
       [2. Medical Condition] ....
       [3. Medical Condition] ....
       OTHER SPECIFY: (_____) 91

      | ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- |
      | MEDICAL-CONDITIONS-ROSTER. |

```
---------------------------------------------------
| ROSTER BEHAVIOR SPECIFICATIONS:                 |
|                                                 |
| 1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY|
|    LISTED ON THE ROSTER.  DOING SO SHOULD NOT   |
|    IMPACT THE ROUND FLAG OF THE CONDITION.      |
| 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF|
|    CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO |
|    LIMIT TO THE NUMBER OF CONDITIONS).  AS      |
|    CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED|
|    WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE|
|    FIRST CREATED.  THIS ROUND FLAG WILL BE USED |
|    LATER IN THE INTERVIEW TO DETERMINE WHICH    |
|    QUESTIONS SHOULD BE ASKED.                   |
| 3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION|
|    THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS|
|    USED.  THAT IS, AS LONG AS THE INTERVIEWER HAS|
|    NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO   |
|    DELETE A CONDITION ENTERED IN ERROR.  IF DELETE|
|    IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED |
|    (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY|
|    THE FOLLOWING ERROR MESSAGE:  'DELETE ALLOWED |
|    ONLY WHEN CONDITION IS FIRST ENTERED.'       |
| 4. ANY CONDITION ADDED TO THE ROSTER SHOULD BE  |
|    FLAGGED AS 'CREATED' THIS ROUND (WITH THE ROUND|
|    STATUS).  ANY CONDITION SELECTED AT THE ROSTER|
|    SHOULD BE FLAGGED AS 'SELECTED' THIS ROUND   |
|    (WITH THE ROUND STATUS).  THIS FLAGGING SHOULD|
|    OCCUR, AT ALL OF THE PERSON'S-MEDICAL-        |
|    CONDITIONS-ROSTERS THROUGHOUT THE INSTRUMENT, |
|    THE FIRST TIME THE CONDITION IS ADDED OR     |
|    SELECTED DURING THE ROUND.  FOR EXAMPLE, IF IT|
|    IS ROUND 1, ALL CONDITIONS ON THE ROSTER WOULD|
|    HAVE THE FLAG 'CREATED - ROUND 1'.  IF A     |
|    CONDITION IS CREATED IN CE, BUT SELECTED IN MV,|
|    ALL DURING ROUND 1, IT WOULD ONLY HAVE THE FLAG|
|    'CREATED - ROUND 1'.  THUS, FOR ANY ONE ROUND, A|
|    CONDITION CAN ONLY BE FLAGGED AS 'CREATED' OR |
|    'SELECTED'.  IF IT IS ROUND 2 AND A CONDITION |
|    THAT WAS CREATED IN ROUND 1 IS SELECTED, IT  |
|    SHOULD BE FLAGGED AS 'SELECTED - ROUND 2'.   |
|    THIS FLAG IS IN ADDITION TO THE ORIGINAL     |
|    'CREATED - ROUND 1' FLAG.                    |
---------------------------------------------------
```

AP07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Was the use of complementary or alternative care ever discussed
with (PERSON)'s regular doctor?

```
YES ................................... 1
NO .................................... 2
HAVE NO REGULAR DOCTOR ................ 3
ALTERNATIVE CARE PRACTITIONER IS
    REGULAR DOCTOR ..................... 4
REF .................................. -7
DK ................................... -8
```

[Code One.]

AP08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) ever referred for alternative care by a
physician or any other medical provider?

CODE '95' IF ALTERNATIVE CARE PROVIDED BY REGULAR PROVIDER
(NOT PHYSICIAN).

```
YES ................................... 1
NO .................................... 2
CARE PROVIDED BY REGULAR PROVIDER ..... 95
REF .................................. -7
DK ................................... -8
```

[Code One.]

AP09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Thinking about all of (PERSON)'s alternative or complementary
care visits, please give me your best estimate of the total
amount spent by (PERSON) (or the family) and insurance, for
(PERSON)'s care in calendar year 1996?

```
        [$ Amount] ............................  {AP11}
        REF ................................. -7 {AP11}
        DK ................................. -8
```

```
        -----------------------------------------------------
        |  SOFT RANGE CHECK:  $0-$100,000.  WHOLE DOLLAR     |
        |  AMOUNTS ONLY.                                     |
        -----------------------------------------------------
```

AP10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Would you say (PERSON) (and the family) and insurance spent...

```
        $1 - $100, ............................. 1
        $101 - $500, ........................... 2
        $501 - $1500, .......................... 3
        $1501 - $3000, ......................... 4
        $3001 - $5000, or ...................... 5
        $5001 or more? ......................... 6
        REF ................................. -7
        DK ................................. -8
```

[Code One.]

AP11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did (PERSON)'s health insurance pay for any of (PERSON)'s
complementary or alternative care?

CODE '95' IF PERSON DOES NOT HAVE HEALTH INSURANCE.

```
        YES ..................................... 1
        NO ...................................... 2 {AP11B}
        DOES NOT HAVE HEALTH INSURANCE .......  95 {AP11B}
        REF ................................... -7 {AP11B}
        DK .................................... -8 {AP11B}
```

[Code One.]

AP11A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Thinking about the total amount (PERSON) (and the family) and
insurance spent on alternative or complementary care visits,
please give me your best estimate of the percent **paid by
insurance**.

```
        [% Amount] .............................
        REF ................................... -7
        DK .................................... -8
```

```
        -----------------------------------------------------
        |  RANGE CHECK:  0%-100%                            |
        -----------------------------------------------------
```

AP11B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Thinking about all the **products or remedies** used that are
associated with alternative or complementary care, please give
me your best estimate of the total amount spent for these
products and remedies by (PERSON) (and the family) in the
calendar year 1996?

```
[$ Amount] .............................  {BOX_01}
REF .................................. -7 {BOX_01}
DK ................................... -8
```

| SOFT RANGE CHECK: $0-$10,000. WHOLE DOLLAR |
| AMOUNTS ONLY. |

AP11C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Would you say (PERSON) (and the family) spent...

```
$1 - $50, ............................... 1
$51 - $100, ............................. 2
$101 - $200, ............................ 3
$201 - $500, or ........................ 4
$501 or more? .......................... 5
REF .................................... -7
DK ..................................... -8
```

[Code One.]

BOX_01
======

| IF PERSON BEING ASKED ABOUT IS DECEASED, GO TO |
| BOX_02 |

| OTHERWISE, CONTINUE WITH AP12 |

AP12
====

{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
        REF .... -7
        DK .... -8

                    [Code One.]

           PRESS F1 FOR DEFINITION OF DENTAL CHECK-UP.

        | IF PERSON BEING ASKED ABOUT IS 18 YEARS OF AGE OR |
        | OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH |
        | AP15 |

        | OTHERWISE, GO TO BOX_02 |

AP13
====
        OMITTED. (MOVED AND RENUMBERED)

AP14
====
        OMITTED. (MOVED AND RENUMBERED)

AP15
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

```
        WITHIN PAST YEAR ....................... 1
        WITHIN PAST 2 YEARS .................... 2
        WITHIN PAST 5 YEARS .................... 3
        MORE THAN 5 YEARS ...................... 4
        NEVER .................................. 5
        REF ................................... -7
        DK .................................... -8
```

   PRESS F1 FOR DEFINITION OF BLOOD PRESSURE CHECK.

[Code One.]

AP16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had (PERSON)'s
cholesterol levels checked?

```
        WITHIN PAST YEAR ....................... 1
        WITHIN PAST 2 YEARS .................... 2
        WITHIN PAST 5 YEARS .................... 3
        MORE THAN 5 YEARS ...................... 4
        NEVER .................................. 5
        REF ................................... -7
        DK .................................... -8
```

   PRESS F1 FOR DEFINITION OF CHOLESTEROL LEVEL CHECK.

[Code One.]

AP17
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had a complete
physical?

```
        WITHIN PAST YEAR ...................... 1
        WITHIN PAST 2 YEARS ................... 2
        WITHIN PAST 5 YEARS ................... 3
        MORE THAN 5 YEARS ..................... 4
        NEVER ................................. 5
        REF .................................. -7
        DK ................................... -8
```

          PRESS F1 FOR DEFINITION OF COMPLETE PHYSICAL.

                      [Code One.]

AP18
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

```
        WITHIN PAST YEAR ...................... 1
        WITHIN PAST 2 YEARS ................... 2
        WITHIN PAST 5 YEARS ................... 3
        MORE THAN 5 YEARS ..................... 4
        NEVER ................................. 5
        REF .................................. -7
        DK ................................... -8
```

            PRESS F1 FOR DEFINITION OF FLU SHOT.

                      [Code One.]


```
      -----------------------------------------------------
      |   IF PERSON BEING ASKED ABOUT IS 35 YEARS OF AGE OR |
      |   OLDER (OR IN AGE CATEGORIES 6-9), CONTINUE WITH    |
      |   AP18A                                              |
      -----------------------------------------------------


      -----------------------------------------------------
      |   OTHERWISE, GO TO BOX_01A                          |
      -----------------------------------------------------
```

AP18A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) wear dentures?

          YES 1
          NO 2
          REF .... -7
          DK .... -8

               PRESS F1 FOR DEFINITION OF DENTURES.

AP18B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) lost all of (PERSON)'s **adult** teeth?

          YES 1
          NO 2
          REF .... -7
          DK .... -8

BOX_01A
=======

          | IF PERSON BEING ASKED ABOUT IS MALE, CONTINUE WITH|
          | WITH AP19 |

          | OTHERWISE, GO TO AP20 |

AP19
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had a prostate exam?

```
WITHIN PAST YEAR ....................... 1 {BOX_02}
WITHIN PAST 2 YEARS .................... 2 {BOX_02}
WITHIN PAST 5 YEARS .................... 3 {BOX_02}
MORE THAN 5 YEARS ...................... 4 {BOX_02}
NEVER .................................. 5 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}
```

PRESS F1 FOR DEFINITION OF PROSTATE EXAM.

[Code One.]

AP20
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

```
WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS .................... 2
WITHIN PAST 5 YEARS .................... 3
MORE THAN 5 YEARS ...................... 4
NEVER .................................. 5
REF ................................... -7
DK .................................... -8
```

PRESS F1 FOR DEFINITION OF PAP SMEAR TEST.

[Code One.]

AP21
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had a breast exam?

```
        WITHIN PAST YEAR ....................... 1
        WITHIN PAST 2 YEARS .................... 2
        WITHIN PAST 5 YEARS .................... 3
        MORE THAN 5 YEARS ..................... 4
        NEVER ................................. 5
        REF ................................. -7
        DK .................................. -8
```

PRESS F1 FOR DEFINITION OF BREAST EXAM.

[Code One.]

```
        -----------------------------------------------------
        |   IF PERSON BEING ASKED ABOUT IS 40 YEARS OF AGE OR |
        |   OLDER (OR IN AGE CATEGORIES 6-9), CONTINUE WITH   |
        |   AP22                                              |
        -----------------------------------------------------


        -----------------------------------------------------
        |   OTHERWISE, GO TO BOX_02                          |
        -----------------------------------------------------
```

AP22
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

```
        WITHIN PAST YEAR ....................... 1
        WITHIN PAST 2 YEARS .................... 2
        WITHIN PAST 5 YEARS .................... 3
        MORE THAN 5 YEARS ..................... 4
        NEVER ................................. 5
        REF ................................. -7
        DK .................................. -8
```

PRESS F1 FOR DEFINITION OF MAMMOGRAM.

[Code One.]

BOX_02
======

```
       -----------------------------------------------------
       |   GO TO NEXT QUESTIONNAIRE SECTION.               |
       -----------------------------------------------------
```