Preventive Care (AP) Section

BOX_00A	
======	
	THE AP SECTION IS ASKED IN ROUNDS 3 AND 5 ONLY. IF IT IS ROUND 1, 2, OR 4, CONTINUE TO THE NEXT SECTION.
BOX_00 =====	
	CONTEXT HEADER DISPLAY INSTRUCTIONS: DISPLAY PERS.FULLNAME.
AP01 ====	
	OMITTED.
AP02 ====	OMITTED.
AP03	OHITIED.
	OMITTED.
AP04 ====	
	OMITTED.
AP04A ====	
	OMITTED.
AP05 ====	
	OMITTED.
AP06 ====	
	OMITTED.

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AP07	
	OMITTED.
AP08 ====	
	OMITTED.
AP09 ====	
	OMITTED.
AP10 ====	
7 D 1 1	OMITTED.
AP11 ====	OMITTED.
AP11A =====	
	OMITTED.
AP11B =====	
	OMITTED.
AP11C =====	
	OMITTED.
BOX_01 =====	
	TE DEDGON TO LEGG WAN 1 VEND OF ACE (OD ACE
	IF PERSON IS LESS THAN 1 YEAR OF AGE (OR AGE CATEGORY 1), GO TO BOX_02
	OTHERWISE, CONTINUE WITH AP12

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	AP12 ====	
Preventive care (PERSON) may receive. On average, how often (do/does) (PERSON) receive a dental check-up? TWICE A YEAR OR MORE		{PERSON'S FIRST MIDDLE AND LAST NAME}
TWICE A YEAR OR MORE		
ONCE A YEAR		
HELP AVAILABLE 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 IF PERSON BEING ASKED ABOUT IS 16 OR 17 YEARS OF AGE, GO TO AP32 OTHERWISE (THAT IS, PERSON BEING ASKED ABOUT IS LESS THAN 16 YEARS OF AGE OR IN AGE CATEGORIES 1-3), GO TO BOX_02 AP13 ====		ONCE A YEAR 2 LESS THAN ONCE A YEAR 3 NEVER GO TO DENTIST 4 REF7
IF PERSON BEING ASKED ABOUT IS 18 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH AP15 IF PERSON BEING ASKED ABOUT IS 16 OR 17 YEARS OF AGE, GO TO AP32 OTHERWISE (THAT IS, PERSON BEING ASKED ABOUT IS LESS THAN 16 YEARS OF AGE OR IN AGE CATEGORIES 1-3), GO TO BOX_02		[Code One]
IF PERSON BEING ASKED ABOUT IS 18 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH AP15		HELP AVAILABLE FOR DEFINITION OF DENTAL CHECK-UP.
IF PERSON BEING ASKED ABOUT IS 16 OR 17 YEARS OF AGE, GO TO AP32 OTHERWISE (THAT IS, PERSON BEING ASKED ABOUT IS LESS THAN 16 YEARS OF AGE OR IN AGE CATEGORIES 1-3), GO TO BOX_02 AP13 ====		IF PERSON BEING ASKED ABOUT IS 18 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH AP15
OTHERWISE (THAT IS, PERSON BEING ASKED ABOUT IS LESS THAN 16 YEARS OF AGE OR IN AGE CATEGORIES 1-3), GO TO BOX_02 AP13 ====		IF PERSON BEING ASKED ABOUT IS 16 OR 17 YEARS OF AGE, GO TO AP32
====		OTHERWISE (THAT IS, PERSON BEING ASKED ABOUT IS LESS THAN 16 YEARS OF AGE OR IN AGE CATEGORIES
OMITIED.		OMITED
AP14	7 D1 //	OMITTED.

OMITTED.

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AP15

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

WITHIN PAST	YEAR 1	{AP150V}
WITHIN PAST	2 YEARS 2	{AP150V}
WITHIN PAST	3 YEARS 3	{AP16}
WITHIN PAST	5 YEARS 4	{AP16}
MORE THAN 5	YEARS 5	{AP16}
NEVER		{AP16}
REF	- 7	{AP16}
DK	-8	{AP16}

HELP AVAILABLE FOR DEFINITION OF BLOOD PRESSURE CHECK.

[Code One]

AP150V

IF NOT ALREADY GIVEN, ASK: About how long ago in months has it been?

IF LESS THAN ONE MONTH AGO, ENTER 0.

NUMBER:

[Enter Small Number]	{AP16}
REF7	{AP16}
DK8	{AP16}

| HARD CHECK: | | 0 - 24 |

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had (PERSON)'s blood cholesterol checked by a doctor or other health professional?

WITHIN PAST	YEAR 1	{AP17}
WITHIN PAST	2 YEARS 2	{AP17}
WITHIN PAST	3 YEARS 3	{AP17}
WITHIN PAST	5 YEARS 4	{AP17}
MORE THAN 5	YEARS 5	{AP17}
NEVER		{AP17}
REF		{AP17}
DK	8	{AP17}

HELP AVAILABLE FOR DEFINITION OF BLOOD CHOLESTEROL CHECK.

[Code One]

AP17

{PERSON'S FIRST MIDDLE AND LAST NAME}

A routine check-up is a visit with a doctor or other health professional for assessing overall health, usually **not** prompted by a specific illness or complaint. It usually includes a blood pressure check, and **may** include taking a blood sample for analysis and questions about health behaviors such as smoking.

About how long has it been since (PERSON) had a routine check-up by a doctor or other health professional?

WITHIN PAST	YEAR 1	{AP17A}
WITHIN PAST	2 YEARS 2	{AP17A}
WITHIN PAST	3 YEARS 3	{AP17A}
WITHIN PAST	5 YEARS 4	{AP17A}
MORE THAN 5	YEARS 5	{AP17A}
NEVER	6	{AP17A}
REF	-7	{AP17A}
DK	-8	{AP17A}

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AP17A =====					
	{PERSON'S FIRST MIDDLE AND LAST NAME	∑ }			
	Doctors or other health professional to make a change to their lifestyles of developing a number of diseases,	s to low	er thei:	r ris	k
	Has a doctor or other health profess (PERSON) to	sional e	ver adv:	ised	
		YES	NO		
AP17A_01 ======					
	Eat fewer high fat or high cholesterol foods?				AP17A_02
	REFUSED (-7) AND DON'T KNOW (-				- -
AP17A_02					
	Exercise more?	1	2	()	{AP18}
	REFUSED (-7) AND DON'T KNOW (-				- -

Α	Ρ	1	8
_	_	_	_

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had a flu vaccination (shot or nasal spray)?

WITHIN PAST Y	YEAR 1	(AP18A)
WITHIN PAST 2	2 YEARS 2	(AP18A)
WITHIN PAST 3	3 YEARS 3	(AP18A)
WITHIN PAST 5	5 YEARS 4	{AP18A}
MORE THAN 5	YEARS 5	(AP18A)
NEVER		(AP18A)
REF	7	7 {AP18A}
DK		8 {AP18A}

[Code One]

HELP AVAILABLE FOR DEFINITION OF FLU VACCINATION.

AP18A

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) take aspirin every day or every other day?

YES 1	. {AP18B}
NO 2	(AP18AA)
REF7	' {AP18B}
DK8	{AP18B}

AP18AA

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) have a health problem or condition that makes taking aspirin unsafe for (PERSON)?

YES 1	{AP18AAA}
NO 2	{AP18B}
REF7	{AP18B}
DK8	{AP18B}

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AP18AAA	
=====	
{	PERSON'S FIRST MIDDLE AND LAST NAME}
I	s that problem stomach related or something else?
	STOMACH RELATED 1 {AP18B} SOMETHING ELSE 2 {AP18B} REF -7 {AP18B} DK -8 {AP18B}
	[Code One]
AP18B ====	
{	PERSON'S FIRST MIDDLE AND LAST NAME}
	Have/Has) (PERSON) lost all of (PERSON)'s upper and lower atural (permanent) teeth?
	YES
BOX_01A ======	
	IF PERSON BEING ASKED ABOUT IS MALE AND IS 40 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 6-9), CONTINUE WITH AP19
	IF PERSON BEING ASKED ABOUT IS MALE AND IS LESS THAN 40 YEARS OF AGE (OR IN AGE CATEGORIES 4-5), GO TO AP28
	OTHERWISE (I.E., PERSON BEING ASKED ABOUT IS FEMALE), GO TO AP20A

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON) have (PERSON)'s most recent "PSA" test?

IF NECESSARY, SAY: A "P-S-A" is a blood test to detect prostate cancer. It is also called a prostate specific antigen test.

MITMITM DACE	YEAR 1	(1 0 0 4 1
WIIHIN PASI	IEAR	$\{APZ4\}$
WITHIN PAST	2 YEARS 2	{AP24}
WITHIN PAST	3 YEARS 3	{AP24}
WITHIN PAST	5 YEARS 4	{AP24}
MORE THAN 5	YEARS 5	{AP24}
NEVER	6	{AP24}
REF	 -7	{AP24}
DK		{AP24}

[Code One]

AP20A =====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) had a hysterectomy?

YES 1	{AP20}
NO 2	{AP20}
REF7	{AP20}
DK8	{AP20}

HELP AVAILABLE FOR DEFINITION OF HYSTERECTOMY.

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON) have (PERSON)'s most recent Pap test?

IF NECESSARY, SAY: A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

WITHIN PAST	YEAR 1	{AP21}
WITHIN PAST	2 YEARS 2	{AP21}
WITHIN PAST	3 YEARS 3	{AP21}
WITHIN PAST	5 YEARS 4	{AP21}
MORE THAN 5	YEARS 5	{AP21}
NEVER	6	{AP21}
REF	 -7	{AP21}
DK	-8	{AP21}

[Code One]

AP21

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON) have (PERSON)'s most recent breast exam?

IF NECESSARY, SAY: A breast exam is when the breasts are felt by a doctor or other health professional to check for lumps.

WITHIN PAST	YEAR	1
WITHIN PAST	2 YEARS	2
WITHIN PAST	3 YEARS	3
WITHIN PAST	5 YEARS	4
MORE THAN 5	YEARS	5
NEVER		6
REF		-7
DK	-	- 8

	IF PERSON BEING ASKED ABOUT IS 30 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 5-9), CONTINUE WITH AP22	
- -	OTHERWISE, GO TO AP28	- -
{PERS	SON'S FIRST MIDDLE AND LAST NAME}	
IF NE	did (PERSON) have (PERSON)'s most recent mammogram? ECESSARY SAY: A mammogram is an x-ray taken only of	
<i>S</i> TGu.	WITHIN PAST YEAR	
	[Code One]	
 	IF PERSON BEING ASKED ABOUT IS 40 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 6-9), CONTINUE WITH AP24	
-	OTHERWISE, GO TO AP28	

AP23

OMITTED.

11

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AP24

{PERSON'S FIRST MIDDLE AND LAST NAME}

A blood stool test is a test that you do at home using a special kit or cards provided by a doctor or other health professional to determine whether the stool contains blood.

When did (PERSON) do (PERSON)'s **most recent** blood stool test using a home kit?

WITHIN PAST YEAR	1	L {AP24A}
WITHIN PAST 2 YEARS	2	2 {AP24A}
WITHIN PAST 3 YEARS	3	3 {AP24A}
WITHIN PAST 5 YEARS		4 {AP24A}
WITHIN PAST 10 YEARS		5 {AP24A}
MORE THAN 10 YEARS	6	5 {AP24A}
NEVER		7 {AP26}
REF		7 {AP26}
DK		3 {AP26}

[Code One]

AP24A =====

{PERSON'S FIRST MIDDLE AND LAST NAME}

What was the main reason (PERSON) had (PERSON)'s most recent blood stool test using a home kit? Was it...

Part of a routine exam, 1	{AP26}
Because of a problem, or 2	{AP26}
Some other reason? 3	{AP26}
REF7	{AP26}
DK8	{AP26}

[Code One]

AP25

OMITTED.

{PERSON'S FIRST MIDDLE AND LAST NAME}

A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home.

When did (PERSON) have (PERSON)'s most recent colonoscopy?

WITHIN PAST YEAR 1	{AP26A}
WITHIN PAST 2 YEARS 2	{AP26A}
WITHIN PAST 3 YEARS 3	{AP26A}
WITHIN PAST 5 YEARS 4	{AP26A}
WITHIN PAST 10 YEARS5	{AP26A}
MORE THAN 10 YEARS 6	{AP26A}
NEVER 7	{AP27}
REF7	{AP27}
DK8	{AP27}

[Code One]

AP26A =====

{PERSON'S FIRST MIDDLE AND LAST NAME}

What was the main reason (PERSON) had (PERSON)'s most recent colonoscopy? Was it...

Part of a routine exam, 1	{AP27}
Because of a problem, or 2	{AP27}
Some other reason? 3	{AP27}
REF7	{AP27}
DK8	{AP27}

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{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON) have (PERSON)'s most recent sigmoidoscopy?

WITHIN P.	AST YE	AR	 	 1	{AP27A}
WITHIN P.	AST 2	YEARS	 	 2	{AP27A}
WITHIN P.	AST 3	YEARS	 	 3	{AP27A}
WITHIN P.	AST 5	YEARS	 	 4	{AP27A}
WITHIN P.	AST 10	YEARS	 	 5	{AP27A}
MORE THA	N 10 Y	EARS .	 	 6	{AP27A}
NEVER			 	 7	{AP28}
REF			 	 -7	{AP28}
DK			 	 -8	{AP28}

[Code One]

AP27A

{PERSON'S FIRST MIDDLE AND LAST NAME}

What was the main reason (PERSON) did (PERSON)'s most recent sigmoidoscopy? Was it...

Part of a routine exam, 1	(AP28)
Because of a problem, or	2 {AP28}
Some other reason?	3 {AP28}
REF	7 {AP28}
DK8	3 {AP28}

[Code One]

AP28

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) now spend half an hour or more in moderate or vigorous physical activity at least three times a week?

YES 1	{AP29}
NO 2	{AP29}
REF7	{AP29}
DK8	{AP29}

HELP AVAILABLE FOR DEFINITION OF MODERATE OR VIGOROUS PHYSICAL ACTIVITY.

	HARD CHECK: HARD RANGE CHECK: 0 TO 11	-
	INCHES: [Enter Inches]	
AP29_02 =====		_
	SOFT CHECK: SOFT RANGE CHECK: 2 TO 6	-
	[Enter Feet]	2}
AP29_01 =====	FEET:	
	PROBE FOR INCHES IF NOT REPORTED.	
	About how tall (are/is) (PERSON) without shoes?	
====	{PERSON'S FIRST MIDDLE AND LAST NAME}	
AP29		

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how much (do/does) (PERSON) weigh without shoes?

ENTER CURRENT WEIGHT TO THE NEAREST POUND.

[Enter Pounds]	{AP32}
REF7	{AP32}
DK8	{AP31}

| SOFT CHECK: | SOFT RANGE CHECK: 50 TO 500

AP31

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AP-1.

Looking at this card, what is your best guess of (PERSON)'s weight?

99 POUNDS OR LESS	1	{AP32}
100 - 149 POUNDS	2	{AP32}
150 - 199 POUNDS	3	{AP32}
200 - 249 POUNDS	4	{AP32}
250 - 299 POUNDS	5	{AP32}
300 POUNDS OR MORE	6	{AP32}
REF	-7	{AP32}
DK	-8	{AP32}

AP32 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	When (PERSON) drive(s) or ride(s) in a car, would (PERSON) say (PERSON) wear(s) a seat belt
	Always, 1 {BOX_02} Nearly Always, 2 {BOX_02} Sometimes, 3 {BOX_02} Seldom, or 4 {BOX_02} Never? 5 {BOX_02} IF VOLUNTEERED: NEVER DRIVES OR RIDES IN A CAR/ALWAYS USES PUBLIC TRANSPORTATION OR WALKS 6 {BOX_02} REF -7 {BOX_02} DK -8 {BOX_02}
	[Code One]
BOX 02	
=====	

| GO TO NEXT QUESTIONNAIRE SECTION.