

Preventive Care (AP) Section

BOX\_00A

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| 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

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |  
DISPLAY PERS.FULLNAME.

AP01

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OMITTED.

AP02

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OMITTED.

AP03

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OMITTED.

AP04

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OMITTED.

AP04A

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OMITTED.

AP05

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OMITTED.

AP06

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OMITTED.

MEPS P16R5/P17R3/P18R1 Preventive Care (AP) Section  
November 19, 2012

AP07

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OMITTED.

AP08

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OMITTED.

AP09

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OMITTED.

AP10

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OMITTED.

AP11

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OMITTED.

AP11A

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OMITTED.

AP11B

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OMITTED.

AP11C

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OMITTED.

BOX\_01

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| IF PERSON IS LESS THAN 1 YEAR OF AGE (OR AGE |  
CATEGORY 1), GO TO BOX\_02

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OTHERWISE, CONTINUE WITH AP12

AP12  
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{PERSON'S FIRST MIDDLE AND LAST NAME}

The next few questions ask about the amounts and types of **preventive** care {you/{PERSON}} may receive.

On average, how often {do/does} {you/he/she} 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]

HELP AVAILABLE FOR DEFINITION OF DENTAL CHECK-UP.

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

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| IF PERSON BEING ASKED ABOUT IS 16 OR 17 YEARS OF |  
AGE, GO TO AP32

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| 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  
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OMITTED.

AP14  
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OMITTED.

AP15  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since {you/{PERSON}} had {your/his/her}  
blood pressure checked by a doctor, nurse or other health professional?

- WITHIN PAST YEAR ..... 1 {AP15OV}
- WITHIN PAST 2 YEARS ..... 2 {AP15OV}
- WITHIN PAST 3 YEARS ..... 3 {AP16}
- WITHIN PAST 5 YEARS ..... 4 {AP16}
- MORE THAN 5 YEARS ..... 5 {AP16}
- NEVER ..... 6 {AP16}
- REF ..... -7 {AP16}
- DK ..... -8 {AP16}

HELP AVAILABLE FOR DEFINITION OF BLOOD PRESSURE CHECK.

[Code One]

AP15OV  
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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}
- REF ..... -7 {AP16}
- DK ..... -8 {AP16}

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| HARD CHECK: |  
0 - 24

AP16  
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{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since {you/{PERSON}} had {your/his/her}  
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 .....	6	{AP17}
REF .....	-7	{AP17}
DK .....	-8	{AP17}

HELP AVAILABLE FOR DEFINITION OF BLOOD CHOLESTEROL CHECK.

[Code One]

AP17  
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since {you/{PERSON}} had a routine  
check-up by a doctor or other health professional?

IF NECESSARY, SAY: 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.

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}

[Code One]

AP17A

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{PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health professional **ever** advised  
{you/{PERSON}} to...

YES NO

AP17A\_01

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...Eat fewer high fat or high  
cholesterol foods? 1 2 ( ) AP17A\_02

-----  
REFUSED (-7) AND DON'T KNOW (-8) ALLOWED.

AP17A\_02

=====

...Exercise more? 1 2 ( ) {AP18}

-----  
REFUSED (-7) AND DON'T KNOW (-8) ALLOWED.

AP18  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

WITHIN PAST YEAR .....	1	{AP18A}
WITHIN PAST 2 YEARS .....	2	{AP18A}
WITHIN PAST 3 YEARS .....	3	{AP18A}
WITHIN PAST 5 YEARS .....	4	{AP18A}
MORE THAN 5 YEARS .....	5	{AP18A}
NEVER .....	6	{AP18A}
REF .....	-7	{AP18A}
DK .....	-8	{AP18A}

[Code One]

HELP AVAILABLE FOR DEFINITION OF FLU VACCINATION.

AP18A  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Do/Does} {you/{PERSON}} take aspirin every day or every other  
day?

YES .....	1	{AP18B}
NO .....	2	{AP18AA}
REF .....	-7	{AP18B}
DK .....	-8	{AP18B}

AP18AA  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Do/Does} {you/{PERSON}} have a health problem or condition that  
makes taking aspirin unsafe for {you/him/her}?

YES .....	1	{AP18AAA}
NO .....	2	{AP18B}
REF .....	-7	{AP18B}
DK .....	-8	{AP18B}

AP18AAA  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is 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} {you/{PERSON}} lost all of {your/his/her} upper and lower  
natural (permanent) teeth?

YES ..... 1 {BOX\_01A}  
NO ..... 2 {BOX\_01A}  
REF ..... -7 {BOX\_01A}  
DK ..... -8 {BOX\_01A}

BOX\_01A  
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| IF PERSON BEING ASKED ABOUT IS MALE AND IS 40 |  
| YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 6-9), |  
CONTINUE WITH AP19

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| IF PERSON BEING ASKED ABOUT IS MALE AND IS LESS |  
| THAN 40 YEARS OF AGE (OR IN AGE CATEGORIES 4-5), |  
GO TO AP28

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| OTHERWISE (I.E., PERSON BEING ASKED ABOUT IS |  
FEMALE), GO TO AP20A

AP19  
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{PERSON'S FIRST MIDDLE AND LAST NAME}

When did {you/{PERSON}} have {your/his} **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.

WITHIN PAST YEAR .....	1	{AP24}
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 .....	-8	{AP24}

[Code One]

AP20A  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Have/Has} {you/{PERSON}} had a hysterectomy?

YES .....	1	{AP20}
NO .....	2	{AP20}
REF .....	-7	{AP20}
DK .....	-8	{AP20}

HELP AVAILABLE FOR DEFINITION OF HYSTERECTOMY.

AP20  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did {you/{PERSON}} have {your/her} **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 {you/{PERSON}} have {your/her} **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

[Code One]

-----  
| 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

AP22  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did {you/{PERSON}} have {your/her} **most recent** mammogram?

IF NECESSARY SAY: A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

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

[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.

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 {you/{PERSON}} do {your/his/her} **most recent** blood stool test using a home kit?

- WITHIN PAST YEAR ..... 1 {AP24A}
- WITHIN PAST 2 YEARS ..... 2 {AP24A}
- WITHIN PAST 3 YEARS ..... 3 {AP24A}
- WITHIN PAST 5 YEARS ..... 4 {AP24A}
- WITHIN PAST 10 YEARS ..... 5 {AP24A}
- MORE THAN 10 YEARS ..... 6 {AP24A}
- NEVER ..... 7 {AP26}
- REF ..... -7 {AP26}
- DK ..... -8 {AP26}

[Code One]

AP24A  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

What was the main reason {you/{PERSON}} had {your/his/her} 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}
- REF ..... -7 {AP26}
- DK ..... -8 {AP26}

[Code One]

AP25  
=====

OMITTED.

AP26  
=====

{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 {you/{PERSON}} have {your/his/her} **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 YEARS .....	5	{AP26A}
MORE THAN 10 YEARS .....	6	{AP26A}
NEVER .....	7	{AP27}
REF .....	-7	{AP27}
DK .....	-8	{AP27}

[Code One]

AP26A  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

What was the main reason {you/{PERSON}} had {your/his/her} most recent colonoscopy? Was it...

Part of a routine exam, .....	1	{AP27}
Because of a problem, or .....	2	{AP27}
Some other reason? .....	3	{AP27}
REF .....	-7	{AP27}
DK .....	-8	{AP27}

[Code One]

AP27  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did {you/{PERSON}} have {your/his/her} **most recent** sigmoidoscopy?

WITHIN PAST YEAR .....	1	{AP27A}
WITHIN PAST 2 YEARS .....	2	{AP27A}
WITHIN PAST 3 YEARS .....	3	{AP27A}
WITHIN PAST 5 YEARS .....	4	{AP27A}
WITHIN PAST 10 YEARS .....	5	{AP27A}
MORE THAN 10 YEARS .....	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 {you/{PERSON}} did {your/his/her} 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}
DK .....	-8	{AP28}

[Code One]

AP28  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Do/Does} {you/{PERSON}} now spend half an hour or more in moderate or vigorous physical activity at least five times a week?

YES .....	1	{AP29}
NO .....	2	{AP29}
REF .....	-7	{AP29}
DK .....	-8	{AP29}

HELP AVAILABLE FOR DEFINITION OF MODERATE OR VIGOROUS  
PHYSICAL ACTIVITY.

AP29  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how tall {are/is} {you/{PERSON}} without shoes?

PROBE FOR INCHES IF NOT REPORTED.

AP29\_01  
=====

FEET:

[Enter Feet] ..... {AP29\_02}  
REF ..... -7 {AP30}  
DK ..... -8 {AP30}

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| SOFT CHECK: |  
SOFT RANGE CHECK: 2 TO 6

AP29\_02  
=====

INCHES:

[Enter Inches] ..... {AP30}  
REF ..... -7 {AP30}  
DK ..... -8 {AP30}

-----  
| HARD CHECK: |  
HARD RANGE CHECK: 0 TO 11

AP30  
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how much {do/does} {you/{PERSON}} weigh without shoes?

ENTER CURRENT WEIGHT TO THE NEAREST POUND.

[Enter Pounds] ..... {AP32}  
REF ..... -7 {AP32}  
DK ..... -8 {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 {your/{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}

[Code One]

AP32  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Would {you say you wear/{PERSON} say {he/she} wears} a seat belt  
when driving or riding in a car...

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]

-----  
| DISPLAY 'you say you wear' IF PERSON BEING ASKED |  
| ABOUT IS THE RESPONDENT [PERSON IS SELECTED AT |  
| RE06 WHEN RE02 IS CODED '1' (RU MEMBER)]. |  
OTHERWISE, DISPLAY '{PERSON} say {he/she} wears'.

BOX\_02  
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GO TO NEXT QUESTIONNAIRE SECTION.