

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 P17R5/P18R3/P19R1 Preventive Care (AP) Section
November 15, 2013

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

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.

| 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
=====

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	{AP16}
WITHIN PAST 2 YEARS	2	{AP16}
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
=====

OMITTED.

AP16
=====

{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
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

YES NO

AP17A_01
=====

...Eat fewer high fat or high cholesterol foods? 1 2 () AP17A_02

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

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
=====

| 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

AP19
=====

{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}

| 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
=====

GO TO NEXT QUESTIONNAIRE SECTION.