

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<b>PREVENTIVE CARE QUESTIONNAIRE SPECIFICATIONS</b>  <u>CRITERIA</u> INTTYPE=ALL SPALIVE=1 SEASON=ALL SPPROXY=SP or PROXY Other: N/A  <u>PLACEMENT</u> Administer after MBQ.		
	BOX PVBEG	routing	IF RESPONDENT IS DECEASED, GO TO BOX PVEND. ELSE IF SEASON=FALL, GO TO PV8 - PREVHLTHINTRO. ELSE IF (SEASON=WINTER), GO TO PVINT-PVINTRO. ELSE IF (SEASON=SUMMER) AND (WINTER ROUND RESONSE TO PVF1-FLUSHOT^=1/YES), GO TO PVINT-PVINTRO. ELSE IF (SEASON=SUMMER) AND (WINTER ROUND RESONSE TO PVF1-FLUSHOT=1/YES), GO TO BOX PV4.		
PVINTRO	PVINT	No entry	IF SEASON=WINTER, FILL "Now I'd like to ask you some questions about the seasonal flu vaccine." ELSE IF SEASON=SUMMER, FILL "At the time of the last interview, we recorded that [you/(SP)] had not gotten a flu vaccination for the [CURRENT YEAR MINUS 1] - [CURRENT YEAR] flu season."		PVF1-FLUSHOT
FLUSHOT	PVF1	yes/no	Since [July 1st, (CURRENT YEAR MINUS 1)/(MREFDATE)], [have you/has (SP)] had a seasonal flu vaccination?  IF THE RESPONDENT MENTIONS A SHORT NEEDLE OR NEEDLELESS INJECTOR, CODE AS "YES".	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PVF5-VACSUPPLY (02) BOX PV1 (-8) BOX PV4 (-9) BOX PV4
	BOX PV1	routing	IF SEASON=WINTER GO TO PVF2-FLUCODE. ELSE GO TO BOX PV4.		
FLUCODE	PVF2	code all	For what reason didn't [you/(SP)] get a seasonal flu vaccination since July 1st?  [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) DIDN'T KNOW IT WAS NEEDED (02) SHOT COULD CAUSE FLU (03) SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE (04) DIDN'T THINK IT WOULD PREVENT THE FLU/COULD GET THE FLU ANYWAY (05) FLU NOT SERIOUS/WOULD NOT GET FLU ANYWAY/NOT AT RISK/NEVER GET THE FLU (06) DOCTOR DID NOT RECOMMEND THE SHOT (07) DOCTOR RECOMMENDED AGAINST GETTING VACCINE (08) DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS (09) INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION (10) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT (11) COST OF VACCINE (12) HAD VACCINE BEFORE/DIDN'T NEED IT AGAIN (13) VACCINE UNAVAILABLE/VACCINE SHORTAGE (14) NOT WORTH THE MONEY (15) DIDN'T HAVE TIME (16) NOT IN HIGH RISK/PRIORITY GROUP (17) ONGOING HEALTH CONDITION PREVENTING VACCINE/ALLERGIC TO SHOT/MEDICAL REASONS (18) DON'T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) BOX PV2 (02) BOX PV2 (03) BOX PV2 (04) BOX PV2 (05) BOX PV2 (06) BOX PV2 (07) BOX PV2 (08) BOX PV2 (09) BOX PV2 (10) BOX PV2 (11) BOX PV2 (12) BOX PV2 (13) BOX PV2 (14) BOX PV2 (15) BOX PV2 (16) BOX PV2 (17) BOX PV2 (18) BOX PV2 (91) PVF2 - FLUOTHOS (-8) BOX PV2 (-9) BOX PV2
FLUOTHOS	PVF2	verbatim text	OTHER (SPECIFY)		BOX PV2
	BOX PV2	routing	IF MORE THAN ONE RESPONSE SELECTED AS YES AT PVF2-FLUCODE, GO TO PVF3-PVFLU3, ELSE GO TO BOX PV3		
PVFLU3	PVF3	code 1	Of the reasons you listed, what is the main reason [you/(SP)] did not get a flu vaccination this flu season?  READ LIST TO RESPONDENT. IF RESPONDENT SELECTS MORE THAN ONE REASON PROBE FOR MAIN REASON.	[LIST ALL RESPONSES SELECTED AT PVF2-FLUCODE] __ [ENTER MAIN REASON] (-8) DON'T KNOW (-9) REFUSED	BOX PV3

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	BOX PV3	routing	IF RESPONSE TO PVF2-FLUCODE DOES NOT INCLUDE 13, GO TO PVF4-NOVACINE. ELSE GO TO BOX PV4.		
NOVACINE	PVF4	yes/no	Was one reason that [you/(SP)] did not get a seasonal flu vaccination since July 1st, [CURRENT YEAR MINUS 1] because the vaccine was in short supply or unavailable?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PV4
VACSUPPLY	PVF5	yes/no	Did [you/(SP)] have any trouble getting a seasonal flu shot when (you/he/she) wanted to because the vaccine was in short supply or unavailable?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PV4
	BOX PV4	routing	IF THIS IS A SUMMER ROUND AND RESPONDENT HAS NOT REPORTED RECEIVING THE SHINGLES VACCINE (P_SHINGVAC^=1) AND RESPONDENT IS AGE 60 OR ABOVE (AGECALC ≥ 60) OR RESPONDENT IS AGE=0, GO TO PV6-SHINGVAC. ELSE GO TO BOX PV5.		
SHINGVAC	PV6	yes/no	Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006.  [Have you/Has (SP)] ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PV5
	BOX PV5	routing	IF THIS IS A SUMMER ROUND AND RESPONDENT HAS NOT REPORTED RECEIVING THE PNEUMONIA VACCINE (PNEUSHOT^=1), GO TO PV7-PNEUSHOT. ELSE GO TO BOX PVEND.		
PNEUSHOT	PV7	yes/no	[Have you/Has (SP)] EVER had a pneumonia shot?  This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PVEND
PREVHLTHINTR O	PV8	no entry	These next few questions are about preventive health care measures some people take.	(01) CONTINUE (-7) EMPTY	PV9 - BPTAKEN
BPTAKEN	PV9	code one	When was the most recent time [you/(SP)] had [your/his/her] blood pressure 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
BCTAKEN	PV10	code one	When was the most recent time [you/(SP)] had [your/his/her] cholesterol 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	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 (-8) DON'T KNOW (-9) REFUSED	(01) PV12 - PAPSMEAR (02) PV11 - MAMCODE (-8) PV12 - PAPSMEAR (-9) PV12 - PAPSMEAR

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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.	(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 BREAST CANCER/COULD GET BREAST CANCER ANYWAY/TEST IS USELESS (04) NOT AT RISK FOR BREAST CANCER (05) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (06) DOCTOR RECOMMENDED AGAINST GETTING IT (07) DON'T LIKE MAMMOGRAMS/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 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) APPOINTMENT SCHEDULED FOR FUTURE DATE (15) MASTECTOMY/BREASTS REMOVED (16) TOO ILL, PHYSICALLY/MENTALLY (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) PV12 - PAPSMEAR (02) PV12 - PAPSMEAR (03) PV12 - PAPSMEAR (04) PV12 - PAPSMEAR (05) PV12 - PAPSMEAR (06) PV12 - PAPSMEAR (07) PV12 - PAPSMEAR (08) PV12 - PAPSMEAR (09) PV12 - PAPSMEAR (10) PV12 - PAPSMEAR (11) PV12 - PAPSMEAR (12) PV12 - PAPSMEAR (13) PV12 - PAPSMEAR (14) PV12 - PAPSMEAR (15) PV12 - PAPSMEAR (16) PV12 - PAPSMEAR (91) PV11 - MAMNOTHS (-8) PV12 - PAPSMEAR (-9) PV12 - PAPSMEAR
MAMNOTHS	PV11	verbatim text	OTHER (SPECIFY)		PV12 - PAPSMEAR
PAPSMEAR	PV12	yes/no	[Have you/Has (SP)] had a Pap smear test since (SAMPLE_PERSON.DATE_FALLRND)?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX PV7 (02) PV13 - PAPCODE (-8) BOX PV7 (-9) BOX PV7
PAPCODE	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 (14) HAD HYSTERECTOMY/NO UTERUS, OVARIES (15) TOO ILL, PHYSICALLY/MENTALLY (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 (91) PV13 - PAPNOTHS (-8) BOX PV7 (-9) BOX PV7
PAPNOTHS	PV13	verbatim text	OTHER (SPECIFY)		BOX PV7

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	BOX PV7	routing	IF RESPONDENT HAS NOT PREVIOUSLY REPORTED HYSTERECTOMY (SAMPLE_PERSON.P_HYSTEREC^=1) AND RESPONSE TO PV13 – PAPCODE DOES NOT INCLUDE 14/HadHysterectomy, GO TO PV14 - HYSTEREC. ELSE GO TO BOX PVEND.		
HYSTEREC	PV14	yes/no	[Have you/Has (SP)] ever had a hysterectomy?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	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/his) 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 (-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 (-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 (-8) DON'T KNOW (-9) REFUSED	(01) BOX PVEND (02) PV18 - PRONCODE (-8) BOX PVEND (-9) BOX PVEND
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.	(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 BLOOD TESTS/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 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) APPOINTMENT SCHEDULED FOR FUTURE DATE (14) PROSTATECTOMY/PROSTATE REMOVED (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 (91) PV18 - PRONOTHS (-8) BOX PVEND (-9) BOX PVEND
PRONOTHS	PV18	verbatim text	OTHER (SPECIFY)		BOX PVEND
	BOX PVEND	routing	IF SEASON=FALL AND INTTYPE in(C001, C002, C003, C004, C005, C006), GO TO HFQ. IF SEASON=WINTER, GO TO KNQ. IF SEASON=SUMMER, GO TO IAQ.		