

N. PREVENTIVE CARE PAGE

N1	Refer to age.	N1	<input type="checkbox"/> 0 17-39, available (3) <input type="checkbox"/> 1 40 and over, available (1) <input type="checkbox"/> 2 17 and over, callback required (NP) <input type="checkbox"/> 3 Other (NP)
1.	About how long has it been since you had an electrocardiogram, or EKG, which involves placing wires on the chest and arms?	1.	<input type="checkbox"/> 00 Never <input type="checkbox"/> 98 Less than 1 year _____ Years
2.	About how long has it been since you had a test for glaucoma, sometimes referred to as an eye pressure test?	2.	<input type="checkbox"/> 00 Never <input type="checkbox"/> 98 Less than 1 year _____ Years
3.	About how long has it been since you had a chest x-ray?	3.	<input type="checkbox"/> 00 Never <input type="checkbox"/> 98 Less than 1 year _____ Years
4.	About how long has it been since you had your blood pressure taken?	4.	<input type="checkbox"/> 00 Never <input type="checkbox"/> 98 Less than 1 year _____ Years
5a.	Have you EVER been told by a doctor that you had high blood pressure?	5a.	<input type="checkbox"/> 1 Yes (6) <input type="checkbox"/> 2 No
b.	Have you EVER been told by a doctor that you had hypertension?	b.	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (N2)
6.	Are you NOW taking any medicine prescribed by a doctor for your [high blood pressure/hypertension]?	6.	<input type="checkbox"/> 1 Yes (N2) <input type="checkbox"/> 2 No
7a.	Do you still have [high blood pressure/hypertension]?	7a.	<input type="checkbox"/> 1 Yes (N2) <input type="checkbox"/> No <input type="checkbox"/> DK
b.	Is this condition completely cured or is it under control?	b.	<input type="checkbox"/> 2 Cured <input type="checkbox"/> 3 Under control
N2	Refer to sex.	N2	<input type="checkbox"/> 2 Female (8) <input type="checkbox"/> 1 Male (10)
8.	About how long has it been since you had a Pap smear test?	8.	<input type="checkbox"/> 00 Never <input type="checkbox"/> 98 Less than 1 year _____ Years
9.	About how long has it been since you had a breast examination by a medical doctor or assistant?	9.	<input type="checkbox"/> 00 Never <input type="checkbox"/> 98 Less than 1 year _____ Years
10a.	Do you have eyeglasses or contact lenses?	10a.	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
b.	About how long has it been since you had your eyes examined to see if you needed glasses (or new glasses)? Read if age 17: Include any eye exams given in school.	b.	<input type="checkbox"/> 00 Never <input type="checkbox"/> 98 Less than 1 year _____ Years
RS1		RS1	Pers. No. of Resp. { <input type="checkbox"/> 1 Self Resp. <input type="checkbox"/> 2 Proxy (Reason)

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N3 Refer to age.	M3 <input type="checkbox"/> Under 3 (12) <input type="checkbox"/> 3-16 (11) <input type="checkbox"/> Other (NP)
11a. Does --- have eyeglasses or contact lenses?	11a. <input type="checkbox"/> Yes <input type="checkbox"/> No
b. About how long has it been since --- had --- eyes examined to see if --- needed glasses (or new glasses)? <i>Read if age 5-16: include any eye exams given in school.</i>	b. <input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year _____ Years
12a. During the past 12 months, (that is, since (12 month date) a year ago) was --- taken to a doctor for a ROUTINE physical examination, that is, not for a particular illness but for a general checkup? <i>Read if age 5-16: include routine physical examinations given in school.</i>	12a. <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
b. About how long has it been since --- was taken to a doctor for a routine physical examination or general checkup? <i>Read if age 5-16: include routine physical examinations given in school.</i>	b. <input type="checkbox"/> Never _____ Years
13. About how old was --- when --- FIRST went to a dentist?	13. <input type="checkbox"/> Never _____ Years old
RS2	RS2 _____ Pers. No. of Resp.
FOOTNOTES	

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