

Section F: Screening, Prevention, and Safety Habits

The next section asks about tests or exams you may have had when visiting the doctor or health professional and when you had those tests.

1. Have you ever had any of the following tests or exams? For each question, please fill in the one circle that most closely corresponds to the last time you had this test or exam.

	Never	Less than 1	1-3 years	3-5 years	5-10 years	>10 years
1a. A blood pressure check.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				PSH010		FMT_PSHFREQ.
1b. A blood cholesterol test.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				PSH020		FMT_PSHFREQ.
1c. A colonoscopy or sigmoidoscopy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				PSH030		FMT_PSHFREQ.
1d. A test to detect occult or hidden blood in your stool...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				PSH040		FMT_PSHFREQ.
1e. A general health checkup.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				PSH050		FMT_PSHFREQ.
1f. A blood sugar or glucose test.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				PSH060		FMT_PSHFREQ.
1g. An eye exam.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				PSH070		FMT_PSHFREQ.
1h. A dental checkup.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				PSH080		FMT_PSHFREQ.
1i. A dental cleaning.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				PSH090		FMT_PSHFREQ.
1j. A flu shot.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				PSH100		FMT_PSHFREQ.

The next set of questions asks whether, or how often, you do certain things.

2. How often do you do the following? For each question, please fill in the one circle that most closely describes your habits. If you do not have teeth, check the circle "Does not apply".

	Every day	Most days	Some days	Rarely	Never	Does not apply	
2a. Brush your teeth.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				PSH200		FMT_QB1_FREQ.	
2b. Floss your teeth.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				PSH210		FMT_QB1_FREQ.	
2c. Take a vitamin.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				PSH220		FMT_QB1_FREQ.	
2d. Take an aspirin.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				PSH230		FMT_QB1_FREQ.	
2e. On days when you brush your teeth, how many times do you usually brush?							
<input type="radio"/> 1 time				PSH240		FMT_QB2_FREQ.	
<input type="radio"/> 2 times							
<input type="radio"/> 3 or more times							
<input type="radio"/> Does not apply							

3. How often do you do the following? For each question, please fill in the one circle that most closely describes your habits. Fill in the circle "Does not apply" if you do not do this activity, like if you do not travel in a car, or do not ride a bicycle.

	Always	Mostly	Sometimes	Rarely	Never	Does not apply	
3a. Buckle your seatbelt when you travel in a car.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				PSH300		FMT_QB3_FREQ.	
3b. Wear a helmet when you ride a bicycle.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				PSH310		FMT_QB3_FREQ.	
3c. Wear a helmet when you ride a scooter or motorcycle.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				PSH320		FMT_QB3_FREQ.	
3d. Have a designated non-drinking driver to drive you home after drinking alcohol.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				PSH330		FMT_QB3_FREQ.	

Self-Administered Questionnaire (SAQ)

(Continued)

3. How often do you do the following? For each question, please fill in the one circle that most closely describes your habits. Fill in the circle “Does not apply” if you do not do this activity, like if you do not travel in a car, or do not ride a bicycle.

	Always	Mostly	Sometimes	Rarely	Never	Does not apply
3e. Use a cell phone while driving.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				PSH340		FMT_QB3_FREQ.
3f. Read or send text messages while driving.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				PSH350		FMT_QB3_FREQ.

4a. Are there one or more guns or firearms in your residence?

- ↓ ☐ Yes PSH400 FMT_YES_NO.
☐ No → Go to question 1, page 21
☐ Don't know → Go to question 1, page 21

4b. Are the guns or firearms stored in a locked cabinet or secured with a trigger lock?

- ☐ Yes PSH410 FMT_YES_NO.
☐ No
☐ Don't know
☐ Does not apply