

2013

Iowa BRFSS Questionnaire

Section 1: Health Status

1.1: Would you say that in general your health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair or
- 5 Poor

Section 2: Healthy Days - Health-related Quality of Life

2.1: Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- Number of days
8 8 None

2.2: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- Number of days
8 8 None If Q2.1 also "None", skip to next module

If Q2.1 and Q2.2=88 (None), ⇒ Go to next section.

2.3: During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- Number of days
8 8 None

Section 3: Health Care Access

3.1: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1 Yes **[If PPHF state go to Module 4, Question 1, else continue]**
2 No

3.2: Do you have one person you think of as your personal doctor or health care provider?

If "No, ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1 Yes, only one
- 2 More than one
- 3 No

3.3: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

- 1 Yes
- 2 No

3.4: About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1 Within past yr. (any time less than 12 months ago)
- 2 Within past 2 yrs. (one year but less than 2 years ago)
- 3 Within past 5 yrs. (two years but less than 5 years ago)
- 4 5 or more years ago
- 8 Never

Section 4: Inadequate Sleep

I would like to ask you about your sleep pattern.

4.1: On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

__ Number of hours [01-24]

Section 5: Hypertension Awareness

5.1: Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?

Read only if necessary:

By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional. **If "Yes" and respondent is female, ask:** "Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, but female told only during pregnancy

⇒ **Go to next section**

3 No ⇒ **Go to next section**

4 Told borderline high or pre-hypertensive ⇒ **Go to next section**

5.2: Are you currently taking medicine for your high blood pressure?

- 1 Yes
- 2 No

Section 6: Cholesterol Awareness

6.1: Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

- 1 Yes
- 2 No ⇒ **Go to next section**

6.2: About how long has it been since you last had your blood cholesterol checked?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

6.3: Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

- 1 Yes
- 2 No

Section 7: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

7.1: (Ever told) you had a heart attack, also called a myocardial infarction?

- 1 Yes
- 2 No

7.2: (Ever told) you had angina or coronary heart disease?

- 1 Yes
- 2 No

7.3: (Ever told) you had a stroke?

- 1 Yes
- 2 No

7.4: (Ever told) you had asthma?

- 1 Yes
- 2 No ⇒ Go to Q5.6

7.5: Do you still have asthma?

- 1 Yes
- 2 No

7.6: (Ever told) you had skin cancer?

- 1 Yes
- 2 No

7.7: (Ever told) you had any other types of cancer?

- 1 Yes
- 2 No

7.8: (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

- 1 Yes
- 2 No

7.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 1 Yes
- 2 No

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

7.10: (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

- 1 Yes
- 2 No

7.11: (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No

7.12: (ever told) you have diabetes?

(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")

(If Respondent says pre-diabetes or borderline diabetes, use response code 4.)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code=1) to Core Q7.12 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years?

- 1 Yes
- 2 No

CATI note: If Core Q7.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

- 1. Yes
- 2. Yes, during pregnancy
- 3. No

Module 2: Diabetes

To be asked following core Q7.12 if response is "yes"

1. How old were you when you were told you have diabetes?

___ Code age in years [97 = 97 and older]

2. Are you now taking insulin?

- 1 Yes
- 2 No

3. About how often do you check your blood for glucose or sugar?

Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 4 ___ Times per year
- 8 8 8 Never

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 4 ___ Times per year
- 8 8 8 Never
- 5 5 5 No feet

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

___ Number of times [76 = 76 or more]

8 8 None

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

___ Number of times [76 = 76 or more]

8 8 None

9 8 Never heard of "A one C" test

CATI note: If Q4 = 555 (No feet), go to Q8.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

___ Number of times [76 = 76 or more]

8 8 None

8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
- 1 Within the past month (any time less than 1 month ago)
 - 2 Within the past year (1 month but less than 12 months ago)
 - 3 Within the past 2 years (1 year but less than 2 years ago)
 - 4 2 or more years ago
 - 8 Never

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- 1 Yes
 - 2 No
10. Have you ever taken a course or class in how to manage your diabetes yourself?
- 1 Yes
 - 2 No

Section 8: Demographics

8.1: What is your age?

___ Code age in years

8.2: Are you Hispanic Latino/a, or Spanish origin?

1 No, not of Hispanic, Latino/a, or Spanish origin

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

2 Mexican, Mexican American, Chicano/a

3 Puerto Rican

4 Cuban

5 Another Hispanic, Latino/a, or Spanish origin

8 No additional choices

8.3: Which one or more of the following would you say is your race?

Mark all that apply

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected, read and code subcategories underneath major heading.

10 White

20 Black or African American

30 American Indian, Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

60 Other [specify]

88 No additional choices

CATI note: If more than one response to Q8.3, continue. Otherwise, go to Q8.5

8.4: Which one of these groups would you say best represents your race?

10 White

20 Black or African American

30 American Indian, Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

60 Other [specify]

8.5: Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1 Yes

2 No

8.6: Are you...?

1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married or

6 A member of an unmarried couple

8.7: How many children less than 18 years of age live in your household?

__ Number of children

8 8 None

8.8: What is the highest grade or year of school you completed?

1 Never attended school or only attended kindergarten

2 Grades 1 through 8 (Elementary)

3 Grades 9 through 11 (Some high school)

4 Grade 12 or GED (High school graduate)

5 College 1 year to 3 years (Some college or technical school)

6 College 4 years or more (College graduate)

8.9: Are you currently:

1 Employed for wages

2 Self-employed

3 Out of work for more than 1 year

4 Out of work for less than 1 year

5 A Homemaker

6 A Student

7 Retired or

8 Unable to work

8.10: Is your annual household income from all sources:

01 Less than \$10,000

02 \$10,000 to less than \$15,000

03 \$15,000 to less than \$20,000

04 \$20,000 to less than \$25,000

05 \$25,000 to less than \$35,000

06 \$35,000 to less than \$50,000

07 \$50,000 to less than \$75,000

08 \$75,000 or more

8.11: About how much do you weigh without shoes?

If respondent answers in metric, put "9" in the first position, Round fractions up

___ Weight pounds/kilograms

8.12: About how tall are you without shoes?

If respondent answers in metric, put "9" in the first position, Round fractions down

___ Height ft./inches/meters/centimeters

- 8.13: What county do you live in?
 ___ _ County name
- 8.14: What is your ZIP Code where you live?
 _ _ _ _ _ ZIP Code
- 8.15: Do you have more than one telephone number in your household?
 Do not include cell phones or numbers that are only used by a computer or fax machine.
 1 Yes
 2 No ⇒ **Go to Q8.17**
- 8.16: How many of these are residential numbers?
 ___ Residential telephone numbers [**6=6 or more**]
- 8.17: Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.
 1 Yes
 2 No ⇒ **Go to Q8.19**
- 8.18: Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?
 ___ Enter percent (1 to 100)
 8 8 8 Zero
- 8.19: Have you used the internet in the past 30 days?
 1 Yes
 2 No
- 8.20: Do you own or rent your home?
 1 Own
 2 Rent
 3 Other arrangement
INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.
Note: Home is defined as the place where you live most of the time/the majority of the year.
- 8.21: Indicate sex of respondent. Ask only if necessary.
 1 Male ⇒ **Go to Q8.23.**
 2 Female **If respondent 45 years old or older, go to Q8.23**
- 8.22: To your knowledge, are you now pregnant?
 1 Yes
 2 No

The following questions are about health problems or impairments you may have.

- 8.23: Are you limited in any way in any activities because of physical, mental, or emotional problems?
 1 Yes
 2 No
- 8.24: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
Include occasional use or use in certain circumstances
 1 Yes
 2 No
- 8.25: Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)
 1 Yes
 2 No

- 8.26: Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
 1 Yes
 2 No

- 8.27: Do you have serious difficulty walking or climbing stairs?
 1 Yes
 2 No

- 8.28: Do you have difficulty dressing or bathing?
 1 Yes
 2 No

- 8.29: Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
 1 Yes
 2 No

Section 9: Tobacco Use

- 9.1: Have you smoked at least 100 cigarettes in your entire life?
 5 packs = 100 cigarettes
 1 Yes
 2 No ⇒ **Go to Q9.5**
- 9.2: Do you now smoke cigarettes every day, some days, or not at all?
 1 Every day
 2 Some days
 3 Not at all ⇒ **Go to Q9.4**
- 9.3: During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
 1 Yes ⇒ **Go to Q9.5**
 2 No ⇒ **Go to Q9.5**
- 9.4: How long has it been since you last smoked cigarettes regularly?
 0 1 Within the past month (less than 1 month ago)
 0 2 Within the past 3 months (1 month but less than 3 months ago)
 0 3 Within the past 6 months (3 months but less than 6 months ago)
 0 4 Within the past year (6 months but less than 1 year ago)
 0 5 Within the past 5 years (1 year but less than 5 years ago)
 0 6 Within the past 10 years (5 years but less than 10 years ago)
 0 7 10 years or more
 0 8 Never smoked regularly

- 9.5: Do you currently use chewing tobacco or snuff, or snus every day, some days, or not at all?

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- Snus (rhymes with 'goose')**
 1 Every day
 2 Some days
 3 Not at all

Section 10: Alcohol Consumption

- 10.1: During the past 30 days, how many days per week or per month did you have at least 1 drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
 1 ___ Days per week
 2 ___ Days in past 30
 8 8 8 No drinks in past 30 days **Go to next section**

10.2: One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks

__ Number of drinks

10.3: Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**X = 5 for men, X = 4 for women**] or more drinks on one occasion?

__ Number of times

8 8 None

10.4: During the past 30 days, what is the largest number of drinks you had on any occasion?

__ Number

Section 11: Fruits and Vegetables

These next questions are about the fruits and vegetables you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often you ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

11.1: During the past month, how many times per day, week, or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

1 __ Per day

2 __ Per week

3 __ Per month

5 5 5 Never

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-Aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks. Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 11.6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

11.2: During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

1 __ Per day

2 __ Per week

3 __ Per month

5 5 5 Never

Read only if necessary: "Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - but due to their small serving size they are not included in the prompt.

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

11.3: During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

1 __ Per day

2 __ Per week

3 __ Per month

5 5 5 Never

Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

Interviewer NOTE: Include soybeans also called edamame, tofu (bean curd made from soybeans), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

11.4: During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

1 __ Per day

2 __ Per week

3 __ Per month

5 5 5 Never

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

11.5: During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

- 1 __ Per day
2 __ Per week
3 __ Per month
5 5 5 Never

Read only if needed: “Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

11.6: Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

- 1 __ Per day
2 __ Per week
3 __ Per month
5 5 5 Never

Read only if needed: “Do not count vegetables you have already counted and do not include fried potatoes.”

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style Cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Section 12: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

12.1: During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- 1 Yes
2 No

12.2: What type of physical activity or exercise did you spend the most time doing during the past month?

__ (Specify) [See Coding List A]

INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Coding List A, choose the option listed as “Other”.

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

12.3: How many times per week or per month did you take part in this activity during the past month?

- 1 __ Times per week
2 __ Times per month

12.4: And when you took part in this activity, for how many minutes or hours did you usually keep at it?

:_ _ Hours and minutes

12.5: What other type of physical activity gave you the next most exercise during the past month?

__ (Specify) [See Coding List A]
8 8 No additional physical [Go to Q12.8]

INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Coding List A, choose the option listed as “Other”.

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

12.6: How many times per week or per month did you take part in this activity during the past month?

- 1 __ Times per week
2 __ Times per month

12.7: And when you took part in this activity, for how many minutes or hours did you usually keep at it?

:_ _ Hours and minutes

12.8: During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

- 1 __ Times per week
2 __ Times per month
8 8 8 Never

Section 13: Arthritis Burden

If Q7.9 = 1 (yes) then continue, else go to next section.

Next I will ask you about arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

13.1: Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

- 1 Yes
2 No

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

INTERVIEWER NOTE: Q13.2 should be asked of all respondents regardless of employment status.

13.2: In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

- 1 Yes
2 No

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

13.3: During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

- 1 A lot
- 2 A little
- 3 Not at all

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

13.4: Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

_ _ Enter number [00-10]

Section 14: Seatbelt Use

14.1: How often do you use seat belts when you drive or ride in a car? Would you say...

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 8 Never drive or ride in a car

Section 15: Immunization

Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

15.1: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

- 1 Yes
- 2 No ⇒ **Go To Q11.4**

15.2: During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

_ _ / _ _ _ _ Month/Year

15.3: Since 2005, have you had a tetanus shot?
If yes, ask: “Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?”

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005

15.4: A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- 1 Yes
- 2 No

Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don’t have to answer every question if you don’t want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

16.1: Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

Include tests using fluid from your mouth.

- 1 Yes
- 2 No ⇒ **Go to Q18.3**

16.2: Not including blood donations, in what month and year was your last HIV test?

Note: If response is before January 1985, code “Don’t know”.

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

_ _ _ / _ _ _ _ Code month and year

CATI NOTE: If Core Q16.2 = within last 12 months continue, else go to optional module.

16.3: Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, in the emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 9 Emergency room
- 0 3 Hospital inpatient
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else

Module 4: Health Care Access

1. Do you have Medicare?

- 1 Yes
- 2 No

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

2. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?

(Select all that apply)

- 01 Your employer
- 02 Someone else’s employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [or substitute state program name]
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 06 The Indian Health Service [or the Alaska Native Health Service]
- 07 Some other source
- 88 None

CATI Note: If PPHF State go to core 3.2

3. Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

- 1 You couldn’t get through on the telephone.
- 2 You couldn’t get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor’s) office wasn’t open when you got there.
- 5 You didn’t have transportation.
- 6 Other _____ specify

8 No, I did not delay getting medical care/did not need medical care

CATI Note: If PPHF State, go to core 3.4

CATI Note: If Q3.1 = 1 (Yes) continue, else go to Q4b

4a In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

1 Yes [Go to Q5]

2 No [Go to Q5]

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5)

4b About how long has it been since you last had health care coverage?

1 6 months or less

2 More than 6 months, but not more than 1 year ago

3 More than 1 year, but not more than 3 years ago

4 More than 3 years

5 Never

5. How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

__ Number of times

8 8 None

6. Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (343)

1 Yes

2 No

3 No medication was prescribed.

7. In general, how satisfied are you with the health care you received? Would you say—

1 Very satisfied

2 Somewhat satisfied

3 Not at all satisfied

8 Not applicable

8. Do you currently have any medical bills that are being paid off over time?

INTERVIEWER NOTE: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

1 Yes

2 No

CATI Note: If PPHF state, Go to core section 4.

Module 5: Sugar Sweetened Beverages and Menu Labeling

Now I would like to ask you some questions about sugary beverages.

Interviewer note: Please remind respondents to include regular soda that they mixed with alcohol.

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

You can answer times per day, week, or month: for example,

1 __ Times per day

2 __ Times per week

3 __ Times per month

8 8 8 None

2. During the past 30 days, how often did you drink sweetened fruit drinks (such as Kool-Aid, cranberry juice cocktail, and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

You can answer times per day, week, or month: for example, **twice** a day, once a week, and so forth.

1 __ Times per day

2 __ Times per week

3 __ Times per month

8 8 8 None

Module 6: Sodium or Salt-Related Behavior

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

1. Are you currently watching or reducing your sodium or salt intake?

1 Yes

2 No [Go to Q3]

2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?"

1 __ Day(s)

2 __ Week(s)

3 __ Month(s)

4 __ Year(s)

5 5 5 All my life

3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

1 Yes

2 No

Module 8: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI note: If Core Q7.1 = 1 (Yes), ask Q1. If Core Q7.1 = 2, 7, or 9 (No, Don't know, or Refused), skip Q1.

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

1 Yes

2 No

CATI note: If Core Q7.3 = 1 (Yes), ask Q2. If Core Q7.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

1 Yes

2 No

Interviewer Note: Question 3 is asked for all respondents

3. Do you take aspirin daily or every other day?

Interviewer Note: Aspirin can be prescribed by a health care provider or obtained as an over-the-counter (OTC) medication.

1 Yes [Go to question 5]

2 No

4. Do you have a health problem or condition that makes taking aspirin unsafe for you?

If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.

1 Yes, not stomach related [Go to next module]

2 Yes, stomach problems [Go to next module]

3 No [Go to next module]

5. Do you take aspirin to relieve pain?

- 1 Yes
- 2 No

6. Do you take aspirin to reduce the chance of a heart attack?

- 1 Yes
- 2 No

7. Do you take aspirin to reduce the chance of a stroke?

- 1 Yes
- 2 No

Module 10: Influenza

CATI Note: If Q15.1 = 1 (Yes) then continue, else go to next section.

Earlier, you told me you had received an influenza vaccination in the past 12 months.

At what kind of place did you get your last flu shot/vaccine?

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered --)
- 1 1 A school

Module 19: Social Context [FORM B ONLY]

Now, I am going to ask you about several factors that can affect a person's health.

If Core Q8.20 = 1 or 2 (own or rent) continue, else go to Q2.

1. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed--

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 8 Not applicable

2. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed--

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 8 Not applicable

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.

If Core Q8.9 = 3 (Out of work for 1 year or more), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q5 and Q6.

If Core Q8.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q7.

3. At your main job or business, how are you generally paid for the work you do? Are you:

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way

INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

4. About how many hours do you work per week at all of your jobs and businesses combined?

- Hours (01-96 or more) [Go to Q7]
- 9 7 Don't know / Not sure [Go to Q7]
- 9 8 Does not work [Go to Q7]

5. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way

6. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

- Hours (01-96 or more)
- 9 7 Don't know / Not sure
- 9 8 Does not work

7. Did you vote in the last presidential election? The November 2012 election between Barack Obama and Mitt Romney.

- 1 Yes
- 2 No
- 8 Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)

State Added Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling lately.

1. About how often during the past 30 days did you feel nervous — would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

2. During the past 30 days, about how often did you feel hopeless — all of the time, most of the time, some of the time, a little of the time, or none of the time?

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

3. During the past 30 days, about how often did you feel restless or fidgety? [If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

4. During the past 30 days, about how often did you feel so depressed that nothing could cheer you up? [If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

5. During the past 30 days, about how often did you feel that everything was an effort?

Note: If respondent ask what does "everything was an effort" means; say, "Whatever it means to you"

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

6. During the past 30 days, about how often did you feel worthless?

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

State Added Adverse Childhood Experience

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

1. Did you ever live with anyone who was depressed, mentally ill, or suicidal?

- 1 Yes
- 2 No

2. Did you live with anyone who was a problem drinker or alcoholic?

- 1 Yes
- 2 No

3. Did you live with anyone who used illegal street drugs or who abused prescription medications?

- 1 Yes
- 2 No

4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No

5. Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married

6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

- 1 Never
- 2 Once
- 3 More than once

7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---

- 1 Never
- 2 Once
- 3 More than once

8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- 1 Never
- 2 Once
- 3 More than once

9. How often did anyone at least 5 years older than you or an adult ever touch you sexually?

- 1 Never
- 2 Once
- 3 More than once

10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

- 1 Never
- 2 Once
- 3 More than once

11. How often did anyone at least 5 years older than you or an adult, force you to have sex?

- 1 Never
- 2 Once
- 3 More than once

State Added Cancer Survivorship

CATI note: If Core Q6.6 = 1 (Yes) or Core Q6.7 = 1 (Yes), continue, otherwise go to next module.

Previously you said that you had been told by your doctor that you had cancer. I will now ask you about your experiences with cancer.

1. How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 1 Three or more

2. At what age were you told that you had cancer?

_ _ Code age in years [97 = 97 and older]

CATI note: If Q1 = 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

3. What type of cancer was it?

If Q1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

- Breast
- 0 1 Breast cancer
 - Female reproductive (Gynecologic)
 - 0 2 Cervical cancer (cancer of the cervix)
 - 0 3 Endometrial cancer (cancer of the uterus)
 - 0 4 Ovarian cancer (cancer of the ovary)
- Head/Neck
- 0 5 Head and neck cancer
 - 0 6 Oral cancer
 - 0 7 Pharyngeal (throat) cancer
 - 0 8 Thyroid
- Gastrointestinal
- 0 9 Colon (intestine) cancer
 - 1 0 Esophageal (esophagus)
 - 1 1 Liver cancer
 - 1 2 Pancreatic (pancreas) cancer
 - 1 3 Rectal (rectum) cancer
 - 1 4 Stomach
- Leukemia/Lymphoma (lymph nodes and bone marrow)
- 1 5 Hodgkin's Lymphoma (Hodgkin's disease)
 - 1 6 Leukemia (blood) cancer
 - 1 7 Non-Hodgkin's Lymphoma
- Male reproductive
- 1 8 Prostate cancer
 - 1 9 Testicular cancer
- Skin
- 2 0 Melanoma
 - 2 1 Other skin cancer

Thoracic

- 2 2 Heart
- 2 3 Lung

- Urinary cancer:
 2 4 Bladder cancer
 2 5 Renal (kidney) cancer
 Others
 2 6 Bone
 2 7 Brain
 2 8 Neuroblastoma
 2 9 Other

4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

- 1 Yes ⇒ **Go to next module**
 2 No

5. What type of doctor provides the majority of your health care?
INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

- 0 1 Cancer Surgeon
 0 2 Family Practitioner
 0 3 General Surgeon
 0 4 Gynecologic Oncologist
 0 5 Internist
 0 6 Plastic Surgeon, Reconstructive Surgeon
 0 7 Medical Oncologist
 0 8 Radiation Oncologist
 0 9 Urologist
 1 0 Other

6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

- 1 Yes
 2 No

7. Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes
 2 No ⇒ **Go to Q10**

8. Were these instructions written down or printed on paper for you?

- 1 Yes
 2 No

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

- 1 Yes
 2 No

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

10. Were you EVER denied health insurance or life insurance coverage because of your cancer?

- 1 Yes
 2 No

11. Did you participate in a clinical trial as part of your cancer treatment?

- 1 Yes
 2 No

12. Do you currently have physical pain caused by your cancer or cancer treatment?

- 1 Yes
 2 No ⇒ **Go to next module**

13. Is your pain currently under control?

- 1 Yes
 2 No

State Added Colorectal Cancer Screening

[ASK IF AGE > 49]

1. Next, I would like to ask you some questions about colorectal cancer screening.

Has a health care provider ever talked to you about being tested for colorectal or colon cancer?

- 1 Yes
 2 No ⇒ **Go to Q4**

2. What test did your health care provider recommend?

- 1 Blood Stool Kit
 2 Sigmoidoscopy or colonoscopy (exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems)
 3 Other test
 4 Recommended both Blood Stool Kit and sigmoidoscopy or Colonoscopy
 5 Did not recommend a test ⇒ **Go to Q4**

3. Did you have the test [if Q2 = 4, tests] your health care provider recommended?

- 1 Yes
 2 No

4. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- 1 Yes
 2 No

5. Which of the following best describes your plan for getting screened for colorectal cancer? Would you say...

[Interviewer note: repeat "for colorectal cancer" when necessary]

[SELECT BEST ANSWER]

- 1 You do not plan to get screened for colorectal cancer,
 2 You plan on getting screened at some point in the future,
 3 You plan on getting screened within the next six months,
 4 You plan on getting screened within the next month
 5 You have made an appointment to get screened, or
 6 You have already been screened for colorectal cancer. **[Go to Q7]**

[IF Q4 = 1 or Q3 = 1 SKIP TO SACCRQ1]

6. If you have not been screened for colorectal cancer, what has kept you from being screened?

- 11 No symptoms
 12 No family history of colorectal or colon cancer
 13 Cost/Not covered by insurance
 14 Don't know where to get the exam
 15 I am nervous about the procedure
 16 OTHER **Specify:** _____
 17 Doctor didn't recommend it

7. In terms of your own risk, what would you say your chances are of developing colorectal cancer? Would you say...

- 1 High,
 2 Medium,
 3 Low, or
 4 None?

8. If a person is of average risk for colorectal cancer, at what age should the person be screened for the first time?

- ____ AGE [18-97]
 97. 97 years old or older

State Added Nutrition and Physical Activity

1. How often do you use low-fat or fat-free dairy products such as milk, yogurt, or cheese?
1 Less than 1/week
2 Once a week
3 2-3 times a week
4 4-6 times a week
5 Once a day

2. How often do you use whole-grain products such as whole-wheat bread or pasta, oatmeal, or bran cereal?
1 Less than 1/week
2 Once a week
3 2-3 times a week
4 4-6 times a week
5 Once a day

3. On a typical WEEKEND, how many hours do you usually spend watching television or videos? Do not count video or computer games.
1 Less than 1 hour
2 1 hour to less than 2 hours
3 2 hours to less than 3 hours
4 3 hours to less than 4 hours
5 4 hours to less than 5 hours
6 5 hours or more
8 None

4. On a typical WEEKDAY, how many hours do you usually spend watching television or videos? Do not count video or computer games.
1 Less than 1 hour
2 1 hour to less than 2 hours
3 2 hours to less than 3 hours
4 3 hours to less than 4 hours
5 4 hours to less than 5 hours
6 5 hours or more
8 None

State Added Tobacco Use

1. In your community, is the use of tobacco socially acceptable?
1 Yes
2 No

2. In a typical week how many hours are you exposed to smoke from someone else's cigarettes, cigars or pipe?
____ Number of hours per week [1-70]
01 = One hour or less
70 = Seventy hours or more
88 = None

3. Do you ever use smokeless tobacco or e-cigarettes instead of smoking cigarettes?
Note: e-cigarettes are also called electronic, or vapor cigarettes
[IF YES, PROBE FOR WHICH]
1 Yes, smokeless [SKIP TO Q5]
2 Yes, e-cigarettes
3 Yes both smokeless and e-cigarettes
4 No [SKIP TO Q5]

4. Do you currently use e-cigarettes every day, some days, or not at all?
1 Everyday
2 Some Days
3 Not at all

5. Have you ever heard of Quitline Iowa?
1 Yes
2 No

IF Q9.2 > 2 AND Q9.5 > 2, SKIP TO SAGQ1

6. The last time you tried to quit using tobacco did you call a telephone quit line to help you to quit?
1 Yes
2 No
3 I have never tried to quit

[IF M4.5 = 88, SKIP TO next module]

7. In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?
1 Yes
2 No [Skip to next section]

8. What, if any, methods, resources, or medications did your provider advise you to try?
[SELECT ALL THAT APPLY]
1 Medication
2 Nicotine replacement therapy
3 Cold turkey
4 Other tobacco products
5 Other method
6 Did not suggest a method

State Added Gambling

1. Have you gambled or bet for money or possessions in the past 12 months?
1 Yes
2 No **[SKIP TO ASTHMA CALLBACK]**

2. Have you ever felt the need to bet or gamble more and more money?
1 Yes
2 No

3. Have you ever had to lie to people important to you about how much you gambled or bet?
1 Yes
2 No