

Iowa 2016 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?

8 8 None or "False 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
- 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: Exercise

4.1: 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

Section 5: Inadequate Sleep

I would like to ask you about your sleep pattern.

5.1: 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 6: 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."

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

6.3: (Ever told) you had a stroke?

- 1 Yes
- 2 No

6.4: (Ever told) you had asthma?

- 1 Yes
- 2 No ⇒ Go to Q6.6

6.5: Do you still have asthma?

- 1 Yes
- 2 No

6.6: (Ever told) you had skin cancer?

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

6.9 (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)

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

- 1 Yes
- 2 No

6.11: (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

6.12: (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

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module.

6.13: How old were you when you were told you have diabetes?
___ Code age in years [97 = 97 and older]

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code=1) to Core Q6.12 (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 Q6.12 = 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

Section 7: Oral Health

7.1: How long has it been since you last visited a dentist or a dental clinic? Include visits to dental specialists, such as orthodontists.

- 1 Within the past year (any time 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
- 8 Never

7.2: How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

- 1 1 to 5
- 1 6 or more but not all
- 2 All
- 8 None

Section 8: Demographics

8.1: Are you ...

- 1 Male
- 2 Female

8.2: What is your age?

___ Code age in years

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

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- 5 No, not of Hispanic, Latino/a, or Spanish origin

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

Interviewer Note: Select 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 Q8.4, continue. Otherwise, go to Q8.6.

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

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory 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]

- 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: 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)

8.8: 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.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

8.9: In what county do you live?

___ _ _ ANSI County Code (formerly FIPS county code)

8.10: What is the ZIP Code where you currently live?

__ _ _ _ _ ZIP Code

CATI NOTE: If cellular telephone interview skip to 8.14

8.11: 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 Q8.13**

8.12: How many of these are residential numbers?

___ Residential telephone numbers [**6=6 or more**]

8.13: Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

- 1 Yes
- 2 No

8.14: 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

8.15: 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

SAEMP1 Which of the following best reflects your current or most recent employment status?

- 1 Full-time employee (work 40 hours each week)
- 2 Part-time employee (work less than 40 hours each week)
- 3 Seasonal employee (farming, construction, or sales during specific times of year)
- 4 Contractual employee (work for businesses or companies on contract)

[INTERVIEWER NOTE: A contractual employee works only on a specific contracted task; writing a piece of software, or construction. This is not ongoing work, but temporary.]

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

___ Number of children

- 8 8 None

8.17: 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

8.18: Have you used the internet in the past 30 days?

- 1 Yes
- 2 No

8.19: 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

8.20: 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

If male, go to Module 25: Q1, if female respondent is 45 years old or older, go to Module 25: Q1

8.21: To your knowledge, are you now pregnant?

- 1 Yes
- 2 No

Module 25: Disability

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

1: Are you limited in any way in any activities because of physical, mental, or emotional problems?

- 1 Yes
- 2 No

2: 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

Some people who are deaf or have serious difficulty hearing **may or may not** use equipment to communicate by phone.

8.22: Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No

8.23: Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

- 1 Yes
- 2 No

8.24: Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 1 Yes
- 2 No

8.25: Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No

8.26: Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No

8.27: 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: E-Cigarettes

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

10.1: Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?

- 1 Yes
- 2 No **[Go to next section]**

10.2: Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all

Section 11: Alcohol Consumption

11.1: 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

11.2: 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

11.3: 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

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

__ Number

Section 12: 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™.

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

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No ⇒ **Go To Q12.3**

12.2: 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

12.3: 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

12.4: 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

Section 13: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

13.1: In the past 12 months, how many times have you fallen?

__ Number of times [76 = 76 or more]

- 8 8 None **[Go to next section]**

13.2: [Fill in "Did this fall (from Q13.1) cause an injury?"]. If **only one fall from Q13.1 and response is "Yes" (caused an injury); code 01. If response is "No", code 88.**

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

__ Number of falls [76 = 76 or more]

- 8 8 None

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: Drinking and driving

CATI note: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16, otherwise continue.

CATI note: If Q11.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

15.1: During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

__ Number of times

- 8 8 None

Section 16: Breast /Cervical Cancer Screening

CATI Note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

16.1: A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- 1 Yes
- 2 No **Go to Q15.3**

16.2: How long has it been since you had your last mammogram?

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

16.3: A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No **Go to Q16.5**

16.4: How long has it been since you had your last Pap test?

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

Now, I would like to ask you about the Human Papillomavirus (Pap-uh-loh-muh virus) or HPV test.

16.5: An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test?

- 1 Yes
- 2 No **[Go to Q16.7]**

16.6: How long has it been since you had your last HPV test?

- 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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

CATI NOTE: If response to core Q8.21 = 1 (is pregnant) then go to next section.

16.7: Have you had a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb)

- 1 Yes
- 2 No

Section 17: Prostate Cancer Screening

CATI Note: If respondent is ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

17.1: A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?

- 1 Yes
- 2 No

17.2: Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

- 1 Yes
- 2 No

17.3: Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?

- 1 Yes
- 2 No

17.4: Have you ever had a PSA test?

- 1 Yes
- 2 No **[Go to next section]**

17.5: How long has it been since you had your last PSA test?

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

17.6: What was the MAIN reason you had this PSA test – was it?

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Section 18: Colorectal Cancer Screening

CATI Note: If respondent is ≤ 49 years of age, go to next section

18.1: A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.

Have you ever had this test using a home kit?

- 1 Yes
- 2 No **Go to Q18.3.**

18.2: How long has it been since you had your last blood stool test using a home kit?

- 1 Within the past year (any time 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

18.3: 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 **Go to next section.**

18.4: For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

- 1 Sigmoidoscopy
- 2 Colonoscopy

18.5: How long has it been since you had your last sigmoidoscopy or colonoscopy?

- 1 Within the past year (any time less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Section 19: 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.

19.1: 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 Q19.3**

19.2: 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

19.3: I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. (234)

You have used intravenous drugs in the past year.

You have been treated for a sexually transmitted or venereal disease in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

1 Yes

2 No

Module 5: Health Literacy

1. How difficult is it for you to get advice or information about health or medical topics if you need it? Would you say it is...

1 Very easy

2 Somewhat easy

3 Somewhat difficult

4 Very difficult

5 I don't look for health information

INTERVIEWER NOTE: Respondent can answer based on any source of health or medical advice or information. If the respondent asks what is meant by advice or information, interviewer re-reads the question to the respondent. If the respondent still doesn't understand, interviewer can say, "You can think about any source of health or medical advice or information."

2. How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is...

1 Very easy

2 Somewhat easy

3 Somewhat difficult

4 Very difficult

3. You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is...

1 Very easy

2 Somewhat easy

3 Somewhat difficult

4 Very difficult

5 I don't pay attention to written health information

Module 8: Sugar Sweetened Beverages

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

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, 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

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

State Added Nutrition

1. How often do you use low-fat or fat-free dairy products such as milk, yogurt, or cheese to cook with or eat directly? Would you say...

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

Module 21: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

1. Do you consider yourself to be one, Straight; two, Lesbian or gay; three, Bisexual?

1 - Straight

2 - Lesbian or gay

3 - Bisexual

4 Other

2. Do you consider yourself to be transgender?

If yes, ask "Do you consider yourself to be one, male-to-female; two, female-to-male; or three, gender non-conforming?"

1 Yes, Transgender, male-to-female

2 Yes, Transgender, female-to-male

3 Yes, Transgender, gender non-conforming

4 No

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.

State Added Colorectal Cancer Screening

[ASK IF AGE > 49]

- Next, I would like to ask you some additional 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 Next module**
- 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 Did not recommend a test ➔ **Go to next module.**
5 Recommended both Blood Stool Kit and sigmoidoscopy or Colonoscopy
- Did you have the test [if Q2 = 5, tests] your health care provider recommended?
1 Yes
2 No

State Added Neighborhood Physical Activity (

- Overall, how would you rate your neighborhood as a place to walk? Would you say...
1 Very pleasant
2 Somewhat pleasant
3 Not very pleasant
4 Not at all pleasant
- Does your neighborhood have any sidewalks?
1 Yes
2 No
- Do you use schools that are open in your community for public recreation activities?
1 Yes
2 No
3 Schools in my community are not open for the public to use
- Do you use walking trails, parks, playgrounds, or sports fields in your community for physical activity?
1 Yes
2 No
3 My community does not have these facilities

State Added Tobacco Use

[Ask if Q9.2 = 1 or 2 & Q9.1 = 1]

- Currently, when you smoke cigarettes, how often do you smoke menthol cigarettes? Would you say...
1 All of the time,
2 Most of the time,
3 Some of the time,
4 Rarely, or
5 Never?

[For Everyone]

- Do you now smoke cigars, cigarillos, or little filtered cigars every day, some days, rarely or not at all?
1 Every day
2 Some days

- Rarely
2 Not at all
- Do you now smoke a regular pipe filled with tobacco every day, some days, rarely or not at all?
1 Every day
2 Some days
3 Rarely
4 Not at all
- Have you ever tried smoking tobacco in a water pipe or hookah in your entire life, even one or two puffs?
1 Yes
2 No **[Go to Q6]**
- Do you now smoke tobacco in a water pipe or hookah every day, some days, rarely or not at all?
1 Every day
2 Some days
3 Rarely
4 Not at all
- If you have ever smoked part or all of a cigarette, even just one time in your entire life, how old were you?
___ AGE IN YEARS
888 Never

[SKIP IF Q10.1 > 1]

- How old were you the first time you smoked an e-cigarette, even one or two puffs?
___ AGE IN YEARS
- Quit lines are telephone or internet/web-based services that help people quit smoking or quit tobacco use.
- Have you ever heard of Quitline Iowa?
1 Yes
2 No

[SKIP if Q9.3 = 1]

- During the past 12 months, have you made a serious attempt to stop smoking cigarettes because you were TRYING to quit – even if you stopped for less than a day?
1 Yes
2 No

[ASK IF Q9.5 = 1 or 2 OR Q2 = 1 or 2 OR Q3 = 1 or 2 OR Q5 = 1 or 2]

- During the past 12 months, have you made a serious attempt to stop using smokeless tobacco, cigars or pipe tobacco because you were TRYING to quit – even if you stopped for less than a day?
1 Yes
2 No

[ASK IF Q9.3 = 1 OR Q9.4 < 5 OR Q9 = 1 OR Q10 = 1]

- Thinking back to the (LAST TIME/time) you tried to QUIT smoking or quit using tobacco in the past 12 months. Did you do ANY of the following...
a Call a telephone help line or quit line?
b Use an internet or web-based program, app, smartphone or tool?
c Try to quit by SWITCHING to electronic or E-cigarettes?
d Try to quit by SWITCHING to some other form of tobacco?

- e Try to stop by setting a specific date to stop smoking or using tobacco?
 - f Try to quit cold turkey?
 - g Try to quit with the support of family or friends?
 - h Try to quit using medications that help people stop using tobacco?
- 1 Yes
2 No

[ASK IF Q11H = 1]

12. Which medications did you use when you tried to quit? Did you use..
- a Nicotine patches,
 - b Nicotine gum,
 - c Nicotine lozenges,
 - d Nicotine spray,
 - e Nicotine inhaler,
 - f Zyban, also called Wellbutrin or bupropion,
 - g Chantix, also called varenicline,
 - h Other medications to help you quit?
- 1 Yes
2 No

[ASK IF Q10.2 = 1 or 2, ELSE GO TO Q14]

13. The next question is about the reasons people use e-cigarettes. Please tell me which reasons apply to you.
- [INTERVIEWER NOTE: Say about E-cigarettes if required: You may also know them as vape pens, hookah-pens, e-hookahs, e-vaporizers, e-cigars, or e-pipes]**
- a I can use e-cigarettes at times or in places where smoking cigarettes isn't allowed.
 - b They might be less harmful to me than cigarettes.
 - c They might be less harmful to people around me than cigarettes.
 - d Using e-cigarettes helps people to quit smoking cigarettes.
 - e They seem cheaper than cigarettes.
- 1 Yes
2 No

[ASK IF Q10.1 = 2 AND AGE = 18-34 YEARS, ELSE GO TO Q15]

14. The next question is about the reasons people use e-cigarettes. Which of the following statements do you think applies to people who use e-cigarettes?
- [INTERVIEWER NOTE: Say about E-cigarettes if required: You may also know them as vape pens, hookah-pens, e-hookahs, e-vaporizers, e-cigars, or e-pipes]**
- a Someone can use e-cigarettes at times or in places where smoking cigarettes isn't allowed.
 - b They might be less harmful to someone than cigarettes.
 - c E-cigarettes might be less harmful to people around a user than cigarettes.
 - d Using e-cigarettes helps people to quit smoking cigarettes.
 - e They seem cheaper than cigarettes.
- 1 Yes
2 No

[Skip to Q16 if Q3.4 = 1]

15. Excluding visits to a dentist or dental hygienist, in the past 12 months, have you seen a doctor, nurse or other health care professional ?
- [INTERVIEWER NOTE: Answer is "YES" if they visited doctor, nurse practitioner or physician's assistant for ANY reason, not just smoking.]**

- 1 Yes
2 No

[ASK IF Q9.2 = 1 or 2 OR Q9.4 < 5 OR Q9.5 = 1 or 2 OR Q2 = 1 or 2 OR Q3 = 1 or 2 OR Q5 = 1 or 2]

16. In the PAST 12 MONTHS, when you visited your health care provider, did they...
- a Advise you to stop smoking or using tobacco?
 - b Suggest that you call or use a telephone or web-based quit line?
 - c Suggest that you use a smoking or tobacco use cessation class, program, or counseling?
 - d Recommend or prescribe a medicine to help you quit?
 - e Suggest that you set a specific date to stop smoking or using tobacco?
 - f Suggest that you stop cold turkey?
- 1 Yes
2 No

[(ASK IF Q9.2 = 1 or 2 OR Q9.4 < 5 OR Q9.5 = 1 or 2 OR Q2 = 1 or 2 OR Q3 = 1 or 2 OR Q5 = 1 or 2) AND Q7.1=1]

17. In the PAST 12 MONTHS, when you visited your dentist or dental hygienist, did they...
- a Advise you to stop smoking or using tobacco?
 - b Suggest that you call or use a telephone or web-based quit line?
 - c Suggest that you use a smoking or tobacco use cessation class, program, or counseling?
 - d Recommend or prescribe a medicine to help you quit?
 - e Suggest that you set a specific date to stop smoking or using tobacco?
 - f Suggest that you stop cold turkey?
- 1 Yes
2 No

18. Not counting decks, porches, or garages, during the past 7 days, that is since last [TODAY'S DAY OF WEEK], on how many days did someone other than you smoke tobacco inside your home while you were at home?
- ___ NUMBER OF DAYS [1-7]
88 NONE

19. Not counting decks, porches, or garages, inside your home, is smoking ...
- [INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.]**

- 1 Always Allowed
- 2 Allowed only at some times or in some places, or
- 3 Never allowed
- 6 Family does not have a smoking policy

20. Should all tobacco use at parks be ...
- [INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.]**

- 1 Always allowed
- 2 Allowed only at some times or in some places
- 3 Never allowed

State Added Physical and Emotional Neglect

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, how true were each of the following statements:

1. You knew there was someone to take care of you and protect you. Was this never true, rarely true, often true, or very often true?
 - 1 never true,
 - 2 rarely true,
 - 3 often true, or
 - 4 very often true?

2. Your parents were too drunk or high to take care of the family. Was this never true, rarely true, often true, or very often true?
 - 1 never true,
 - 2 rarely true,
 - 3 often true, or
 - 4 very often true?

3. There was someone in your family who helped you feel important or special. Was this never true, rarely true, often true, or very often true?
 - 1 never true,
 - 2 rarely true,
 - 3 often true, or
 - 4 very often true?

4. You felt loved? Was this never true, rarely true, often true, or very often true?
 - 1 never true,
 - 2 rarely true,
 - 3 often true, or
 - 4 very often true?

5. There was someone to take you to the doctor if you needed it. Was this never true, rarely true, often true, or very often true?
 - 1 never true,
 - 2 rarely true,
 - 3 often true, or
 - 4 very often true?

6. Your family was a source of strength and support. Was this never true, rarely true, often true, or very often true?
 - 1 never true,
 - 2 rarely true,
 - 3 often true, or
 - 4 very often true?

State Added: Resiliency

The next questions also refer to the time before you were eighteen years of age.

1. Thinking about when you were in high school, how often did you feel like you belonged? Would you say...
 - 1 Never,
 - 2 Rarely,
 - 3 Sometimes,
 - 4 Often, or
 - 5 Very often?
 - 8 Did not attend High School

Note: (If respondent attended multiple high schools, ask respondent to respond about the high schools in general.)

2. How often did you feel supported by your friends? Would you say...
 - 1 Never,
 - 2 Rarely,
 - 3 Sometimes,
 - 4 Often, or
 - 5 Very often?

Note: (If respondent says some friends did/didn't, ask respondent to answer about friends in general.)

3. How often were there at least two adults, other than your parents, who took a genuine interest in you? Would you say...
 - 1 Never,
 - 2 Rarely,
 - 3 Sometimes,
 - 4 Often, or
 - 5 Very often?

4. How often did you feel that you were able to talk to your family about your feelings? Would you say...
 - 1 Never,
 - 2 Rarely,
 - 3 Sometimes,
 - 4 Often, or
 - 5 Very often?

5. How often did you enjoy participating in your community's traditions? Would you say...
 - 1 Never,
 - 2 Rarely,
 - 3 Sometimes,
 - 4 Often, or
 - 5 Very often?

Note: If respondent asks what we mean by "community" or "traditions", say "whatever it means to you."

6. How often did you feel your family stood by you during difficult times? Would you say...
 - 1 Never,
 - 2 Rarely,
 - 3 Sometimes,
 - 4 Often, or
 - 5 Very often?

Note: If respondent says some family members did/didn't, ask respondent to answer about family in general. If respondent's family situation was complicated, say "whoever you considered your family when you were growing up".

State Added Adverse Childhood Experience

Again, we are still talking about 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 Gambling

1. Have you gambled or bet for money or possessions in the past 12 months?
- 1 Yes
 - 2 No **[SKIP TO close]**
2. During the past 12 months, have you become restless, irritable or anxious when trying to stop or cut down on gambling?
- 1 Yes
 - 2 No
3. During the past 12 months, have you tried to keep your family or friends from knowing how much you gamble?
- 1 Yes
 - 2 No
4. During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?
- 1 Yes
 - 2 No