

Iowa 2018 BRFSS Questionnaire

Section 1: Health Status

1.1 Would you say that in general your health is—

Please read:

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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

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
- 88 None
 - 77 Don't know / Not sure
 - 99 Refused

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
- 88 None [If Q2.1 and Q2.2 = 88 (None), go to next section]
 - 77 Don't know / Not sure
 - 99 Refused

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
- 88 None
 - 77 Don't know / Not sure
 - 99 Refused

Section 3: Health Care Access

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

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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
- 7 Don't know / Not sure
- 9 Refused

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

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup?

INTERVIEWER NOTE: A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION.

Read if necessary:

- 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
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

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?

INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A REGULAR JOB OR IS RETIRED, THEY MAY COUNT ANY PHYSICAL ACTIVITY OR EXERCISE THEY DO

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 5: Inadequate Sleep

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]
- 7 7 Don't know / Not sure
 - 9 9 Refused

Section 6: Chronic 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 that you had a heart attack also called a myocardial infarction?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.3 (Ever told) you had a stroke?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.4 (Ever told) you had asthma?

- 1 Yes
- 2 No [Go to Q6.6]
- 7 Don't know / Not sure [Go to Q6.6]
- 9 Refused [Go to Q6.6]

6.5 Do you still have asthma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.6 (Ever told) you had skin cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Iowa 2018 BRFSS Questionnaire

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

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.8 (Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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
- 7 Don't know / Not sure
- 9 Refused

6.11 Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

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

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.12 (Ever told) you have diabetes?

INTERVIEWER NOTE: 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
- 7 Don't know / Not sure
- 9 Refused

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

6.13 How old were you when you were told you have diabetes?

- __ Code age in years [97 = 97 and older]
- 98 Don't know / Not sure
- 99 Refused

[CATI NOTE: Go to Diabetes Optional Module]

Module 1: Pre-Diabetes (Form A)

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
- 7 Don't know / Not sure
- 9 Refused

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
- 7 Don't know / Not sure
- 9 Refused

Module 2: Diabetes

CATI NOTE: To be asked following Core Q6.13; if response to Q6.12 is Yes (code = 1)

1. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

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

INTERVIEWER NOTE: 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
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

3. Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year
- 555 No feet
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

4. 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]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

INTERVIEWER NOTE: A TEST FOR A ONE C MEASURES THE AVERAGE LEVEL OF BLOOD SUGAR OVER THE PAST THREE MONTHS.

Iowa 2018 BRFSS Questionnaire

- __ Number of times [76 = 76 or more]
- 88 None
- 98 Never heard of A one C test
- 77 Don't know / Not sure
- 99 Refused

CATI NOTE: If Q3 = 555 (No feet), go to Q7.

6. 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]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

7. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

Read only if necessary:

- 1 Within the past month (anytime 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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

Do not read:

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9. Have you ever taken a course or class in how to manage your diabetes yourself?

Do not read:

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 7: Oral Health

7.1 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

Read only if necessary:

- 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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

7.2 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

Read if necessary:

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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 8: Demographics

8.1 What was your sex at birth? Was it...

CATI NOTE: STATES MAY ADOPT ONE OF THE TWO FORMATS OF THE QUESTION. IF SECOND FORMAT IS USED, READ OPTIONS.

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

8.2 What is your age?

- __ Code age in years
- 07 Don't know / Not sure
- 09 Refused

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

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

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.

Please read:

- 10 White
- 20 Black or African American
- 30 American Indian or 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

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

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 RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."

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 or Alaska Native
- 40 Asian
- 41 Asian Indian

Iowa 2018 BRFSS Questionnaire

- 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

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

8.6 Are you...?

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married or
- 6 A member of an unmarried couple

Do not read:

- 9 Refused

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

Read only if necessary:

- 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)

Do not read:

- 9 Refused

8.8 Do you own or rent your home?

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

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 currently live?

- __ _ ANSI County Code (formerly FIPS county code)
- 777 Don't know / Not sure
- 999 Refused

8.10 What is the ZIP Code where you currently live?

- __ __ __ __ ZIP Code
- 77777 Don't know / Not sure
- 99999 Refused

CATI NOTE: If cellular telephone interview skip to 8.14 (QSTVER GE 20)

8.11 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

- 1 Yes
- 2 No [Go to Q8.13]
- 7 Don't know / Not sure [Go to Q8.13]
- 9 Refused [Go to Q8.13]

8.12 How many of these telephone numbers are residential numbers?

- __ Residential telephone numbers [6 = 6 or more]
- 7 Don't know / Not sure
- 9 Refused

8.13 How many cell phones do you have for personal use?

INTERVIEWER NOTE: INCLUDE CELL PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.

- __ Enter number (1-5) [6 = 6 or more]
- 7 Don't know / Not sure
- 8 None
- 9 Refused

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?

INTERVIEWER NOTE: 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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

8.15 Are you currently...?

INTERVIEWER NOTE: IF MORE THAN ONE, SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired or
- 8 Unable to work

Do not read:

- 9 Refused

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

- __ _ Number of children
- 88 None
- 99 Refused

8.17 Is your annual household income from all sources—

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 04 Less than \$25,000 If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If no, code 02
- 05 Less than \$35,000 If no, ask 06 (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If no, ask 07 (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

- 77 Don't know / Not sure
- 99 Refused

8.18 About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put 9 in column XXX. Round fractions up

Iowa 2018 BRFSS Questionnaire

__ __ __ Weight (pounds/kilograms)

7777 Don't know / Not sure

9999 Refused

8.19 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put 9 in column XXX.

Round fractions up

__ / __ Height (ft / inches/meters/centimeters)

77 / 77 Don't know / Not sure

99 / 99 Refused

If male, go to 8.21, if female respondent is 50 years old or older, go to Q8.21

8.20 To your knowledge, are you now pregnant?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

8.21 Are you deaf or do you have serious difficulty hearing?

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

8.22 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

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

1 Yes

2 No

7 Don't know / Not sure

9 Refused

8.24 Do you have serious difficulty walking or climbing stairs?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

8.25 Do you have difficulty dressing or bathing?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

8.26 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

7 Don't know / Not sure

9 Refused

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS) OR MARIJUANA.

NOTE: 5 packs = 100 cigarettes

1 Yes

2 No [Go to Q9.5]

7 Don't know / Not sure [Go to Q9.5]

9 Refused [Go to Q9.5]

9.2 Do you now smoke cigarettes every day, some days, or not at all?

Do not read:

1 Every day

2 Some days

3 Not at all [Go to Q9.4]

7 Don't know / Not sure [Go to Q9.5]

9 Refused [Go to Q9.5]

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]

7 Don't know / Not sure [Go to Q9.5]

9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs?

Read if necessary:

01 Within the past month (less than 1 month ago)

02 Within the past 3 months (1 month but less than 3 months ago)

03 Within the past 6 months (3 months but less than 6 months ago)

04 Within the past year (6 months but less than 1 year ago)

05 Within the past 5 years (1 year but less than 5 years ago)

06 Within the past 10 years (5 years but less than 10 years ago)

07 10 years or more

08 Never smoked regularly

77 Don't know / Not sure

99 Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? *Snus (rhymes with 'goose')*

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

Do not read:

1 Every day

2 Some days

3 Not at all

Do not read:

7 Don't know / Not sure

9 Refused

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1 __ Days per week

2 __ Days in past 30 days

888 No drinks in past 30 days [Go to next section]

777 Don't know / Not sure [Go to next section]

999 Refused [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?

INTERVIEWER 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

77 Don't know / Not sure

99 Refused

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

__ Number of times

88 None

77 Don't know / Not sure

99 Refused

Iowa 2018 BRFSS Questionnaire

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

- __ Number of drinks
- 77 Don't know / Not sure
- 99 Refused

Section 11: Immunization

11.1 During the past 12 months, have you had either a flu shot or a 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 Q11.4]
- 7 Don't know / Not sure [Go to Q11.4]
- 9 Refused [Go to Q11.4]

11.2 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
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

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

Read only if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

Do not read:

- 10 Received vaccination in Canada/Mexico
- 77 Don't know / Not sure (Probe: "How would you describe the place where you went to get your most recent flu vaccine?")
- 99 Refused

11.4 Have you ever had a pneumonia shot also known as apneumococcal vaccine?

INTERVIEWER NOTE: IF RESPONDENT IS CONFUSED READ: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 12: Falls

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

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

- __ Number of times [76 = 76 or more]
- 88 None [Go to next section]
- 77 Don't know / Not sure [Go to next section]
- 99 Refused [Go to next section]

INTERVIEWER NOTE: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

12.2 [Fill in if C12.1=1 Did this fall cause an injury that limited your regular activities for at least a day or caused you to go see a doctor?]. If only one fall from Q12.1 and response is Yes (caused an injury); code 01. If response is No, code 88.

How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?

INTERVIEWER NOTE: 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]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Section 13: Seat Belt Use and Drinking and Driving

13.1 How often do you use seat belts when you drive or ride in a car?

Would you say...

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

CATI NOTE: If Q13.1 = 8 (Never drive or ride in a car), go to next section; otherwise continue.

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

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

- __ Number of times
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Section 14: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

14.1 Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

- 1 Yes
- 2 No [Go to Q14.3]
- 7 Don't know / Not sure [Go to Q14.3]
- 9 Refused [Go to Q14.3]

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

Read if necessary:

- 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
- 7 Don't know / Not sure
- 9 Refused

14.3 Have you ever had a Pap test?

INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.

- 1 Yes
- 2 No [Go to Q14.5]
- 7 Don't know / Not sure [Go to Q14.5]
- 9 Refused [Go to Q14.5]

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

Read if necessary:

- 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
- 7 Don't know / Not sure
- 9 Refused

Iowa 2018 BRFSS Questionnaire

14.5 An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

INTERVIEWER NOTE: HUMAN PAPILOMAVIRUS (PAP-UH-LOH-MUH VIRUS)

- 1 Yes
- 2 No [Go to Q14.7]
- 7 Don't know/Not sure [Go to Q14.7]
- 9 Refused [Go to Q14.7]

14.6 How long has it been since you had your last H.P.V. test?

Read if necessary:

- 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
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: If response to Core Q8.20 = 1 (is pregnant); then go to next section.

14.7 Have you had a hysterectomy?

INTERVIEWER NOTE: A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 15: Prostate Cancer Screening

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

15.1 Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

INTERVIEWER NOTE: A PROSTATE-SPECIFIC ANTIGEN TEST, ALSO CALLED A P.S.A. TEST, IS A BLOOD TEST USED TO CHECK MEN FOR PROSTATE CANCER.

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

15.2 Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

15.3 Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

15.4 Have you ever had a P.S.A. test?

- 1 Yes
- 2 No [Go to next section]
- 7 Don't Know / Not sure [Go to next section]
- 9 Refused [Go to next section]

15.5 How long has it been since you had your last P.S.A. test?

Read only if necessary:

- 1 Within the past year (anytime 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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

15.6 What was the main reason you had this P.S.A. test – was it ...?

Please read:

- 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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 16: Colorectal Cancer Screening

CATI NOTE: If respondent is < 49 years of age, go to next section.

16.1 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 Q16.3]
- 7 Don't know / Not sure [Go to Q16.3]
- 9 Refused [Go to Q16.3]

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

Read only if necessary:

- 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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

16.3 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]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

16.4 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
- 7 Don't know / Not sure
- 9 Refused

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

Read only if necessary:

- 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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Iowa 2018 BRFSS Questionnaire

Section 17: H.I.V./AIDS

The next few questions are about the national health problem of H.I.V., 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 do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

17.1 Have you ever been tested for H.I.V.? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

- 1 Yes
- 2 No [Go to Q17.3]
- 7 Don't know / Not sure [Go to Q17.3]
- 9 Refused [Go to Q17.3]

17.2 Not including blood donations, in what month and year was your last H.I.V. 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

77/ 7777 Don't know / Not sure

99/ 9999 Refused / Not sure

17.3 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.

- You have injected any drug other than those prescribed for you in the past year.
- You have been treated for a sexually transmitted disease or STD 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
- 7 Don't know / Not sure
- 9 Refused

Module 6: 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.

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

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 MODULE]
- 7 Don't know / Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

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

Do not read:

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

State Added: Tobacco

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

SATQ1 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?
- 7 Don't know/Not sure
- 9 Refused

[Ask if Q9.1 = 1 AND (Q9.2 = 1 or 2 OR Q9.4 = 1]

SATQ2 During the past 30 days, what brand of cigarettes did you buy MOST often?

Do not read:

- 01 American Spirit
- 02 Basic (Branded Discount)
- 03 Camel
- 04 Benson and Hedges
- 05 Capri
- 06 Carlton
- 07 Doral (Branded Discount)
- 08 GPC
- 09 Kent
- 10 Kool
- 11 Liggett
- 12 Marlboro Gold
- 13 Marlboro Menthol
- 14 Marlboro Red
- 15 Marlboro (Other)
- 16 Maverick
- 17 Merit
- 18 Misty
- 19 Monarch
- 20 Newport Box
- 21 Newport Menthol Blue
- 22 Newport Menthol Gold
- 23 Newport (Other)
- 24 Pall Mall
- 25 Parliament
- 26 Pyramid
- 27 Salem
- 28 Santa Fe
- 29 U.S.A. Gold
- 30 Viceroy
- 31 Virginia Slims
- 32 Winston
- 55 Other Specified Brand
- 66 Did Not Buy One Brand Most Often During Past 30 Days
- 88 Did Not Buy Any Cigarette During Past 30 Days
- 77 Don't know/Not sure
- 99 Refused

[FOR EVERYONE]

SATQ3 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,
- 3 Rarely, or
- 4 Not at all?
- 8 Never
- 7 Don't know/Not sure
- 9 Refused

SATQ4 Do you now smoke a regular pipe filled with tobacco every day, some days, rarely or not at all?

Iowa 2018 BRFSS Questionnaire

- 1 Every day,
- 2 Some days,
- 3 Rarely, or
- 4 Not at all?
- 8 Never
- 7 Don't know/Not sure
- 9 Refused

SATQ6 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, or
- 4 Not at all?
- 8 Never
- 7 Don't know/Not sure
- 9 Refused

[SKIP IF (Q9.1 >= 2) OR (Q9.2 >= 3) OR (Q9.3 = 1)]

SATQ11 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
- 7 Don't know / Not sure
- 9 Refused

[ASK IF Q9.5 < 3 OR SATQ3 < 3 OR SATQ4 < 3 OR SATQ6 < 3]

SATQ12 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
- 7 Don't know/Not sure
- 9 Refused

[ASK IF Q9.3 = 1 OR Q9.4 < 5 OR SATQ11 = 1 OR SATQ12 = 1]

SATQ13 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
 - 7 Don't know/Not sure
 - 9 Refused

[ASK IF SATQ13h = 1]

SATQ15 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
 - 7 Don't know/Not sure
 - 9 Refused

[ASK IF M6.2 = 1 or 2]

SATQ16 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
 - 7 Don't know/Not sure
 - 9 Refused

[Skip to SATQ18A if Q3.4 = 1]

SATQ17 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 [GO TO NEXT MODULE]
- 7 Don't Know/Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

[ASK IF Q9.2 = 1 or 2 OR Q9.4 < 5 OR Q9.5 = 1 or 2 OR SATQ3 = 1 or 2 OR SATQ4 = 1 or 2 OR SATQ6 = 1 or 2]

CATI/INTERVIEWER NOTE: E-cigarette users not asked and those who rarely use cigars, pipes, water pipes not asked.

SATQ18A In the PAST 12 MONTHS, when you visited your health care provider, did they ask about your tobacco use?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

SATQ18B In the PAST 12 MONTHS, when you visited your health care provider, did they advise you to stop smoking or using tobacco?

- 1 Yes
- 2 No [GO TO NEXT MODULE]
- 7 Don't know/Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

SATQ19 Which method, if any, did they advise you to use?

[DO NOT READ – SELECT ALL THAT APPLY]

- 1 Suggest you call or use a telephone or web-based quit line
- 2 Suggest you use a smoking or tobacco use cessation class, program, or counseling
- 3 Recommend or prescribe a medicine to help you quit
- 4 Suggest you set a specific date to stop smoking or using tobacco
- 5 Suggest you stop cold turkey
- 6 Suggest some other method to quit
- 8 Did NOT suggest a method to quit
- 7 Don't know/Not sure
- 9 Refused

State Added Secondhand Smoke (Form A)

SASSQ1 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
 - 77 Don't Know/Not Sure
 - 99 Refused

Iowa 2018 BRFSS Questionnaire

SASSQ2 Not counting decks, porches, or garages, inside your home, is smoking ...

[CATI/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

Do not read:

- 6 Family does not have a smoking policy
- 7 Don't know/Not sure
- 9 Refused

SASSQ3 Should tobacco use in parks be...

[CATI/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

Do not read:

- 7 Don't know/Not sure
- 9 Refused

State Added: Marijuana Use

SAMUQ1 During the past 30 days, on how many days did you use marijuana or cannabis?

- __ 01-30 Number of Days
- 88 None
- 77 Don't know/not sure
- 99 Refused

State Added: Preconception Health/Family Planning

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

SAPHFPQ1 Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

- 1 Yes
- 2 No [GO TO Q3]
- 3 No partner/not sexually active [GO TO NEXT MODULE]
- 4 Same sex partner [GO TO NEXT MODULE]
- 7 Don't know/Not sure [GO TO Q3]
- 9 Refused [GO TO Q3]

SAPHFPQ2 What did you or your partner do the last time you had sex to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS."

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]
- 02 Male sterilization (vasectomy) [GO TO NEXT MODULE]
- 03 Contraceptive implant (ex. Implanon) [GO TO NEXT MODULE]

- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]
- 05 Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]
- 06 IUD, type unknown [GO TO NEXT MODULE]
- 07 Shots (ex. Depo-Provera) [GO TO NEXT MODULE]
- 08 Birth control pills, any kind [GO TO NEXT MODULE]
- 09 Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]
- 10 Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]
- 11 Male condoms [GO TO NEXT MODULE]
- 12 Diaphragm, cervical cap, sponge [GO TO NEXT MODULE]
- 13 Female condoms [GO TO NEXT MODULE]
- 14 Not having sex at certain times (rhythm or natural family planning) [GO TO NEXT MODULE]
- 15 Withdrawal (or pulling out) [GO TO NEXT MODULE]
- 16 Foam, jelly, film, or cream [GO TO NEXT MODULE]
- 17 Emergency contraception (morning after pill) [GO TO NEXT MODULE]
- 18 Other method [GO TO NEXT MODULE]

Do not read:

- 77 Don't know/Not sure
- 99 Refused

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

SAPHFPQ3 What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons
- 77 Don't know/Not sure
- 99 Refused

State Added: Sugar Sweetened Beverages (Form A)

SASSBQ1 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.

INTERVIEWER NOTE: Please remind interviewees to include regular soda that they mixed with alcohol.

Please read: 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

Iowa 2018 BRFSS Questionnaire

Do not read:

- 888 None
- 777 Don't know / Not sure
- 999 Refused

SASSBQ2. During the past 30 days, how often did you drink sweetened fruit drinks, such as Kool-aid, cranberry juice cocktail, and lemonade? Include fruit drinks you made at home and added sugar to.

INTERVIEWER NOTE: Fruit drinks are sweetened beverages that often contain some fruit juice or flavoring. Do not include 100% fruit juice, sweet tea, coffee drinks, sports drinks, or energy drinks.

Please read: 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

Do not read:

- 888 None
- 777 Don't know / Not sure
- 999 Refused

State Added: NUTRITION (Form A)

SANQ1 During the past 30 days, about how often did you have milk, either to drink or on cereal? Include cow's milk and soy milk, but NOT rice, goat, coconut, and almond milk.

INTERVIEWER NOTE: LACTOSE-FREE MILK COUNTS, BUT NOT SMALL AMOUNTS OF MILK OF ANY KIND IN COFFEE OR TEA.]

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

- 1 __ Days
- 2 __ Weeks
- 3 __ Months
- 300 Less than once a month [GO TO NEXT MODULE]
- 555 Never [GO TO NEXT MODULE]
- 777 Don't Know[GO TO NEXT MODULE]
- 999 Refused [GO TO NEXT MODULE]

SANQ2 If you drink cow's milk, was the milk you typically drank or used; whole milk, reduced-fat 2%, low-fat 1%, or fat-free, skim milk?

INTERVIEWER NOTE: IF MORE THAN ONE KIND MENTIONED, ASK "WHICH KIND DID YOU DRINK OR USE MOST OFTEN?".

INTERVIEWER NOTE: IF RESPONDENT SAYS "VITAMIN D MILK", PROBE BY REPEATING RESPONSE OPTIONS.]

- 1 Whole milk
- 2 Reduced Fat (2%)
- 3 Low fat (1%)
- 4 Fat free (skim)
- 5 I drink soy milk
- 7 Don't know/not sure
- 9 Refused

State Added: Neighborhood PHYSICAL ACTIVITY (Form A)

SANPQ1 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
- 7 Don't Know/Not Sure
- 9 Refused

SANPQ2 Does your neighborhood have any sidewalks?

- 1 Yes
- 2 No

7 Don't Know/Not Sure

9 Refused

SANPQ3 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
- 7 Don't Know/Not Sure
- 9 Refused

SANPQ4 Do you use walking trails, parks, playgrounds, sports fields in your community for physical activity?

- 1 Yes
- 2 No
- 3 My community does not have these facilities
- 7 Don't Know/Not Sure
- 9 Refused

State Added: Social Determinants of Health

SASDHQ1 During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

SASDHQ2 In the last 12 months, how many times have you moved from one home to another?

___ Number of moves in past 12 months [01-52]

88 None (Did not move in past 12 months)

77 Don't know/Not sure

99 Refused

SASDHQ3 How safe from crime do you consider your neighborhood to be? Would you say...

Please read:

- 1 Extremely safe
- 2 Safe
- 3 Unsafe
- 4 Extremely unsafe

Do not read:

7 Don't know/Not sure

9 Refused

SASDHQ4 For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last [CATI NOTE: NAME OF CURRENT MONTH]). The first statement is, "The food that I bought just didn't last, and I didn't have money to get more." Was that often, sometimes, or never true for you in the last 12 months?

- 1 Often true,
- 2 Sometimes true, or
- 3 Never true

Do not read:

7 Don't Know/Not sure

9 Refused

SASDHQ5 I couldn't afford to eat balanced meals. Was that often, sometimes, or never true for you in the last 12 months?

- 1 Often true,
- 2 Sometimes true, or
- 3 Never true

Do not read:

7 Don't Know /Not sure

9 Refused

SASDHQ6 In general, how do your finances usually work out at the end of the month? Do you find that you usually:

Iowa 2018 BRFSS Questionnaire

Please read:

- 1 End up with some money left over,
- 2 Have just enough money to make ends meet, or
- 3 Do not have enough money to make ends meet

Do not read:

- 7 Don't Know/Not sure
- 9 Refused

SASDHQ7 Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?

Please read:

- 1 None of the time,
- 2 A little of the time,
- 3 Some of the time,
- 4 Most of the time, or
- 5 All of the time

Do not read:

- 7 Don't know/Not sure
- 9 Refused

State Added: Opioid Use

SAOUQ1 In the past year, did you take any prescription opioid pain relievers such as hydrocodone, codeine, oxycodone, morphine, Lortab, Vicodin, Tylenol #3, Percocet, or OxyContin?

Interviewer reminder: We only want to know about prescription medication NOT medication that is available over the counter.

- 1 Yes
- 2 No [Skip to next module]
- 7 Don't know/Not sure [Skip to next module]
- 9 Refused [Skip to next module]

SAOUQ2 In the past year, did you take any of the opioid pain medications more frequently or in higher doses than directed by a doctor?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

SAOUQ3 In the past year, have you taken any prescription opioid pain relievers (hydrocodone, codeine, oxycodone, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin) when it was NOT prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?

Interviewer reminder: We only want to know about prescription medication NOT medication that is available over the counter.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Thank you for answering these questions. If you would like assistance or more information about opioid-related issues, please contact Your Life Iowa by calling 855-581-8111, texting 855-895-TEXT(8398) or visiting www.yourlifeiowa.org. Your Life Iowa offers free and confidential support for those in need or concerned about others.

State Added: Physical and Emotional Neglect (Form B)

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 a 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:

SAPENQ1 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?
- 7 Don't know/not sure
- 9 Refused

SAPENQ2 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?
- 7 Don't know/not sure
- 9 Refused

SAPENQ3 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?
- 7 Don't know/not sure
- 9 Refused

SAPENQ4 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?
- 7 Don't know/not sure
- 9 Refused

SAPENQ5 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?
- 7 Don't know/not sure
- 9 Refused

SAPENQ6 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?
- 7 Don't know/not sure
- 9 Refused

State Added: Resiliency (Form B)

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

SARQ1 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
- 7 Don't know/Not Sure
- 9 Refused

Iowa 2018 BRFSS Questionnaire

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

SARQ2 How often did you feel supported by your friends? Would you say...

- 1 Never,
- 2 Rarely,
- 3 Sometimes,
- 4 Often, or
- 5 Very often?
- 7 Don't know/Not Sure
- 9 Refused

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

SARQ3 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?
- 7 Don't know/Not Sure
- 9 Refused

SARQ4 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?
- 7 Don't know/Not Sure
- 9 Refused

SARQ5 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?
- 7 Don't know/Not Sure
- 9 Refused

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

SARQ6 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?
- 7 Don't know/Not Sure
- 9 Refused

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 Experiences

[ONLY SAY IF FORM A]

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—

[ONLY SAY IF FORM B]

Again, we are still talking about before you were 18 years of age.

SAACEQ1 Did you live with anyone who was depressed, mentally ill, or suicidal?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SAACEQ2 Did you live with anyone who was a problem drinker or alcoholic?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SAACEQ3 Did you live with anyone who used illegal street drugs or who abused prescription medications?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SAACEQ4 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
- 7 Don't know / Not sure
- 9 Refused

SAACEQ5 Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

SAACEQ6 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Would you say...

- 1 Never,
- 2 Once, or
- 3 More than once?
- 7 Don't know / Not sure
- 9 Refused

SAACEQ7 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, or
- 3 More than once?
- 7 Don't know / Not sure
- 9 Refused

SAACEQ8 How often did a parent or adult in your home ever swear at you, insult you, or put you down? Would you say...

- 1 Never,
- 2 Once, or
- 3 More than once?
- 7 Don't know / Not sure
- 9 Refused

SAACEQ9 How often did anyone at least 5 years older than you or an adult touch you sexually? Would you say...

- 1 Never,
- 2 Once, or
- 3 More than once?
- 7 Don't know / Not sure
- 9 Refused

Iowa 2018 BRFSS Questionnaire

SAACEQ10 How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? Would you say...

- 1 Never,
- 2 Once, or
- 3 More than once?
- 7 Don't know / Not sure
- 9 Refused

SAACEQ11 How often did anyone at least 5 years older than you or an adult, force you to have sex? Would you say...

- 1 Never,
- 2 Once, or
- 3 More than once?
- 7 Don't know / Not sure
- 9 Refused

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. Would you like that number? You can dial 1-800-422-4453 to reach the National Hotline for child abuse.

State Added: Gambling

SAGQ1 Have you gambled or bet for money or possessions in the past 12 months?

- 1 Yes
- 2 No [Skip to Asthma Callback]
- 7 Don't know/Not sure [Skip to Asthma Callback]
- 9 Refused [Skip to Asthma Callback]

SAGQ2 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
- 7 Don't know/Not sure
- 9 Refused

SAGQ3 During the past 12 months, have you tried to keep your family or friends from knowing how much you gamble?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

SAGQ4 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
- 7 Don't know/Not sure
- 9 Refused

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about your experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

Can I please have your first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials.

What is a good time to call you back? For example evenings, days, or weekends?

Closing statement

Cell Phone

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.

Landline

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in Iowa. Also, I want to let you know that my supervisor will be checking my work and may be calling you back in a few weeks just to see how the interview went. Thank you very much for your time and cooperation.