

Iowa 2019 BRFSS Questionnaire

Core Section 1: Health Status

[CATI/INTERVIEWER NOTE: ITEMS IN PARENTHESIS ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]

C01.01 Would you say that in general your health is—

GENHLTHRead:

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

Do not read:

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

Core Section 2: Healthy Days

C02.01 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?

PHYSHLTH

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

C02.02 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?

MENTHLTH

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

[CATI NOTE: IF C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88, GO TO NEXT SECTION]

C02.03 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?

POORHLTH

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

Core Section 3: Healthcare Access

C03.01 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

HLTHPLN1

- 1 Yes
If using Healthcare Access (HCA) Module go to HCA.01, else continue
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

C03.02 Do you have one person you think of as your personal doctor or health care provider?

PERSDOC2

- 1 Yes, only one
- 2 More than one
- 3 No
If No, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?
- 7 Don't know / Not sure
- 9 Refused

C03.03 Was there a time in the past 12 months when you needed to see a

doctor but could not because of cost?

MEDCOST

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

C03.04 About how long has it been since you last visited a doctor for a routine checkup?

CHECKUP1

[INTERVIEWER NOTE: Read if necessary: 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

Do not read:

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

Core Section 4: Hypertension Awareness

HYPER.01 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

Read only if necessary: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline high or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

HYPER.02 Are you currently taking prescription medicine for your high blood pressure?

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

Core Section 5: Cholesterol Awareness

CHOL.01 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

Read only if necessary:

- 1 Never [GO TO NEXT SECTION]
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago

Do not Read:

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

CHOL.02 Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

CATI/ INTERVIEWER NOTE: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

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CHOL.03 Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?

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

Core Section 6: Chronic Health Conditions

C06.01 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.

(Ever told) you that you had a heart attack also called a myocardial infarction?

CVDINFR4

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

C06.02 (Ever told) (you had) angina or coronary heart disease?

CVDCRHD4

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

C06.03 (Ever told) (you had) a stroke?

CVDSTRK3

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

C06.04 (Ever told) (you had) asthma?

ASTHMA3

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused Go to C06.06]

C06.05 Do you still have asthma?

ASTHNOW

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

C06.06 (Ever told) (you had) skin cancer?

CHCSCNCR

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

C06.07 (Ever told) (you had) any other types of cancer?

CHCOCNCR

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

C06.08 (Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

CHCCOPD1

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

C06.09 (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

ADDEPEV2

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

C06.10 Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

CHCKDNY1 Read if necessary: Incontinence is not being able to control urine flow.

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

C06.11 (Ever told) (you had) diabetes?

DIABETE3 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 [Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.]

C06.12 How old were you when you were told you had diabetes?

DIABAGE2

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

Go to Diabetes Module if used, otherwise go to next section.

Module 2: Diabetes

CATI NOTE: To be asked following Core 06.12; if response to Q6.11 is

Yes (code = 1)

M02.01 Are you now taking insulin?

INSULIN

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

M02.02 About how often do you check your blood for glucose or sugar?

BLDSUGAR Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

Do not read: 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.'

- 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

M02.03 Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

FEETCHK3

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year
- 555 No feet

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

M02.04 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

DOCTDIAB

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

M02.05 About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

CHKHEMO3 Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.

- __ 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

M02.06 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

FEETCHK If M02.03 = 555 (No feet), go to M02.07

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

M02.07 When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

EYEEEXAM1 Read 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

M02.08 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

DIABEYE

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

M02.09 Have you ever taken a course or class in how to manage your diabetes yourself?

DIABEDU

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

Core Section 7: Arthritis

C07.01 (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

HAVARTH3

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

Interviewer Note: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, 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)

C07.02 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

ARTHEXER Interviewer note: If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.

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

C07.03 Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

ARTHEDU

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

C07.04 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

LMTJOIN2 Interviewer Note: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use"

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

C07.05 In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

ARTHDIS2 Interviewer Note: If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

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

C07.06 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

JOINPAIN

- __ Enter number [00-10]
- 77 Don't know/ Not sure
- 99 Refused

Core Section 8: Demographics

Read if necessary: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

C08.01 What is your age?

AGE

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

C08.02 Are you Hispanic, Latino/a, or Spanish origin?

HISPANC3 If yes, read: Are you...

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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

C08.03 Which one or more of the following would you say is your race?

MRACE1 Interviewer Note: One or more categories may be selected.

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 C08.03; continue. Otherwise, go to C08.05. (after M29).

C08.04 Which one of these groups would you say best represents your race?

ORACE3 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 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
- 77 Don't know / Not sure
- 99 Refused

Module 29: Sexual Orientation and Gender Identity

(SOGI) [TO BE INCLUDED AFTER DEMOGRAPHICS C08.04]

M29.01a 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.

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

Which of the following best represents how you think of yourself?

SOMALE CATI NOTE: Ask if Sex= 1.

- 1 = Gay
- 2 = Straight, that is, not gay
- 3 = Bisexual
- 4 = Something else
- 7 = I don't know the answer
- 9 = Refused

M29.01b Which of the following best represents how you think of yourself?

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

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

CATI Note: Ask if Sex=2.

- 1 = Lesbian or Gay
- 2 = Straight, that is, not gay
- 3 = Bisexual
- 4 = Something else
- 7 = I don't know the answer
- 9 = Refused

M29.02 Do you consider yourself to be transgender?

TRNSGNDR Read if necessary: 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 transgender. 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 yes, ask "Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"]

If asked about definition of gender non-conforming, Read: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.

[Interviewer Note: Please say the number before the text response.

Respondent can answer with either the number or the text/word.]

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No
- 7 Don't know/not sure
- 9 Refused
8. 5

C08.05 Are you...

MARITAL 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

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C08.06 What is the highest grade or year of school you completed?

EDUCA Read 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

C08.07 Do you own or rent your home?

RENTHOM1 Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.

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.

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

C08.08 In what county do you currently live?

CTYCODE2

- __ _ ANSI County Code
777 Don't know / Not sure
999 Refused

C08.09 What is the ZIP Code where you currently live?

ZIPCODE1

- 77777 Do not know
99999 Refused

CATI NOTE: IF CELLULAR TELEPHONE INTERVIEW SKIP TO 8.12 (QSTVER GE 20)

C08.10 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?

NUMHHOL3

- 1 Yes
- 2 No [GO TO C08.12]
- 7 Don't know / Not sure [GO TO C08.12]
- 9 Refused [GO TO C08.12]

C08.11 How many of these telephone numbers are residential numbers?

NUMPHON3

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

C08.12 How many cell phones do you have for personal use?

CPDEMO1B Read if necessary: Include cell phones used for both business and personal use.

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

CATI Note: Last question needed for partial complete.

C08.13 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?

VETERAN3 Read if necessary: 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
- 7 Don't know / Not sure
- 9 Refused

C08.14 Are you currently...?

EMPLOY1 Interviewer Note: If more than one, say "select the category which best describes you".

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

Module 26: Industry and Occupation

[TO BE PROGRAMMED TO COME AFTER DEMOGRAPHICS C08.14 EMPLOYMENT QUESTION]

CATI Note: If C08.14 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue. Else go to next module

M26.01 What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

TYPEWORK If C08.14 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."

Interviewer Note: If respondent is unclear, ask: What is your job title?

If respondent has more than one job ask: What is your main job?

- _____ Record answer
99 Refused

M26.02 What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

TYPEINDS CATI Note: If Core Q8.14 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant."

- _____ Record answer
99 Refused

8.15 C08.15 How many children less than 18 years of age live in your household?

CHILDREN

- __ Number of children
88 None
99 Refused

C08.16 Is your annual household income from all sources—

INCOME2 Interviewer Note: If respondent refuses at ANY income level, code '99' (Refused)

Read if necessary:

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

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Do not read:

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

C08.17 About how much do you weigh without shoes?

WEIGHT2 Interviewer Note: If respondent answers in metrics, put 9 in first column. Round fractions up

- __ __ __ Weight (pounds/kilograms)
- 7777 Don't know / Not sure
- 9999 Refused

C08.18 About how tall are you without shoes?

HEIGHT3 Interviewer Note: If respondent answers in metrics, put 9 in first column. Round fractions down

- __ / __ Height (ft / inches/meters/centimeters)
- 77/ 77 Don't know / Not sure
- 99/ 99 Refused

CATI NOTE: Skip if Male, or if AGE (C08.02) is greater than 49

C08.19 To your knowledge, are you now pregnant?

PREGNANT

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

C08.20 Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?

DEAF

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

C08.21 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

BLIND

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

C08.22 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

DECIDE

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

C08.23 Do you have serious difficulty walking or climbing stairs?

DIFFWALK

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

C08.24 Do you have difficulty dressing or bathing?

DIFFDRES

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

C08.25 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

DIFFALON

- 1 Yes
- 2 No

7 Don't know / Not sure

9 Refused

Core Section 9: Tobacco Use

C09.01 Have you smoked at least 100 cigarettes in your entire life?

SMOKE100 Interviewer Note: Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to C09.05]
- 7 Don't know/Not Sure [Go to C09.05]
- 9 Refused [Go to C09.05]

C09.02 Do you now smoke cigarettes every day, some days, or not at all?

SMOKDAY2

- 1 Every day
- 2 Some days
- 3 Not at all [Go to C09.04]
- 7 Don't know / Not sure [Go to C09.05]
- 9 Refused [Go to C09.05]

C09.03 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

STOBSMK2

- 1 Yes [Go to C09.05]
- 2 No [Go to C09.05]
- 7 Don't know / Not sure [Go to C09.05]
- 9 Refused [Go to C09.05]

C09.04 How long has it been since you last smoked a cigarette, even one or two puffs?

LASTSMK2 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

C09.05 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

USENOW3 Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

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

Core Section 10: Alcohol Consumption

C10.01 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?

ALCDAY5 Interviewer Note: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of 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]

C10.02 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

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drank, about how many drinks did you drink on the average?

AVEDRNK2 Read if necessary: 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

C10.03 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?

DRNK3GE5

- ___ Number of times
- 77 Don't know / Not sure
- 99 Refused

CATI Note: X = 5 for men, X = 4 for women

C10.04 During the past 30 days, what is the largest number of drinks you had on any occasion?

MAXDRNKS

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

Core Section 11: Exercise (Physical Activity)

C11.01 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 Note: If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

- 1 Yes
- 2 No [Go to C 11.08]
- 7 Don't know/Not Sure [Go to C 11.08]
- 9 Refused [Go to C 11.08]

C11.02 What type of physical activity or exercise did you spend the most time doing during the past month?

- ___ Specify from Physical Activity Coding List
[See Physical Activity Coding List]
- 77 Don't know/ Not Sure [Go to C11.08]
- 99 Refused [Go to C11.08]

Interviewer Instruction: If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".

C11.03 How many times per week or per month did you take part in this activity during the past month?

- 1__ Times per week
- 2__ Times per month
- 777 Don't know / Not sure
- 999 Refused

C11.04 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- :_:_ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

C11.05 What other type of physical activity gave you the next most exercise during the past month?

- ___ Specify from Physical Activity List
[See Physical Activity Coding List]
- 88 No other activity [Go to C11.08]
- 77 Don't know/ Not Sure [Go to C11.08]
- 99 Refused [Go to C11.08]

Interviewer Note: If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".

C11.06 How many times per week or per month did you take part in this activity during the past month?

- 1__ Times per week
- 2__ Times per month
- 777 Don't know / Not sure
- 999 Refused

C11.07 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- :_:_ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

C11.08 During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

Interviewer Note: Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

- 1__ Times per week
- 2__ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

Core Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Interviewer Note: If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.

C12.01 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

Interviewer Notes: Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask "was that per day, week, or month?"

Read if respondent asks what to include or says 'I don't know': include fresh, frozen or canned fruit. Do not include dried fruits.

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

C12.02 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

Interviewer Notes: Read if respondent asks about examples of fruit-flavored drinks: "do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends."

Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask "Was that per day, week, or month?"

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

C12.03 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

Interviewer Notes: Enter quantity in times per day, week, or month.

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If respondent gives a number without a time frame, ask "Was that per day, week, or month?"

Read if respondent asks about spinach: "Include spinach salads."

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

C12.04 How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

Interviewer Notes: Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask "Was that per day, week, or month?"

Read if respondent asks about potato chips: "Do not include potato chips."

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

C12.05 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

Interviewer Notes: Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask "Was that per day, week, or month?"

Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

C12.06 Not including lettuce salads and potatoes, how often did you eat other vegetables?

Interviewer Notes: Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask "Was that per day, week, or month?"

Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice."

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

Core Section 13: Immunization

C13.01 During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or flu shot injected into your arm?

FLUSHOT6 Read only 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 C13.03]
- 7 Don't know / Not sure [Go to C13.03]
- 9 Refused [Go to C13.03]

C13.02 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

FLSHTMY2

- __ / ____ Month/ Year
- 777777 Don't know/ Not sure
- 999999 Refused

C13.03 Have you received a tetanus shot in the past 10 years?

TETANUS1 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 shot in the past 10 years
- 7 Don't know/Not sure
- 9 Refused

C13.04 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

PNEUVAC4 Read if necessary: 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

Core Section 14: 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.

C14.01 Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

HIVTST6

- 1 Yes
- 2 No [Go to C14.03]
- 7 Don't know/ not sure [Go to C14.03]
- 9 Refused [Go to C14.03]

C14.02 Not including blood donations, in what month and year was your last H.I.V. test?

HIVTSTD3 INTERVIEWER NOTE: 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

CATI Note: If response is before January 1985, code "777777".

- __ / ____ Code month and year
- 77/ 7777 Don't know / Not sure
- 99/ 9999 Refused

C14.03 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.

HIVRISK5

- 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

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

Closing Statement / Transition to Modules

Interviewer Note: Read if no optional modules follow, otherwise continue to optional modules.

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.

Optional Modules and State Added Questions

Module 15: Aspirin for CVD Prevention

M15.01 How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say....

Read:

- 1 Daily
- 2 Some days
- 3 Used to take it but had to stop due to side effects, or
- 4 Do not take it

Do not read:

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

Module 17: Sodium or Salt-Related Behavior [FORM A]

M17.01 Are you currently watching or reducing your sodium or salt intake?

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

M17.02 Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

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

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

Module 20: Cognitive Decline

[CATI/INTERVIEWER NOTE: If respondent is 45 years of age or older continue, else go to next module.]

M20.01 The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

CIMEMLOS

- 1 Yes [GO TO M20.02]
- 2 No [GO TO NEXT MODULE]
- 7 Don't know/ not sure [GO TO M20.02]
- 9 Refused [GO TO NEXT MODULE]

M20.02 During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...

CDHOUSE Read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

M20.03 As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...

CDASSIST Read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know/Not sure
- 9 Refused [GO TO M20.05]

M20.04 When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

CDHELP Read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

M20.05 During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...

CDSOCIAL Read:

- 1 Always
- 2 Usually
- 3 Sometimes

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- 4 Rarely
- 5 Never

Do not read:

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

M20.06 Have you or anyone else discussed your confusion or memory loss with a health care professional?

CDDISCUS

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

State Added: Hepatitis Treatment

SAHCVQ1 Have you ever been tested for hepatitis C?

Interviewer notes: The hepatitis C virus causes hepatitis C infection of the liver.

- 1 Yes [IF YES, GO TO SAHCVQ2]
- 2 No [Go to NEXT SECTION]
- 7 Don't know/not sure [Go to NEXT SECTION]
- 9 Refused [Go to NEXT SECTION]

SAHCVQ2 Have you ever been told by a doctor or other health professional that you had Hepatitis C?

Interviewer Note: Hepatitis C is an infection of the liver from the Hepatitis C virus

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

SAHCVQ3 Were you treated for Hepatitis C in 2015 or after?

Interviewer Note: Most hepatitis C treatments offered in 2015 or after were oral medicines or pills. Including Harvoni, Viekira, Zepatier, Epclusa and others.

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

SAHCVQ4 Were you treated for Hepatitis C prior to 2015?

Interviewer Note: Most hepatitis C treatments offered prior to 2015 were shots and pills given weekly or more often over many months.

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

SAHCVQ5 Do you still have Hepatitis C?

Read only if necessary: You may still have Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C.

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

Module 23: 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 SECTION.]

M23.01 The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

- 1 Yes
- 2 No [GO TO M23.03]
- 3 No partner/not sexually active [GO TO NEXT SECTION]
- 4 Same sex partner [GO TO NEXT SECTION]
- 7 Don't know/Not sure [GO TO M23.03]
- 9 Refused [GO TO M23.03]

M23.02 The last time you had sex with a man, what did you or your partner do 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. Nexplanon, Jadelle, Sino Implant, 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 or DMPA) [GO TO NEXT MODULE]
- 08 Birth control pills, any kind [GO TO NEXT MODULE]
- 09 Contraceptive patch (ex. Ortho Evra, Xulane) [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

M23.03 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.

What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

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

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- 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: Social Determinants of Health [FORM A]

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:

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: E-Cigarettes

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

Read if necessary: JUUL and JUUL copycats are sometimes called vape pods. They are new types of vaping devices that resemble a USB flash drive and have a battery. They can be plugged into a laptop or USB drive.

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.

SAECIGQ1 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]

SAECIGQ2 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 [GO TO NEXT MODULE]
- 7 Don't know / Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

Read if necessary: JUUL and JUUL copycats are sometimes called vape pods. They are new types of vaping devices that resemble a USB flash drive and have a battery. They can be plugged into a laptop or USB drive.

SAECIGQ3 When you use an e-cigarette or vaping product, how often do you use a JUUL or a JUUL-knockoff/ JUUL copycat? Would you say....

- 1 All the time
- 2 Most of the time
- 3 Some of the time
- 5 Never
- 7 Don't know / Not sure
- 9 Refused

SAECIGQ4 During the past 12 months, have you stopped using e-cigarettes or other "vaping" products – even if you stopped for less than a day because you were TRYING to quit vaping?

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

State Added: Tobacco

CATI NOTE: [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,

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- 2 Most of the time,
- 3 Some of the time, or
- 5 Never?
- 7 Don't know/Not sure
- 9 Refused

CATI NOTE: [FOR EVERYONE]

SATQ3 Do you now smoke cigars, cigarillos, or little filtered cigars every day, some days or not at all?

- 1 Every day,
- 2 Some days, or
- 4 Not at all?
- 7 Don't know/Not sure
- 9 Refused

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

- 1 Every day,
- 2 Some days, or
- 4 Not at all?
- 7 Don't know / Not sure
- 9 Refused

SATQ5 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 SATQ11]
- 7 Don't Know/Not sure [Go to SATQ11]
- 9 Refused [Go to SATQ11]

SATQ6 Do you now smoke tobacco in a water pipe or hookah every day, some days, or not at all?

- 1 Every day,
- 2 Some days, or
- 4 Not at all?
- 7 Don't know/Not sure
- 9 Refused

TOBACCO CESSATION

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

SATQ11 During the past 12 months, have you stopped smoking cigarettes – even if you stopped for less than a day, because you were TRYING to quit?

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

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

SATQ12 During the past 12 months, have you stopped using smokeless tobacco, cigars or pipe tobacco – even if you stopped for less than a day, because you were TRYING to quit?

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

RECENT QUIT METHOD USED

CATI NOTE: [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

CATI NOTE: [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

TOBACCO SCREENING

CATI NOTE: [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]

CATI NOTE: [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]

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 Smoking [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

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State Added: Marijuana Use [FORM A]

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

[INTERVIEWER NOTE: Answer "No" If respondent asks whether Cannabidiol, CBD or medical marijuana should be included in their answer]

__ _ 01-30 Number of Days

88 None

77 Don't know/not sure

99 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: Neighborhood Physical Activity [FORM B]

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?

[INTERVIEWER NOTE: If respondent asks whether biking is included, accept response.]

1 Yes

2 No

3 My community does not have these facilities

7 Don't Know/Not Sure

9 Refused

Module 22: Adverse Childhood Experiences

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.

Interviewer Note: Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.

M22.01 Now, looking back before you were 18 years of age---

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

1 Yes

2 No

7 Don't Know/Not Sure

9 Refused

M22.02 Did you live with anyone who was a problem drinker or alcoholic?

1 Yes

2 No

7 Don't Know/Not Sure

9 Refused

M22.03 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

M22.04 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

M22.05 Were your parents separated or divorced?

1 Yes

2 No

8 Parents not married

7 Don't Know/Not Sure

9 Refused

M22.06 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...

Read:

1 Never

2 Once

3 More than once

Don't Read:

7 Don't know/Not Sure

9 Refused

M22.07 Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—

Read:

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- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

M22.08 How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

M22.09 How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

M22.10 How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

M22.11 How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

(If yes) You can dial 1-800-422-4453 to reach a referral service to locate an agency in your area.

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

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: Mental Health [FORM B]

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

SAMHQ1 About how often during the past 30 days did you feel nervous — would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

SAMHQ2 During the past 30 days, about how often did you feel hopeless — all of the time, most of the time, some of the time, a little of the time, or none of the time?

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- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

SAMHQ3 During the past 30 days, about how often did you feel restless or fidgety? [If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

SAMHQ4 During the past 30 days, about how often did you feel so depressed that nothing could cheer you up? [If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

SAMHQ5 During the past 30 days, about how often did you feel that everything was an effort?

INTERVIEWER NOTE: If respondent asks what does "everything was an effort" mean say, "Whatever it means to you" [If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

SAMHQ6 During the past 30 days, about how often did you feel worthless? [If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

State Added: Screen Time [FORM B]

SASCRNQ1 On days when you are not at work or school, how many hours do you spend watching devices such as TV, phone, computer, games consoles, and tablets, while sitting or lying down?

1. Less than 1 hour
2. 1 hour to less than 2 hours
3. 2 hours to less than 3 hours
4. 3 hours to less than 4 hours
5. 4 hours to less than 5 hours
6. 5 hours or more
8. None
7. Don't Know/Not Sure
9. Refused

State Added: Volunteerism [FORM A]

SAVLTRQ1 During the past year, have you spent time volunteering?

[INTERVIEWER NOTE: Read if necessary: Volunteering is providing unpaid work to benefit a charitable organization, community or faith based group, cause or non-family member in need.]

- 1 Yes [Go to SAVLTRQ2]
- 2 No [GO TO NEXT SECTION]
- 7 Don't know/Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

SAVLTRQ2 On average, how many hours did you volunteer a month?

- ____ Hours
- 250 250 hours or more
- 777 Don't know/Not sure
- 999 Refused

State Added: Gambling

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

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

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 Iowa. 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?

_____ Enter call-back time

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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.

Physical Activity Coding List

To be used for Section 11: Exercise

- 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
- 02 Aerobics video or class
- 03 Backpacking
- 04 Badminton
- 05 Basketball
- 06 Bicycling machine exercise
- 07 Bicycling
- 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
- 09 Bowling
- 10 Boxing
- 11 Calisthenics
- 12 Canoeing / rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
- 15 Elliptical / EFX machine exercise
- 16 Fishing from river bank or boat
- 17 Frisbee
- 18 Gardening (spading, weeding, digging, filling)
- 19 Golf (with motorized cart)
- 20 Golf (without motorized cart)
- 21 Handball
- 22 Hiking – cross-country
- 23 Hockey
- 24 Horseback riding
- 25 Hunting large game – deer, elk
- 26 Hunting small game – quail
- 27 Inline Skating
- 28 Jogging
- 29 Lacrosse
- 30 Mountain climbing
- 31 Mowing lawn
- 32 Paddleball
- 33 Painting / papering house
- 34 Pilates
- 35 Racquetball
- 36 Raking lawn/trimming hedges
- 37 Running
- 38 Rock climbing
- 39 Rope skipping
- 40 Rowing machine exercises
- 41 Rugby
- 42 Scuba diving
- 43 Skateboarding
- 44 Skating – ice or roller
- 45 Sledding, tobogganing
- 46 Snorkeling
- 47 Snow blowing
- 48 Snow shoveling by hand
- 49 Snow skiing
- 50 Snowshoeing
- 51 Soccer
- 52 Softball/Baseball
- 53 Squash
- 54 Stair climbing/Stair master
- 55 Stream fishing in waders
- 56 Surfing
- 57 Swimming
- 58 Swimming in laps
- 59 Table tennis
- 60 Tai Chi
- 61 Tennis
- 62 Touch football
- 63 Volleyball
- 64 Walking
- 66 Waterskiing
- 67 Weight lifting
- 68 Wrestling
- 69 Yoga
- 71 Childcare
- 72 Farm / Ranch Work (caring for livestock, stacking hay, etc.)
- 73 Household Activities (vacuuming, dusting, home repair, etc.)
- 74 Karate / Martial Arts
- 75 Upper Body Cycle (wheelchair sports, ergometer)
- 76 Yard work (cutting/gathering wood, trimming, etc.)
- 98 Other_____
- 99 Refused