

Iowa 2020 BRFSS Questionnaire

Core Section 1: Health Status

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

CHS.01 Would you say that in general your health is—**GENHLTH**

Read:

- 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

CHD.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

CHD.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: SKIP IF CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88

CHD.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

CHCA.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
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

CHCA.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

[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

CHCA.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

CHCA.04 About how long has it been since you last visited a doctor for a routine checkup? **CHECKUP1**

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: Exercise

CEX.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? **EXERANY2**

[Interviewer Note: 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

Core Section 5: Inadequate Sleep

CIS.01 On average, how many hours of sleep do you get in a 24-hour period?

SLEPTIM1

[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)
77 Don't know/Not sure
99 Refused

Core Section 6: Chronic Health Conditions

CCHC.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

CCHC.02 (Ever told) (you had) angina or coronary heart disease? **CVDCRHD4**

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

CCHC.03 (Ever told) (you had) a stroke? **CVDSTRK3**

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

CCHC.04 (Ever told) (you had) asthma? **ASTHMA3**

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

CCHC.05 Do you still have asthma? **ASTHNOW**

- 1 Yes
- 2 No

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

CCHC.06 (Ever told) (you had) skin cancer? **CHCSCNCR**

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

CCHC.07 (Ever told) (you had) any other types of cancer? **CHCOCNCR**

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

CCHC.08 (Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis? **CHCCOPD2**

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

CCHC.09 (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? **HAVARTH4**

[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]

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

CCHC.10 (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? **ADDEPEV3**

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

CCHC.11 Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease? **CHCKDNY2**

[Interviewer Note: Incontinence is not being able to control urine flow.]

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

CCHC.12 (Ever told) (you had) diabetes? **DIABETE4**

- 1 Yes [If respondent is female, ask: "was this only when you were pregnant?" If respondent says pre-diabetes or borderline diabetes, use response code 4]
- 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

IF CCHC.12 IS GREATER THAN OR EQUAL TO 2 GO TO PRE-DIABETES OPTIONAL MODULE, OTHERWISE GO TO NEXT SECTION

CCHC.13 How old were you when you were told you had diabetes?

DIABAGE3

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

Module 1: Prediabetes

SKIP IF SECTION CCHC.12 DIABETE4 IS CODED 1

MPDB.01 Have you had a test for high blood sugar or diabetes within the past three years? **PDIABTST**

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

SKIP IF SECTION CCHC.12 DIABETE4 IS CODED 1; IF CCHC.12 DIABETE4 IS CODED 4 AUTOMATICALLY CODE MPDB.02 PREDIAB1 = 1 (YES)

MPDB.02 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? **PREDIAB1**

- 1 Yes [If respondent is female, ask: "was this only when you were pregnant?"]
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know/Not sure
- 9 Refused

Core Section 7: Oral Health

COH.01 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?

LASTDEN4

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

COH.02 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease? **RMVTETH4**

[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

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." **CDEM.01**

What is your age? **AGE**

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

CDEM.02 Are you Hispanic, Latino/a, or Spanish origin? **HISPANC3**

If yes, read: 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

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Do not read:

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

CDEM.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

If more than one response to CDEM.03; continue. Otherwise, go to MSAB.01.

CDEM.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.]

- 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

Module 19: Sex at Birth

MSAB.01 What was your sex at birth? Was it male or female? **BIRTHSEX**

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

Module 20: Sexual Orientation and Gender Identity (SOGI)

IF SEX=MALE (BIRTHSEX=1) CONTINUE, OTHERWISE GO TO MSOGI.01b

MSOGI.01a

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

Read is necessary: "We ask this question in order to better understand the health and health care needs of people with different sexual orientations."

[Interviewer Note: Please say the number before the text response. Respondent can answer with either the number or the text/word.]

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

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

IF SEX=FEMALE (BIRTHSEX=2) CONTINUE, OTHERWISE GO TO MSOGI.02

MSOGI.01b Which of the following best represents how you think of yourself? **SOFEMALE**

Read if necessary: "We ask this question in order to better understand the health and health care needs of people with different sexual orientations."

[Interviewer Note: Please say the number before the text response. Respondent can answer with either the number or the text/word.]

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

MSOGI.02 Do you consider yourself to be transgender? **TRNSGNDR**

If yes, ask "Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"

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."

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

CDEM.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

CDEM.06 What is the highest grade or year of school you completed? **EDUCA**

Read if necessary:

- 1 Never attended school or only attended kindergarten

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- 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

CDEM.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.”

Read if necessary: “Home is defined as the place where you live most of the time/the majority of the year.”

[Interviewer Note: Other arrangement may include group home, staying with friends or family without paying rent.]

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

CDEM.08 In what county do you currently live? **CTYCODE2**

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

CDEM.09 What is the ZIP Code where you currently live? **ZIPCODE1**

-
- 77777 Don't know/Not sure
- 99999 Refused

IF CELLULAR TELEPHONE INTERVIEW SKIP TO CDEM.12 (QSTVER GE 20)

CDEM.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 CDEM.12]
- 7 Don't know/Not sure [GO TO CDEM.12]
- 9 Refused [GO TO CDEM.12]

CDEM.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

CDEM.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

[Interviewer Note: LAST QUESTION NEEDED FOR PARTIAL COMPLETE]

CDEM.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

CDEM.14 Are you currently...? **EMPLOY1**

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 18: Industry and Occupation

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

If **CDEM.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.”

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

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

If **CDEM.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.”

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

_____ Record answer

- 99 Refused

CDEM.15 How many children less than 18 years of age live in your household? **CHILDREN**

___ Number of children

- 88 None
- 99 Refused

CDEM.16 Is your annual household income from all sources— **INCOME2**

[Interviewer Note: If respondent refuses at ANY income level, code ‘99’ (Refused)]

Read:

- 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

Do not read:

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

SKIP IF MALE SEXBIRTH=1, OR IF AGE CDEM.02 IS GREATER THAN 49

CDEM.17 To your knowledge, are you now pregnant? **PREGNANT**

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

CDEM.18 About how much do you weigh without shoes? **WEIGHT2**
[Interviewer Note: If respondent answers in metrics, put 9 in first column.]

[Interviewer Note: Round fractions up]
_ _ _ _ Weight (pounds/kilograms)
7777 Don't know/Not sure
9999 Refused

CDEM.19 About how tall are you without shoes? **HEIGHT3**
[Interviewer Note: If respondent answers in metrics, put 9 in first column.]
[Interviewer Note: Round fractions down]

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

Core Section 9: Disability

CDIS.01 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

CDIS.02 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

CDIS.03 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

CDIS.04 Do you have serious difficulty walking or climbing stairs? **DIFFWALK**

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

CDIS.05 Do you have difficulty dressing or bathing? **DIFFDRES**

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

CDIS.06 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 10: Tobacco Use

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

SMOKE100

[Interviewer Note: Do not include: electronic cigarettes (e-cigarettes, JUUL, VUSE, Suorin, MarkTen, blu, njoy, and bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.]

[Interviewer Note: 5 packs = 100 cigarettes]

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

CTOB.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 CTOB.04]
- 7 Don't know/Not sure [Go to CTOB.05]
- 9 Refused [Go to CTOB.05]

CTOB.03 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? **STOPSMK2**

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

CTOB.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

Do not read:

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

CTOB.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 11: Alcohol Consumption

CALC.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**

Read if necessary: "A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks."

- 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]

CALC.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 drank, about how many drinks did you drink on the average? **AVEDRNK3**
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

[States may use sex at birth to determine sex if module is adopted]

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

CALC.04 During the past 30 days, what is the largest number of drinks you had on any occasion? **MAXDRNK5**

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

Core Section 12: Immunization

CIMM.01 During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? **FLUSHOT7**

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 CIMM.03]
- 7 Don't know/Not sure [Go to CIMM.03]
- 9 Refused [Go to CIMM.03]

CIMM.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?

FLSHTMY3

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

IF AGE <50 GO TO CIMM.04

CIMM.03 Have you ever had the shingles or zoster vaccine?

Read if necessary: "Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots."

SHINGLE2

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

CIMM.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 13: Falls

IF CDEM.01, AGE<45 GO TO NEXT SECTION

CFAL.01 In the past 12 months, how many times have you fallen? **FALL12MN**

Read if necessary: "By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level."

- __ 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]

CFAL.02 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? **FALLINJ4**

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

Core Section 14: Seat Belt Use and Drinking and Driving

CSBD.01 How often do you use seat belts when you drive or ride in a car?

Would you say— **SEATBELT**

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 [Go to next section]
- 9 Refused

IF CALC.01 = 888 (No drinks in the past 30 days), GO TO NEXT SECTION

CSBD.02 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? **DRNKDRI2**

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

Core Section 15: Breast and Cervical Cancer Screening

IF MALE SEXBIRTH=1 GO TO NEXT SECTION

The next questions are about breast and cervical cancer.

CBCC.01 Have you ever had a mammogram? **HADMAM**

Read if necessary: "A mammogram is an x-ray of each breast to look for breast cancer."

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

CBCC.02 How long has it been since you had your last mammogram?

HOWLONG

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

Do not read:

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

CBCC.03 Have you ever had a Pap test? **HADPAP2**

Read if necessary: "A Pap test is a test for cancer of the cervix."

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

CBCC.04 How long has it been since you had your last Pap test? **LASTPAP2**

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

Do not read:

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

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CBCC.05 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? **HPVTEST**

[Interviewer Note: HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)]

- 1 Yes
- 2 No [Go to CBCC.07]
- 7 Don't know/Not sure [Go to CBCC.07]
- 9 Refused [Go to CBCC.07]

CBCC.06 How long has it been since you had your last H.P.V. test?

HPLSTTST

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

Do not read:

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

IF CDEM.17=1 GO TO NEXT SECTION

CBCC.07 Have you had a hysterectomy? **HADHYST2**

Read if necessary: "A hysterectomy is an operation to remove the uterus (womb)."

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

Core Section 16: Prostate Cancer Screening

IF AGE IS LESS THAN 40, OR IF FEMALE SEXBIRTH=2, GO TO NEXT SECTION

CPCS.01 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?

PCPSAAD3

Read if necessary: "A prostate-specific antigen test, also called 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

CPCS.02 Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test? **PCPSADI1**

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

CPCS.03 Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test? **PCPSARE1**

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

CPCS.04 Have you ever had a P.S.A. test? **PSATEST1**

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

CPCS.05 How long has it been since you had your last P.S.A. test?

PSATIME

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

CPCS.06 What was the main reason you had this P.S.A. test – was it ...?

PCPSARS1

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

Core Section 17: Colorectal Cancer Screening

IF AGE IS LESS THAN 45 GO TO NEXT SECTION

The next questions are about the five different types of tests for colorectal cancer screening

CRC.01 A colonoscopy checks the entire colon. 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. **COLNSCPY**

Have you ever had a colonoscopy? [Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach]

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

CRC.02 How long has it been since you had this test? **COLNTEST**

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

Do not read:

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

CRC.03 A sigmoidoscopy checks part of the colon and you are fully awake.

Have you ever had a sigmoidoscopy? **SIGMSCPY**

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

CRC.04 How long has it been since you had this test? **SIGMTST**

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

Do not read:

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

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CRC.05 Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit? **BLDSTOL1**
[Interviewer Note: This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.]

- 1 Yes
- 2 No [Go to CRC.07]
- 7 Don't know/Not sure [Go to CRC.07]
- 9 Refused [Go to CRC.07]

CRC.06 How long has it been since you had this test? **LSTBLDS4**

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

Do not read:

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

CRC.07 Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test? **STOOLDNA**
[Interviewer Note: This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.]

- 1 Yes
- 2 No [Go to CRC.09]
- 7 Don't know/Not sure [Go to CRC.09]
- 9 Refused [Go to CRC.09]

CRC.08 How long has it been since you had this test? **SDNATEST**

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

Do not read:

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

CRC.09 For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy? **VIRCOLON**
[Interviewer Note: Unlike a regular colonoscopy, you do not need medication to make you sleepy during the 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]

CRC.10 How long has it been since you had this test? **VCLNTEST**

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

Do not read:

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

Core Section 18: H.I.V./AIDS

CHIV.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.?

HIVTST7

Read if necessary: "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."

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

CHIV.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]

[Interviewer Note: If response is before January 1985, code 777777]

__/____ Code month and year

77/ 7777 Don't know/Not sure

99/ 9999 Refused

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

Closing Statement/Transition to Modules

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

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

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- 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
- 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
- 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: Hepatitis Treatment

SAHCVQ1 Have you ever been tested for hepatitis C?

[Interviewer Note: The hepatitis C virus causes hepatitis C infection of the liver.]

- 1 Yes
- 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/ ot 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 12: Cancer Survivorship – Course of Treatment

If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

MCOT.01 Are you currently receiving treatment for cancer? **CSRVRT2**

Read if necessary: "By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills."

Read if necessary:

- 1 Yes [GO TO NEXT MODULE]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [GO TO NEXT MODULE]
- 4 No, I haven't started treatment [GO TO NEXT MODULE]
- 5 Treatment was not necessary [GO TO NEXT MODULE]

Do not read:

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

MCOT.02 What type of doctor provides the majority of your health care?

Is it a....**CSRVDOC1**

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

Read if necessary: "An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis."

Read:

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other

Do not read:

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

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MCOT.03 Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? **CSRVSUM**

Read if necessary: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

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

MCOT.04 Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

CSRVRTRN

- 1 Yes
- 2 No [GO TO MCOT.06]
- 7 Don't know/Not sure [GO TO MCOT.06]
- 9 Refused [GO TO MCOT.06]

MCOT.05 Were these instructions written down or printed on paper for you?

CSRVINST

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

MCOT.06 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? **CSRVINSR**

Read if necessary: "Health insurance also includes Medicare, Medicaid, or other types of state health programs"

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

MCOT.07 Were you ever denied health insurance or life insurance coverage because of your cancer? **CSRVDEIN**

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

MCOT.08 Did you participate in a clinical trial as part of your cancer treatment? **CSRVLIN**

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

State Added: Oral Health

SAOHQ1 During the past 12 months, have you had a dental problem which you would have liked to see a dentist about but you did not see the dentist?

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

SAOHQ2 What is the main reason you have not visited the dentist for problems in the last 12 months?

Read if necessary:

- 11 Fear, apprehension, nervousness, pain, dislike going
- 12 Cost
- 13 Do not have/know a dentist
- 14 Did not have time
- 15 Cannot get to the office/clinic (too far away, no transportation)
- 16 Cannot get an appointment
- 17 Other priorities

18 Have not thought of it

19 Other

Do not read:

77 Don't know/Not sure

99 Refused

State-Added: E-Cigarettes

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 or cannabidiol/CBD 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? **ECIGARET**

- 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? **ECIGNOW**

- 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]

SAECIGQ3.1 When you use an e-cigarette or vaping product, how often do you use a JUUL or other pod device? Would you say...

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."

Read:

- 1 All the time,
- 2 Most of the time,
- 3 Some of the time, or
- 5 Never?

Do not read:

- 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

ASK IF CTOB.01 = 1 AND CTOB.02 = 1 OR 2

SATQ1 Currently, when you smoke cigarettes, how often do you smoke menthol cigarettes? Would you say...

Read:

- 1 All of the time,
- 2 Most of the time,
- 3 Some of the time, or
- 5 Never?

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Do not read:

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

[Interviewer 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
- 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
- 4 Not at all
- 7 Don't know/Not sure
- 9 Refused

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
- 4 Not at all
- 7 Don't know/Not sure
- 9 Refused

TOBACCO CESSATION

ASK IF CTOB.05 < 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

ASK IF CTOB.03 = 1 OR CTOB.04 < 5 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

TOBACCO SCREENING

CATI NOTE: [IF COH.01>1 SKIP TO NEXT SECTION] OR [IF CTOB2>2 & CTOB.04<5 & CTOB.05>2 & SAECIGQ2>2 & SATQ3>2 & SATQ4>2 & SATQ6>2 SKIP TO NEXT SECTION]

SATQ20A In the PAST 12 MONTHS, when you visited your dentist, dental hygienist or dental clinic did they ask about your tobacco use?

- 1 Yes
- 2 No

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

SATQ20B In the PAST 12 MONTHS, when you visited your dentist, dental hygienist or dental clinic, did they advise you to stop smoking or using tobacco?

- 1 Yes
- 2 No
- 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

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 Note: 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 Note: 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.

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State Added: Brain Injury

A head injury, or concussion, is an injury to the brain or skull that may have been caused by, but not limited to, a bump or blow to the head, injury from an explosion or blast, or injury to the head from a car accident or crash.

SABIQ1 Have you ever had a head injury?

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

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 21: Adverse Childhood Experiences

I'd like to ask you some questions about events that happened during your childhood. 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.]

MACE.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

MACE.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

MACE.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

MACE.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

MACE.05 Were your parents separated or divorced?

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

MACE.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

MACE.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:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

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

Read:

- 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?

Interviewer Note: If no local or state hotline is available, give respondent the National Hotline for Child Abuse "1-800-4-A-CHILD (1-800-422-4453)"

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...

[Interviewer Note: If respondent attended multiple high schools, ask respondent to respond about the high schools in general.]

Read:

- 1 Never,
- 2 Rarely,
- 3 Sometimes,
- 4 Often, or
- 5 Very often?

Do not read:

- 8 Did not attend High School
- 7 Don't know/Not Sure
- 9 Refused

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

Read:

- 1 Never,
- 2 Rarely,
- 3 Sometimes,
- 4 Often, or
- 5 Very often?

Do not read:

- 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...

Read:

- 1 Never,
- 2 Rarely,
- 3 Sometimes,
- 4 Often, or
- 5 Very often?

Do not read:

- 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...

Read:

- 1 Never,
- 2 Rarely,
- 3 Sometimes,
- 4 Often, or
- 5 Very often?

Do not read:

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

SARQ5 How often did you enjoy participating in your community's traditions? Would you say...

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

Read:

- 1 Never,
- 2 Rarely,
- 3 Sometimes,
- 4 Often, or
- 5 Very often?

Do not read:

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

SARQ6 How often did you feel your family stood by you during difficult times? Would you say...

Read:

- 1 Never,
- 2 Rarely,
- 3 Sometimes,
- 4 Often, or
- 5 Very often?

Do not read:

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

[Interviewer 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: Rape Prevention Education

The following question asks about your experience of sexual violence & we understand that this can be a sensitive topic to discuss. So, before I start I want you to be aware of resources that are available to support people impacted by sexual violence. If you or someone you know needs support, the Iowa Victim Service Call Center is available 24/7 at **1-800-770-1650** or by texting **'IOWAHELP'** to **20121**.

SARPEQ1 Since you were 18 years old, has anyone EVER made you take part in any sexual activity including touch that made you uncomfortable when you really did not want to, or without your consent?

Read if Necessary: "For example, you were drunk or asleep, or thought you would be hurt or punished if you refused?"

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

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State Added: Workplace Harassment

ASK ONLY IF CDEM.14 = 1 OR CDEM = 2

For the purposes of the following questions, "Someone at work" may include any person(s) you have contact with as part of your duties. This person(s) could be a coworker, supervisor, visitor, contractor, concessioner, partner, inside or outside of your work unit, or anyone else you interact with on the job. The behaviors or experiences could have occurred outside of work hours or away from your work location as long as they occurred in the context of your duties.

SAWHQ1 Workplace harassment includes suggestions that people of your sex are not suited for the kind of work you do. Has anyone at your current workplace EVER made these remarks to you?

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

SAWHQ2 Has anyone at your current workplace EVER made any intentional sexual contacts with you, such as sexual touching, attempted or completed sexual intercourse, that were against your will or which occurred when you did not or could not consent?

- 1 Yes
- 2 No
- 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) The Iowa Victim Service Call Center is available 24/7 at **1-800-770-1650** or by texting '**IOWAHELP**' to **20121** or you can contact Your Life Iowa at **1-855-581-8111**.

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?

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
- 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

SAGQ5 In the past 12 months, how often have you participated in sports wagering through Iowa casinos' mobile apps, telephone lines or in their sports books? Was it...

Interviewer Note: Read: Sports wagering is the activity of predicting sports results by betting money on the outcome

Read:

- 1 About every day,
- 2 One to three times a week,
- 3 Once or twice a month,
- 4 A few days a year,
- 5 Only one day in the past 12 months, or
- 6 Never in the past 12 months?

Do not read:

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

SAGQ6 During the past 12 months, how often have you bet or wagered money in Daily Fantasy Sports through internet sites such as DraftKing or FanDuel? Was it...

Read:

- 1 About every day,
- 2 One to three times a week,
- 3 Once or twice a month,
- 4 A few days a year,
- 5 Only one day in the past 12 months, or
- 6 Never in the past 12 months?

Do not read:

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

SAGQ7 In the past 12 months, how often have you gone to casinos and played any games such as slot machines, or table games such as blackjack, poker or roulette? Was it...

Read:

- 1 About every day,
- 2 One to three times a week,
- 3 Once or twice a month,
- 4 A few days a year,
- 5 Only one day in the past 12 months, or
- 6 Never in the past 12 months?

Do not read:

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

SAGQ8 In the past 12 months, how often have you purchased Iowa Lottery games such as Powerball, Mega Millions, Scratch tickets, Hot Lotto, etc.? Was it...

Read:

- 1 About every day,
- 2 One to three times a week,
- 3 Once or twice a month,
- 4 A few days a year,
- 5 Only one day in the past 12 months, or
- 6 Never in the past 12 months?

Do not read:

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