

# Iowa 2022 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

**[Interviewer Note:** 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.]

-- 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

**[Interviewer Note:** 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.]

-- Number of days (01-30)

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

**CATI NOTE:** SKIP CHD.03 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

**[Interviewer Note:** 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.]

-- Number of days (01-30)

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

## Core Section 3: Healthcare Access

### CHCA.01

What is the current primary source of your health insurance?

**[Interviewer Note:** If respondent has multiple sources of insurance, ask for the one used most often.

If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.]

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own
- 03 Medicare
- 04 Medigap
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA
- 08 Indian Health Service
- 09 State sponsored health plan
- 10 Other government program
- 88 No coverage of any type
- 77 Don't Know/Not Sure
- 99 Refused

### CHCA.02

Do you have one person or a group of doctors that you think of as your personal health care provider?

**[Interviewer Note:** if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.]

- 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 you could not afford it?

- 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)

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- 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

C05.01  
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: 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

**[Read if necessary:** 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 7: Chronic Health Conditions

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

### CCHC.01

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

### CCHC.06

(Ever told) (you had) skin cancer that is not melanoma?

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

### CCHC.07

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

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

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9 Refused

**CCHC.08**  
(Ever told) (you had) C.O.P.D (Chronic Obstructive Pulmonary Disease), emphysema or chronic bronchitis? CHCCOPD3

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

**CCHC.09**  
(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.10**  
Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?  
**[Interviewer Note:** Incontinence is not being able to control urine flow.]

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

**CCHC.11**  
(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.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 (if used), otherwise go to CCHC.13.

## Module 1: Prediabetes

**CATI NOTE:** Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12

**M01.01**  
When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional? PDIABTST

1 Within the past year (anytime less than 12 months ago)  
2 Within the last 2 years (1 year but less than 2 years ago)  
3 Within the last 3 years (2 years but less than 3 years ago)  
4 Within the last 5 years (3 to 4 years but less than 5 years ago)  
5 Within the last 10 years (5 to 9 years but less than 10 years ago)  
6 10 years ago or more  
8 Never  
7 Don't know / Not sure  
9 Refused

**CATI NOTE:** Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes)

**M01.02**  
Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes? PREDIAB1  
**[Interviewer note:** If Yes and respondent is female, ask: Was this only when you were pregnant?]

1 Yes  
2 Yes, during pregnancy  
3 No  
7 Don't know / Not sure

## Core Section 7: Chronic Health Conditions continued

**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

## Core Section 8: Demographics

**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?  
**If yes, read:** Are you...  
**[Interviewer Note:** One or more categories may be selected.]

1 Mexican, Mexican American, Chicano/o  
2 Puerto Rico  
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?

**[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.]

**[Interviewer Note:** If respondent indicates that they are Hispanic for race, please read the race choices.]

## 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:

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

## CDEM.04

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

**[Interviewer Note:** If respondent has selected multiple races in previous and refuses to select a single race, code refused]

**[Interviewer Note:** f 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:

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

## Module 27: Sex at Birth

### MSAB.01

What was your sex at birth? Was it male or female?

BIRTHSEX

**[Interviewer note:** This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.]

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

## Module 28: Sexual Orientation and Gender Identity (SOGI)

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

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

### MSOGI.01a

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

**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.]

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

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## 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
- 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
- 888 County from another state

## CDEM.09

What is the ZIP Code where you currently live? ZIPCODE1

- — — — — Do not know
- 77777 Do not know
- 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 landline 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 landline 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



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**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 24: 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 --

**CATI NOTE:** SEE CATI information on order of coding; start with category 05 and move up or down categories

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

**Read:**

- 01 Less than \$10,000?
- 02 Less than \$15,000? (\$10,000 to less than \$15,000)
- 03 Less than \$20,000? (\$15,000 to less than \$20,000)
- 04 Less than \$25,000
- 05 Less than \$35,000 If (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If (\$35,000 to less than \$50,000)
- 07 Less than \$75,000? (\$50,000 to less than \$75,000)
- 08 Less than \$100,000? (\$75,000 to less than \$100,000)
- 09 Less than \$150,000? (\$100,000 to less than \$150,000?)
- 10 Less than \$200,000? (\$150,000 to less than \$200,000)
- 11 \$200,000 or more

**Do not read:**

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

SKIP IF MALE (MSAB.01, BIRTHSEX, IS CODED 1); IF MSAB.01=MISSING AND (CP05=1 OR LL12=1; OR LL09 = 1 OR LL07 =1) or YEARBORN < 1972 (Age >49)

## CDEM.17

To your knowledge, are you now pregnant? PREGNANT

- 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

# Iowa 2022 BRFSS Questionnaire

## 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 D on'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: Breast and Cervical Cancer Screening

**CATI Note:** Skip to next module if sex/ sex at birth = male

### CBCCS.01

(The next questions are about breast and cervical cancer.) Have you ever had a mammogram? HADMAM

**[Interviewer Note:** A mammogram is an x-ray of each breast to look for breast cancer.]

- 1 Yes

- 2 No [GO TO CBCCS.03]
- 7 Don't know / Not sure [GO TO CBCCS.03]
- 9 Refused [GO TO CBCCS.03]

### CBCCS.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

### CBCCS.03

Have you ever had a cervical cancer screening test?

- 1 Yes
- 2 No [GO TO CBCCS.07]
- 7 Don't know / Not sure [GO TO CBCCS.07]
- 9 Refused [GO TO CBCCS.07]

### CBCCS.04

How long has it been since you had your last cervical cancer screening test?

#### Read if necessary:

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

#### Do not read:

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

### CBCCS.05

At your most recent cervical cancer screening, did you have a Pap test?

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

### CBCCS.06

At your most recent cervical cancer screening, did you have an H.P.V. test?

**[Interviewer Note:** H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)]

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

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9 Refused

**CATI NOTE:** If response to Core CDEM.17 = 1 (is pregnant) do not ask and go to next module.

## CBCCS.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 11: Colorectal Cancer Screening

**CATI NOTE:** If Section CDEM.01, AGE, is less than 45 go to next module.

### CCRC.01

Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?

HADSIGM3

- 1 Yes [GO TO CCRC.02]
- 2 No [GO TO CCRC.06]
- 7 Don't know/Not Sure [GO TO CCRC.06]
- 9 Refused [GO TO CCRC.06]

### CCRC.02

Have you had a colonoscopy, a sigmoidoscopy, or both?

- 1 Colonoscopy [GO TO CCRC.03]
- 2 Sigmoidoscopy [GO TO CCRC.04]
- 3 Both [GO TO CCRC.03]
- 7 Don't know/Not sure [GO TO CCRC.05]
- 9 Refused [GO TO CCRC.06]

### CCRC.03

How long has it been since your most recent colonoscopy?

**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

**CATI NOTE:** If CCRC.02 =3 (BOTH) continue, else Go to CCRC.06

### CCRC.04

How long has it been since your most recent sigmoidoscopy?

**Read if necessary:**

- 1 Within the past year (anytime less than 12 months ago) [GO TO CCRC.06]
- 2 Within the past 2 years (1 year but less than 2 years ago) [GO TO CCRC.06]
- 3 Within the past 5 years (2 years but less than 5 years ago) [GO TO CCRC.06]

- 4 Within the past 10 years (5 years but less than 10 years ago) [GO TO CCRC.06]
- 5 10 or more years ago [GO TO CCRC.06]

**Do not read:**

- 7 Don't know / Not sure [GO TO CCRC.06]
- 9 Refused [GO TO CCRC.06]

### CCRC.05

How long has it been since your most recent colonoscopy or sigmoidoscopy? LASTSIG3

**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

### CCRC.06

Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

- 1 Yes [GO TO CCRC.07]
- 2 No [GO TO NEXT MODULE]
- 7 Don't know/not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

### CCRC.07

A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

**[Interviewer Note:** CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, 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 your stomach.]

- 1 Yes [GO TO CCRC.08]
- 2 No [GO TO CCRC.09]
- 7 Don't know/not sure [GO TO CCRC.09]
- 9 Refused [GO TO CCRC.09]

### CCRC.08

When was your most recent CT colonography or virtual colonoscopy?

**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)



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- 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

**CCRC.09**

One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

**[Interviewer Note:** The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.]

- 1 Yes [GO TO CCRC.10]
- 2 No [GO TO CCRC.11]
- 7 Don't know/not sure [GO TO CCRC.11]
- 9 Refused [GO TO CCRC.11]

**CCRC.10**

How long has it been since you had this test?

**Read if necessary:**

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

**Do not read:**

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

**CCRC.11**

Another stool 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?

**[Interviewer Note:** Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.]

- 1 Yes [GO TO CCRC.12]
- 2 No [GO TO NEXT MODULE]
- 7 Don't know/not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

**CCRC.12**

Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

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

**CCRC.13**

How long has it been since you had this test?

**Read if necessary:**

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

**Do not read:**

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

## Core Section 12: 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, njoy, bluetip, JUUL), 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.03]
- 7 Don't know/Not Sure [GO TO CTOB.03]
- 9 Refused [GO TO CTOB.03]

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

**CTOB.03**

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

**CTOB.04**

Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

**[Interviewer Note:** Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such

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as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. ]

**[Interviewer note:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.]

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Not at all (right now)

**Do not read:**

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

## Core Section 13: Lung Cancer Screening

**CATI NOTE:** If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to CLC.04.

### CLC.01

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly? LCSFIRST

**[Interviewer Note:** Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).]

**[Interviewer Note:** If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.]

- \_\_\_ Age in Years (001 – 100)
- 777 Don't know/Not sure
- 999 Refused
- 888 Never smoked cigarettes regularly [GO TO CLC.04]

### CLC.02

How old were you when you last smoked cigarettes regularly? LCSSLAST

- \_\_\_ Age in Years (001 – 100)
- 777 Don't know/Not sure
- 999 Refused

### CLC.03

On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day? LCSNUMCG

**[Interviewer Note:** Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).]

**[Interviewer Note:** Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs = 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs = 60 cigarettes/ 1.5 pack = 30 cigarettes]

- \_\_\_ Number of cigarettes
- 777 Don't know/Not sure

- 999 Refused

### CLC.04

The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area?

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

### CLC.05

Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?

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

### CLC.06

When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

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

**Do not read:**

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

## Core Section 14: Alcohol Consumption

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

### 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? 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

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

## CALC.03

**CATI NOTE:** CATI X = 5 for men, X = 4 for women (Use BIRTHSEX to determine sex)  
 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
- 88 No days
- 99 Refused

## CALC.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 15: 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
- 77/7777 Don't know/ Not sure
- 09/9999 Refused

### CIMM.03

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 Pevnar.”

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

### CIMM.04

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

TETANUS2

**[Interviewer Note:** 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

## Core Section 14: 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 NEXT SECTION]
- 7 Don't know/ not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

### 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.

- 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? HIVRISK5

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

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## Emerging Core: Long-term COVID Effects

### COVID.01

Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?

[Interviewer Note: Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as a nasal swabbing or throat swabbing including home tests.]

[Interviewer Note: Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.]

- 1 Yes
- 3 Tested positive using home test without health professional
- 2 No [GO TO NEXT SECTION]
- 7 Don't know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

### COVID.02

Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

[Interviewer Note: Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to the virus itself.]

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

### COVID.03

Which of the following was the primary symptom that you experienced? Was it....

Read:

- 1 Tiredness or fatigue
- 2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as "brain fog")
- 3 Difficulty breathing or shortness of breath
- 4 Joint or muscle pain
- 5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain
- 6 Dizziness on standing
- 7 Depression, anxiety, or mood changes
- 8 Symptoms that get worse after physical or mental activities
- 9 You did not have any long-term symptoms that limited your activities.

Do not read:

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

## Optional Modules and State Added Questions

### Module 7: COVID Vaccination

#### MCOV.01

Have you received at least one dose of a COVID-19 vaccination?

- 1 Yes [GO TO MCOV.03, COVIDNUM]
- 2 No [GO TO MCOV.02, COVACGET]
- 7 Don't Know/Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

#### MCOV.02

Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or you are not sure? COVACGET

- 1 Will definitely get a vaccine [GO TO NEXT SECTION]
- 2 Will probably get a vaccine [GO TO NEXT SECTION]
- 3 Will probably not get a vaccine [GO TO NEXT SECTION]
- 4 Will definitely not get a vaccine [GO TO NEXT SECTION]
- 7 Don't Know/Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

#### MCOV.03

How many COVID-19 vaccinations have you received? COVIDNUM

- 1 One
- 2 Two [GO TO MCOV.05]
- 3 Three or more [GO TO MCOV.05]
- 4 Four or more [GO TO MCOV.05]
- 7 Don't Know/Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

CATI NOTE: Skip MCOV4 (COVINT) if MCOV.03, COVIDNUM = 2 or 3 or 4.

#### MCOV.04

Which of the following best describes your intent to take the recommended COVID vaccinations... Would you say you have already received all recommended doses, plan to receive all recommended doses, or do not plan to receive all recommended doses? COVIDINT

- 1 Already received all recommended doses
- 2 Plan to receive all recommended doses
- 3 Do not plan to receive all recommended doses
- 7 Don't Know/Not sure
- 9 Refused

#### MCOV.05

During what month and year did you receive your (first) COVID-19 vaccination? COVIDFST

[Interviewer Note: If respondent indicated only one vaccine do not read word "first"]

- / ---- Month/ Year
- 77/7777 Don't know/ Not sure
- 09/9999 Refused

#### MCOV.06

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During what month and year did you receive your second COVID-19 vaccination? COVIDSEC

\_\_\_/\_\_\_\_  
77/7777 Month/ Year  
09/9999 Don't know/ Not sure  
Refused

## Module 9: Cancer Survivorship: Type of Cancer [FORM A]

CATI NOTE: If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.

### MTOC.01

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

How many different types of cancer have you had? CNCRDIFF

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know/Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

### MTOC.02

At what age were you told that you had cancer? CNCRAGE  
[Interviewer Note: If MTOC.01 = 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"]

**Read if necessary:** This question refers to the first time they were told about their first cancer.

- Age in Years (97 = 97 and older)
- 98 Don't know/Not sure
- 99 Refused

**CATI NOTE:** If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 16 if Melanoma or 22 if other skin cancer

### MTOC.03

What kind of cancer is it?

[Interviewer Note: If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?]

**Read if respondent needs prompting for cancer type:**

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix/Cervical
- 07 Colon
- 08 Esophagus/Esophageal
- 09 Gallbladder
- 10 Kidney
- 11 Larynx-trachea
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma

- 16 Melanoma
- 17 Mouth/tongue/lip
- 18 Ovary/Ovarian
- 19 Pancreas/Pancreatic
- 20 Prostate
- 21 Rectum/Rectal
- 22 Skin (non-melanoma)
- 23 Skin (don't know what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis/Testicular
- 27 Throat - pharynx
- 28 Thyroid
- 29 Uterus/Uterine
- 30 Other

**Do not read:**

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

## Module 10: Cancer Survivorship: Course of Treatment [FORM A]

[CATI/Interviewer Note: If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.]

### MCOT.01

Are you currently receiving treatment for cancer? CSRVTRT3

**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]
- 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

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

**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



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- 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

**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? CSRVDIEN

- 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? CSRVCLIN

- 1 Yes

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

**Module 13: Cognitive Decline [FORM B]**

**CATI/Interviewer Note:** If respondent is 45 years of age or older continue, else go to next module.

**M13.01**

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?

- 1 Yes [GO TO M13.02]
- 2 No [GO TO NEXT MODULE]
- 7 Don't know/ not sure [GO TO M13.02]
- 9 Refused [GO TO NEXT MODULE]

**M13.02**

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

**M13.03**

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 [GO TO M13.05]
- 5 Never [GO TO M13.05]

**Do not read:**

- 7 Don't know/Not sure [GO TO M13.05]
- 9 Refused [GO TO M13.05]

**M13.04**

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:**

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

**Do not read:**

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

**M13.05**

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
- 4 Rarely
- 5 Never

**Do not read:**

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

**M13.06**

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

## Module 15: 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.]

**M15.01**

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

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

ACEDEPRS

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

**M15.02**

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

ACEDRINK

- 1 Yes

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

**M15.03**

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

ACEDRUGS

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

**M15.04**

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

ACEPRISN

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

**M15.05**

Were your parents separated or divorced?

ACEDIVRC

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

**M15.06**

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

ACEPUNCH

**Read:**

- 1 Never
- 2 Once
- 3 More than once

**Don't Read:**

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

**M15.07**

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...

ACEHURT1

**Read:**

- 1 Never
- 2 Once
- 3 More than once

**Don't Read:**

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

**M15.08**

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

ACESWEAR

**Read:**

- 1 Never
- 2 Once
- 3 More than once

**Don't Read:**

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

# Iowa 2022 BRFSS Questionnaire

## M15.09

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

### Read:

- 1 Never
- 2 Once
- 3 More than once

### Don't Read:

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

## M15.10

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

### Read:

- 1 Never
- 2 Once
- 3 More than once

### Don't Read:

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

## M15.11

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

### Read:

- 1 Never
- 2 Once
- 3 More than once

### Don't Read:

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

## M15.12

For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

### Don't Read:

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

## M15.13

For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

### 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, give respondent the **National Hotline for Child Abuse "1-800-4-A-CHILD (1-800-422-4453)"**

## State Added: Resilience

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:

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- 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...

**[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".]

**Read:**

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

**Do not read:**

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

## Module 16: Social Determinants and Health Equity

**MSDHE.01**

In general, how satisfied are you with your life? Are you...

**Read:**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**Do not read:**

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

**MSDHE.02**

How often do you get the social and emotional support that you need? Is that...

**Read:**

- 1 Always
- 2 Usually

- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

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

**MSDHE.03**

How often do you feel socially isolated from others? Is it...

**Read:**

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

**Do not read:**

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

**MSDHE.04**

In the past 12 months have you lost employment or had hours reduced?

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

**MSDHE.05**

During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

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

**MSDHE.06**

During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

**Read:**

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

**Do not read:**

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

**MSDHE.07**

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

**MSDHE.08**

During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?

- 1 Yes

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

## MSDHE.09

During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

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

## MSDHE.10

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

### Read:

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

### Do not read:

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

## Module 27: 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.]

The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

### MFP.01

In the past 12 months, did you have sexual intercourse?

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

### MFP.02

Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy.

The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

- 1 Yes
- 2 No [GO TO MFP.06]
- 7 Don't know/not sure [GO TO MFP.07]
- 9 Refused [GO TO MFP.07]

### MFP.03

The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

**[Interviewer Note:** If respondent reports using two methods, please code the method that occurs first on the list. Code the other method in question 4 (do not ask question 4).]

**[Interviewer Note:** If respondent reports using more than two methods, please code the method that occurs first on the list. Of the remaining methods mentioned, code the method that occurs first on the list in question 4 (do not ask question 4).]

**[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 if necessary:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

### Do not read:

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

### MFP.04

The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant?

**[Interviewer note:** If respondent reports using more than one additional method, please code the method that occurs first on the list.]

**[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 if necessary:

- 00 Nothing else
- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)



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- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

**Do not read:**

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

**[CATI NOTE:** Ask MFP.05 if respondent indicated method response options 01-08 and 11 in MFP.03 above; else skip MFP.05]

**MFP.05**

Where did you get the [response from Q3] you used when you last had sexual intercourse?

**Read if necessary:**

- 01 Private doctor's office [GO TO NEXT MFP.07]
- 02 Community health clinic, Community clinic, Public health clinic [GO TO NEXT MFP.07]
- 03 Family planning or Planned Parenthood Clinic [GO TO NEXT MFP.07]
- 04 School or school-based clinic [GO TO NEXT MFP.07]
- 05 Hospital outpatient clinic, emergency room, regular hospital room [GO TO NEXT MFP.07]
- 06 Urgent care center, urgi-care or walk-in facility [GO TO NEXT MFP.07]
- 07 In- store health clinic (like CVS, Target, or Walmart) [GO TO NEXT MFP.07]
- 08 Health care visit with a pharmacist [GO TO NEXT MFP.07]
- 09 Website or app [GO TO NEXT MFP.07]
- 10 Some other place [GO TO NEXT MFP.07]

**MFP.06**

Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant. What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?

**[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 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 You wanted a pregnancy
- 04 You didn't care if you got pregnant
- 05 You or your partner didn't want to use birth control (side effects, don't like birth control)

- 06 You had trouble getting or paying for birth control
- 07 You didn't trust giving out your personal information to medical personnel
- 08 Didn't think you or your partner could get pregnant (infertile or too old)
- 09 You were using withdrawal or "pulling out"
- 10 You had your tubes tied (sterilization)
- 11 Your partner had a vasectomy (sterilization)
- 12 You were breast-feeding or you just had a baby
- 13 You were assigned male at birth
- 14 Other reasons

**Do not read:**

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

**MFP.07**

If you could use any birth control method you wanted, what method would you use?

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Having sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method
- 13 I am using the method that I want to use
- 14 I don't want to use any method

**Do not read:**

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

**State Added: Brain Injury [FORM B]**

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

# Iowa 2022 BRFSS Questionnaire

## State Added: Home/Self Measured Blood Pressure

### [FORM A]

#### SASMBPQ1

Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home? HOMBPCHK

**[Interviewer note:** By other healthcare professional, we mean nurse practitioner, a physician assistant, or some other licensed health professional.]

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

#### SASMBPQ2

Do you regularly check your blood pressure outside of your healthcare professional's office or at home? HOMRGCHK

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

#### SASMBPQ3

Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location? WHEREBP

- 1 At home
- 2 On a machine at a pharmacy, grocery or similar location
- 3 Do not check it
- 7 Don't know / Not sure
- 9 Refused

#### SASMBPQ4

How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as emails; internet portal; or fax, or in person? SHAREBP

#### Read:

- 1 Telephone
- 2 Other methods such as email, internet portal, or fax, or
- 3 In person

#### Do not read:

- 4 Do not share information
- 7 Don't know / Not sure
- 9 Refused

## State Added: Hepatitis [FORM B]

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

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

### 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

### SAHCVQ6

The next question is about Hepatitis B.

**[Interviewer note:** Hepatitis B is an infection of the liver from the hepatitis B virus.]

Has a doctor, nurse, or other health professional ever told you that you had hepatitis B? HAVEHEPB

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

### SAHCVQ7

Are you currently taking medicine to treat hepatitis B?

MEDSHEPB

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

## State Added: Opioid Use

# Iowa 2022 BRFSS Questionnaire

## 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 [GO TO NEXT MODULE]
- 7 Don't know/Not sure [GO TO NEXT MODULE]
- 9 Refused [GO 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
- 3 Does not apply
- 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](http://www.yourlifeiowa.org)**. Your Life Iowa offers free and confidential support for those in need or concerned about others.

## State Added: Marijuana Use [FORM B]

### 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: Gambling [FORM B]

**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:** 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

## State Added: Cigarette Use [FORM A]

**CATI NOTE:** Ask if SMOKDAY2 = 1 or 2.

The next two questions are about your cigarette use.

### SACUQ1

Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

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

### SACUQ2

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

STOPLSMK2

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

**CATI NOTE:** Ask if SMOKE100 = 1 and SMOKDAY2 = 3

The next question is about quitting cigarettes

### SACUQ3

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

## State-Added: E-Cigarette Use [FORM A]

**CATI NOTE:** Ask if currently use e-cigarettes CTOB.04 = 2 or 3

# Iowa 2022 BRFSS Questionnaire

The next two questions are about your vaping or e-cigarette use.

**Read if necessary:** “JUUL and JUUL copycats are sometimes called vape pods. They are 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:** The next two 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. The new heat not burn electronic non-combusted tobacco cigarettes are not included either.

Respondent use of heat not burn/heated tobacco products are asked about later on.]

## SAECIGQ1

Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

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

## SAECIGQ4

During the past 12 months, have you stopped using e-cigarettes or other “vaping” products for a day or longer because you were TRYING to quit vaping?

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

## State Added: Heated Tobacco Product [FORM B]

Prologue: The next questions are about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include IQOS [eye-kos], Glo, and Eclipse.

**Read if necessary:** Heated tobacco products are not the same as e-cigarettes or vapes. Heated tobacco products heat actual tobacco leaf. By contrast, e-cigarettes heat liquids that typically contain nicotine as well as flavorings and other ingredients.

## SATHTPQ1

Have you ever used a heated tobacco product even just one time, in your entire life?

- 1 Yes
- 2 No [GO TO SATHTPQ3]
- 7 Don't know / Not sure [GO TO SATHTPQ3]
- 9 Refused [GO TO SATHTPQ3]

## SATHTPQ2

Do you now use heated tobacco products every day, some days or not at all?

- 1 Every day [GO TO NEXT MODULE]
- 2 Some days [GO TO NEXT MODULE]
- 3 Not at all [GO TO NEXT MODULE]
- 7 Don't know/ Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

**CATI NOTE:** Skip if SATHTP.01 is 1, yes

## SATHTPQ3

Before today, have you heard of heated tobacco products?

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

## State Added: Other Tobacco Use

The next questions are about your use of other tobacco.

**[Interviewer Note:** FOR EVERYONE]

## SATQNP

Do you now use oral nicotine pouches like Zyn, ON!, Velo or Rogue every day, some days or not at all?

**[Read if necessary:** Nicotine pouches are small, flavored pouches of nicotine that users place in their mouth. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chewing tobacco, because they do not contain any tobacco leaf.]

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

## 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

**CATI NOTE:** Ask if CTOB.03 < 3 OR SATNP <3 OR SATQ3 < 3 OR SATQ4 < 3 OR SATQ6 < 3

## SATQ12

During the past 12 months, have you stopped using nicotine pouches, smokeless tobacco, cigars or pipe tobacco – for a day or longer because you were TRYING to quit?

- 1 Yes

# Iowa 2022 BRFSS Questionnaire

2	No	777	Don't know/Not sure
7	Don't know/Not sure	999	Refused
9	Refused		

**CATI NOTE:** Ask if CTOB.02 = 1 or 2, OR CTOB.03 = 1 or 2, OR CTOB.04 = 2 or 3, OR SACUQ3 < 5, SATHTPQ2 = 1 or 2, OR SATQNP = 1 or 2, OR SATQ3 = 1 or 2, OR SATQ4 = 1 or 2, OR SATQ6 = 1 or 2, AND COH.01 = 1 (saw a dental practitioner in the past 12 months)

## TOBACCO SCREENING

The next questions are about dental care visits.

### SATQ20A

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

**[Read if necessary:** Asking about tobacco use includes being asked on a background form or asked verbally by a dental provider.]

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: Volunteerism [FORM B]

### SAVLTRQ1

During the past year, have you volunteered your time?

**Read if necessary:** "Volunteering is providing unpaid work to benefit a charitable organization, program, club, 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 or per year?

1 __	Hours per month
2 __	Hours per year