

2012

Iowa BRFSS Questionnaire

Section 1: Health Status

1.1: Would you say that in general your health is:

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

Section 2: Healthy Days - Health-related Quality of Life

2.1: Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of days

8 8 None

2.2: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of days

8 8 None If Q2.1 also "None", skip to next module

If Q2.1 and Q2.2=88 (None), ⇒ Go to next section.

2.3: During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Number of days

8 8 None

Section 3: Health Care Access

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

- 1 Yes
- 2 No

3.2: Do you have one person you think of as your personal doctor or health care provider?

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1 Yes, only one
- 2 More than one
- 3 No

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

- 1 Yes
- 2 No

3.4: About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1 Within past yr (any time less than 12 months ago)
- 2 Within past 2 yrs (one year but less than 2 years ago)
- 3 Within past 5 yrs (two years but less than 5 years ago)
- 4 5 or more years ago
- 8 Never

Section 4: Exercise

4.1: During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- 1 Yes
- 2 No

Section 5: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

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

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

5.3: (Ever told) you had a stroke?

- 1 Yes
- 2 No

5.4: (Ever told) you had asthma?

- 1 Yes
- 2 No ⇒ Go to Q5.6

5.5: Do you still have asthma?

- 1 Yes
- 2 No

5.6: (Ever told) you had skin cancer?

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome

- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,
- polyarteritis nodosa)

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

- 1 Yes
2 No

5.11: (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

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

- 1 Yes
2 No

5.12: Do you have any trouble seeing, even when wearing glasses or contact lenses?

- 1 Yes
2 No

5.13: (ever told) you have diabetes?

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

(If Respondent says pre-diabetes or borderline diabetes, use response code 4.)

- 1 Yes
2 Yes, but female told only during pregnancy
3 No
4 No, pre-diabetes or borderline diabetes

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code=1) to Core Q5.13 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years?

- 1 Yes
2 No

CATI note: If Core Q5.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

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

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

1. Yes
2. Yes, during pregnancy
3. No

**State Added Diabetes [Module 2 – 2012 – Only Question 1]
To be asked following core Q5.13 if response is "yes"**

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

Section 6: Oral Health

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

- 1 Within the past year (any time less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
8 Never

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

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

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

Section 7: Demographics

7.1: What is your age?

___ Code age in years

7.2: Are you Hispanic or Latino?

- 1 Yes
2 No

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

Mark all that apply

- 1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native or
6 Other [specify]

CATI note: If more than one response to Q7.3, continue. Otherwise, go to Q7.5

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

- 1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native
6 Other [specify]

7.5 Have you ever served on active duty in the United States

Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
4 No

7.6: Are you:

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

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

- ___ Number of children
8 8 None

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

- 1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)

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

7.10: Is your annual household income from all sources:

- 01 Less than \$10,000
- 02 \$10,000 to less than \$15,000
- 03 \$15,000 to less than \$20,000
- 04 \$20,000 to less than \$25,000
- 05 \$25,000 to less than \$35,000
- 06 \$35,000 to less than \$50,000
- 07 \$50,000 to less than \$75,000
- 08 \$75,000 or more

7.11: About how much do you weigh without shoes?

If respondent answers in metric, put “9” in the first position, Round fractions up

___ ___ Weight pounds/kilograms

7.12: About how tall are you without shoes?

If respondent answers in metric, put “9” in the first position, Round fractions down

___/___ Height ft/inches/meters/centimeters

7.13: What county do you live in?

___ ___ County name

7.14: What is your ZIP Code where you live?

_____ ZIP Code

7.15: Do you have more than one telephone number in your household?

Do not include cell phones or numbers that are only used by a computer or fax machine.

- 1 Yes
- 2 No ⇒ **Go to Q7.17**

7.16: How many of these are residential numbers?

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

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

- 1 Yes
- 2 No ⇒ **Go to Q7.19**

7.18: Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

___ Enter percent (1 to 100)

8 8 8 Zero

7.19: Do you own or rent your home?

- 1 Own
- 2 Rent
- 3 Other arrangement

INTERVIEWER NOTE: “Other arrangement” may include group home, staying with friends or family without paying rent.

Note: Home is defined as the place where you live most of the time/the majority of the year.

7.20: Indicate sex of respondent. **Ask only if necessary.**

- 1 Male ⇒ **Go to next section.**
- 2 Female **If respondent 45 years old or older, go to next section**

7.21: To your knowledge, are you now pregnant?

- 1 Yes
- 2 No

Section 8: Disability

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

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

- 1 Yes
- 2 No

8.2: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Include occasional use or use in certain circumstances

- 1 Yes
- 2 No

Section 9: Tobacco Use

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

5 packs = 100 cigarettes

- 1 Yes
- 2 No ⇒ **Go to Q9.5**

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

- 1 Every day
- 2 Some days
- 3 Not at all ⇒ **Go to Q9.4**

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

- 1 Yes ⇒ **Go to Q9.5**
- 2 No ⇒ **Go to Q9.5**

9.4: How long has it been since you last smoked cigarettes regularly?

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly

9.5: Do you currently use chewing tobacco or snuff, or snus every day, some days, or not at all?

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

Snus (rhymes with ‘goose’)

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

Section 10: Alcohol Consumption

10.1: During the past 30 days, how many days per week or per month did you have at least 1 drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1 ___ Days per week
- 2 ___ Days in past 30
- 8 8 8 No drinks in past 30 days **Go to next section**

10.2: One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks

__ Number of drinks

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

__ Number of times

8 8 None

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

__ Number

Section 11: Immunization

11.1: Now I will ask you questions about seasonal flu vaccine.

There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

1 Yes

2 No **Go To Q11.4**

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

__/_/___ Month/Year

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

0 1 A doctor's office or health maintenance organization (HMO)

0 2 A health department

0 3 Another type of clinic or health center (Example: a community health center)

0 4 A senior, recreation, or community center

0 5 A store (Examples: supermarket, drug store)

0 6 A hospital (Example: inpatient)

0 7 An emergency room

0 8 Workplace

0 9 Some other kind of place

1 0 Received vaccination in Canada/Mexico (Volunteered -)

1 1 A school

11.4: A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

1 Yes

2 No

Section 12: Falls

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

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

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

__ Number of times **[76 = 76 or more]**

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

12.2: [Fill in "Did this fall (from Q15.1) cause an injury?"]. If only one fall from Q15.1 and response is "Yes" (caused an injury); code 01. If response is "No", code 88.

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

__ Number of falls **[76 = 76 or more]**

8 8 None

Section 13: Seatbelt Use

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

1 Always

2 Nearly always

3 Sometimes

4 Seldom

5 Never

8 Never drive or ride in a car

Section 14: Drinking and driving

CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15, otherwise continue.

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

The next question is about drinking and driving.

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

__ Number of times

8 8 None

Section 15: Breast /Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

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

1 Yes

2 No **Go to Q15.3**

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

1 Within the past year (any time less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago

15.3: A clinical breast exam is when a doctor, nurse or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

1 Yes

2 No **Go to Q15.5**

15.4: How long has it been since your last breast exam?

1 Within the past year (any time less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago

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

1 Yes

2 No **Go to Q15.7**

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

1 Within the past year (any time less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago

CATI NOTE: If response to core Q7.23 = 1 (is pregnant) then go to next section.

15.7: Have you had a hysterectomy?

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

- 1 Yes
- 2 No

Section 16: Prostate Cancer Screening

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

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

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

16.4: Have you ever had a PSA test?

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

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

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

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

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

Section 17: Colorectal Cancer Screening

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

17.1: A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1 Yes
- 2 No **Go to Q17.3**

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

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

17.3: Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

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

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

- 1 Sigmoidoscopy
- 2 Colonoscopy

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

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

Section 18: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

18.1: Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

Include tests using fluid from your mouth.

- 1 Yes
- 2 No **⇒ Go to Q18.3**

18.2: Not including blood donations, in what month and year was your last HIV test?

Note: If response is before January 1985, code "Don't know".

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

___/___-___-___ Code month and year

18.3: I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
 - You have been treated for a sexually transmitted or venereal disease in the past year.
 - You have given or received money or drugs in exchange for sex in the past year.
 - You had anal sex without a condom in the past year.
- Do any of these situations apply to you?

- 1 Yes
- 2 No

Module 5: Sugar Sweetened Beverages and Menu Labeling

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

Interviewer note: Please remind respondents to include regular soda that they mixed with alcohol.

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 8 8 8 None

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

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

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 8 8 8 None

3. The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order?

- 01 Always
- 02 Most of the time
- 03 About half the time
- 04 Sometimes
- 05 Never
- 06 Never noticed or never looked for calorie information
- 08 Usually cannot find calorie information
- 55 Do not eat at fast food or chain restaurants

Module 6: Excess Sun Exposure

1. In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more?

- 8 Zero
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or m

Module 17: Mental Illness and Stigma

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

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

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

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

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

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

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

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

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

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

Note: If respondent ask what does “everything was an effort” means; say, “Whatever it means to you”

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

6. During the past 30 days, about how often did you feel worthless?

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

7. During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?

- __ Number of days
- 8 8 None

INTERVIEWER NOTE: If asked, "usual activities" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation.

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

- 1 Yes
- 2 No

These next questions ask about peoples' attitudes toward mental illness and its treatment.

9. Treatment can help people with mental illness lead normal lives. Do you —agree slightly or strongly, or disagree slightly or strongly?

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

10. People are generally caring and sympathetic to people with mental illness. Do you — agree slightly or strongly, or disagree slightly or strongly?

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

INTERVIEWER NOTE: If asked for the purpose of Q9 or Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

State Added Tobacco Use

The following questions are about tobacco

[Only Ask if Q9.2 = 1 (everyday) or 2 (some days)]

1. Previously you said you now smoke cigarettes every day or some days. On average on the days you smoked, about how many cigarettes did you smoke a day?

___ ___ ___ Number of cigarettes

6 6 6 Less than one cigarette a day

8 8 8 NONE

[Only Ask if Q9.2 = 2 (some days)]

2. Previously you said you now smoke cigarettes some days. During the past 30 days, on how many days did you smoke cigarettes?

___ ___ Number of days [01-30]

8 8 None

3. If you ever smoked a cigarette even once, how old were you when you smoked a whole cigarette for the first time?

___ ___ ___ Years [001-130]

8 8 8 Never smoked a cigarette

4. How likely are you to smoke in the next year? Would you say...

1 Very likely

2 Somewhat likely

3 Not at all likely

[Only Ask if Q9.2 = 1 (everyday) or 2 (some days, else go to next section)]

5. How soon after you wake up do you usually have your first cigarette?

1 within 5 minutes

2 from 5 to 30 minutes

3 from 30 minutes to 1 hour

4 more than 1 hour

6. During the past 30 days were the cigarettes you smoked usually menthol?

1 Yes

2 No

State Added Other Tobacco Products

[Only Ask if Q9.5 = 1 or 2]

1. Previously you said you used chewing tobacco, snuff, dip, or snus. During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, or snus?

__ _ days [1-30]

8 8 None

2. During the past 30 days, on how many days did you smoke cigars, cigarillos, or very small cigars that look like cigarettes?

___ ___ Days [1-30]

8 8 None

3. The next questions ask you about smoking tobacco in a water pipe. A water pipe is also called a hookah. Have you ever tried smoking tobacco in a water pipe in your entire life, even one or two puffs?

1 Yes

2 No **[Go to next section]**

4. During the past 30 days, on how many days did you smoke tobacco in a water pipe?

___ ___ Days [1-30]

8 8 None

State Added Tobacco Cessation

1. Quitlines are free telephone services that help people quit smoking or quit tobacco use. Have you ever heard of QuitLine Iowa, the telephone based service in Iowa to help people stop smoking?

1 Yes

2 No **[Skip to Q3]**

[Only Ask if Q9.1 = 1 or Q9.5 = 1 or 2]

2. Have you ever called QuitLine Iowa for help to quit smoking or help to quit other types of tobacco?

1 Yes

2 No

[Only Ask if Q9.3 = 1 or Q9.4 = 01-04, else go to SATCQ5]

3. The last time you tried to quit using tobacco did you call a telephone quitline to help you quit?

1 Yes

2 No

4. The last time you tried to quit using tobacco, did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, nicotine inhalers, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline to help you quit?

1 Yes

2 No

[Only Ask if Q9.2 = 1 or 2, or Q9.4 = 01-03]

5. **[If Q9.4 = 01-03 ask "Have you", else ask "Do you want to"]** quit smoking cigarettes for good?

1 Yes

2 No **[Skip to Q8]**

6. When you try to quit smoking, do you plan to use a telephone quitline, a class, or one on one counseling from a health professional to help you quit?

1 Yes

2 No

7. When you try to quit smoking, do you plan to use a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, nicotine inhalers, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline to help you quit?

1 Yes

2 No

[Only Ask if Q9.5 = 1 or 2, else go to SATCQ10]

8. Earlier you said that you use chewing tobacco, snuff, or snus. Do you want to quit using chewing tobacco, snuff, dip, or snus for good?

1 Yes

2 No **[Skip to Q10]**

9. When you try to quit using chewing tobacco, snuff, or snus, do you plan to use a telephone quitline, a class, or one-on-one counseling from a health professional to help you quit?

1 Yes

2 No

[Only Ask if Q3.1 = 1, else go to Q12]

10. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through...

11 Your employer

12 Someone else's employer

13 A plan that you or someone else buys on your own

14 Medicare, Medicare supplemental or MEDIGAP

- 15 Medicaid, Title XIX, Iowa Care
- 16 The military, CHAMPUS, or the VA
- 17 Indian Health Service or Alaska Native Health Service, or
- 18 Some other source?
- 88 None, out of pocket [Skip to Q12]

11. Does your health insurance help pay for counseling or medications to help people stop smoking cigarettes?

- 1 Yes
- 2 No

12. Medicaid is a state health insurance program that covers low-income Iowans. Are you aware that nicotine cessation medications are available free or at reduced costs to adult Iowans enrolled in Medicaid?

- 1 Yes
- 2 No

State Added Provider Advise on Tobacco Use

1. In the past 12 months, have you seen a doctor, dentist, nurse, or other health professional?

- 1 Yes
- 2 No [Skip to next section]

[Only Ask if Q9.2 = 1 or 2 OR Q9.5 = 1 or 2]

2. In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?

- 1 Yes
- 2 No [Skip to next section]

3. The last time a health professional advised you to quit using tobacco, did they also offer any assistance, information, additional advice, booklets, videos, or website addresses to help you quit?

- 1 Yes
- 2 No

4. The last time a health professional advised you to quit using tobacco, did they put you in contact with, or tell you how to contact, a telephone quitline, a class or program, or one-on-one counseling?

- 1 Yes
- 2 No

State Added Secondhand Smoke

1. 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]
- 8 8. NONE

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

[INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.]

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

[Only Ask if Q7.9 = 1 or 2, else go to Tobacco Policy]

3. At your workplace, is smoking in outdoor areas... ?

[INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.]

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

4. At your workplace, is the use of chewing tobacco, snuff, dip or snus...

[INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.]

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

State Added Tobacco Policy

1. Should smoking at parks be ...

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

2. Would you be in favor of an increase in the tax on a pack of cigarettes if the money were used to improve the public's health?

- 1 Yes
- 2 No

3. Would you be in favor of an increase in the tax on chewing tobacco, snuff, dip, or snus if the money were used to improve the public's health?

- 1 Yes
- 2 No

4. Should tobacco use be completely banned on school grounds, including fields and parking lots, and at all school events, even for teachers and other adults?

PROMPT tobacco includes cigarettes, chewing tobacco, dip, snus, snuff and other newer types of tobacco, like Orbs, Strips and Sticks.

- 1 Yes
- 2 No

5. In the past 12 months, have you visited a casino?

- 1 Yes
- 2 No

6. Would you visit casinos more often if they were smoke-free?

- 1 Yes
- 2 No

[Only Ask if Q9.1 = 1]

7. The Iowa Smoke-Free Air Act of 2008 forbids cigarette smoking in most bars, restaurants, workplaces and other public places. Which of the following statements best describes how your smoking may have changed because of the Smoke Free Air Act?

- 1 I quit smoking because of the Smoke-Free Air Act
- 2 I smoke less because of the Smoke-Free Air Act
- 3 The Smoke-Free Air Act did not affect how much I smoke.
- 4 I already quit smoking before the law was passed.

8. Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be

1 Heterosexual or straight
IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.

2 Homosexual, gay, or lesbian
IF NEEDED: A person who has sex with and/or is primarily attracted to people of the same sex.

3 Bisexual
IF NEEDED: A person who has sex with and/or is attracted to people of either sex.

4 Other

Remember, your answers are confidential.

IF NEEDED: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Iowa. You don't have to answer any question if you don't want.

State Added Colorectal Cancer Screening

[ASK IF AGE > 49]

1. Next, I would like to ask you some questions about colorectal cancer screening.
Has a health care provider ever talked to you about being tested for colorectal or colon cancer?

- 1 Yes
- 2 No **Go to Next Module**

2. What test did your health care provider recommend?

- 1 Blood Stool Kit
- 2 Sigmoidoscopy or colonoscopy (exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems)
- 3 Other test
- 4 Recommended both Blood Stool Kit and sigmoidoscopy or Colonoscopy
- 5 Did not recommend a test **Go to Next Module**

3. Did you have the test [if Q2 = 4, tests] your health care provider recommended?

- 1 Yes **Go to Next Module**
- 2 No

4. What is the main reason you did not have the test?

- 11 No symptoms
- 12 No family history of colorectal cancer
- 13 Cost/Not covered by insurance
- 14 Too old to have test
- 15 Too young to have test
- 16 No time
- 17 Test is distasteful
- 18 Embarrassment
- 19 Fear of finding cancer
- 20 Don't want to do the prep
- 21 Don't know where to get the test
- 22 Don't know how to do the test
- 23 Other

State Added Colorectal Cancer Advertising

[ASKED IF AGE > 49]

1. In the past 6 months, have you seen any articles or advertising about colorectal cancer screening?

- 1 Yes
- 2 No **Go to Next Module**

1. Where did you see this article or advertisement about colorectal cancer?

[IF MORE THAN ONE, SELECT MOST FREQUENTLY SEEN]

- 11 Magazine
- 12 Doctor's Office
- 13 Television
- 14 Radio
- 15 Health Newsletter
- 16 Billboards
- 17 Bus signs
- 18 Other

State Added Colorectal Cancer Knowledge

[ASK IF AGE > 49]

1. Next, I'm going to read you several statements about colorectal cancer. After I read each one, please tell me if you strongly agree, somewhat agree, somewhat disagree or strongly disagree.

A person's age is considered a risk factor for developing colorectal cancer. Would you say...

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

2. A person's race or ethnicity is considered a risk factor for developing colorectal cancer. Would you say...

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

3. A person's gender is considered a risk factor for developing colorectal cancer. Would you say...

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

4. Colorectal cancer in a blood relative is considered a risk factor for developing colorectal cancer. Would you say...

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

5. A person's use of tobacco is considered a risk factor for developing colorectal cancer. Would you say...

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

6. A person's diet is considered a risk factor in developing colorectal cancer. Would you say...

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

7. A person's weight is considered a risk factor in developing colorectal cancer. Would you say...

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

8. A person's alcohol intake is considered a risk factor in developing colorectal cancer. Would you say...

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

State Added Colorectal Cancer Plans

[Ask MODULE ONLY if Age > 49]

- 1. I'd like to get a sense of your plans regarding colorectal cancer screening. Which of the following best describes your plan for gathering information? Would you say...

[Interviewer note: repeat "about colorectal cancer screening" when necessary]

- 1 You do not plan to get more information about colorectal cancer screening,
2 You will get more information at some point in the future,
3 You will get information within six months,
4 You will get information within the next month,
5 You have already received more information, or
6 You are already knowledgeable and do not need more information?

- 2. Which of the following best describes your plan for getting screened for colorectal cancer? Would you say...

- 1 You do not plan to get screened for colorectal cancer,
2 You plan on getting screened at some point in the future,
3 You plan on getting screened within the next six months,
4 You plan on getting screened within the next month
5 You have made an appointment to get screened , or
6 You have already been screened for colorectal cancer.

[Go to Next Module]

[IF SACCSQ3 = 1 OR 2, SKIP TO Next Module]

- 3. If you have not been screened for colorectal cancer, what has kept you from being screened?

- 11 no symptoms
12 no family history of colorectal or colon cancer
13 Cost/Not covered by insurance
14 Don't know where to get the exam
15 I am nervous about the procedure
16 OTHER Specify _____
88 I have been screened

State Added Colorectal Cancer Risk

[Ask MODULE ONLY if Age > 49]

- 1. In terms of your own risk, what would you say your chances are of developing colorectal cancer? Would you say ...

- 1 High,
2 Medium,
3 Low, or
4 None?

- 2. If a person is of average risk for colorectal cancer, at what age should the person be screened for the first time?

___ AGE [18-97]

- 97. 97 years old or older

State Added Emergency Preparedness for People with Disabilities

[ASK THIS SECTION ONLY IF Q8.1 OR Q8.2 = 1, OTHERWISE SKIP TO NEXT SECTION]

- 1. Would you or a family member need special help with evacuating from your home, school or place of work, in case of a large-scale disaster or emergency that requires evacuation?

- 1 Yes
2 No [SKIP TO Q3]

- 2. What type of help would you need?

[SELECT ALL THAT APPLY]

- 1 A ride to safety
2 Special transportation to accommodate wheelchair or medical equipment
3 Help evacuating service animal
4 Directions in Braille, Sign language, or help of interpreter
5 Other

INTERVIEWER NOTE: Medical equipment is equipment that helps monitor health status or provides treatment such as a glucometer for diabetic testing, blood pressure monitor, oxygen tanks and/or carrying device, suction machine, or CPap device for sleeping. Special equipment is adapted equipment or assistive technology devices that a person uses to complete tasks. Examples would be crutches, cane, walker, communication device, commode, Hoyer lift, transfer bench, bath chair or bench, aids for eating or dressing, a reacher/grabber device, hearing aids, or glasses.

- 3. How likely would you be to use a community emergency shelter, in case of a large-scale disaster or emergency that requires evacuation? Would you say...

- 1 Not likely, [SKIP TO next section]
2 Somewhat likely, or
3 Very likely?

- 4. What type of special accommodations or assistance would you need?

[SELECT ALL THAT APPLY]

- 11 Special diet
12 Help in getting prescribed medications
13 Space for medical equipment
14 Space for walker, wheelchair or other special equipment
15 Help with getting up, toileting, dressing, eating or moving around
16 Directions in Braille, Sign language, or help of interpreter
17 Accommodation nearby for caregiver
18 Accommodation for service animal
19 Other
88 I wouldn't need any

State Added Caregiving

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- 1. During the past month, did you provide any such care or assistance to a friend or family member?

- 1 Yes
2 No [Go to next section]

- 2. What age is the person to whom you are giving care?

INTERVIEWER NOTE: If more than one person, ask: "What is the age of the person to whom you are giving the most care?"
--- Code age in years [0-115]

The remainder of these questions in this section will be about the person to whom you are giving the most care.

- 3. Is this person male or female?

- 1 Male
2 Female

- 4. What is his/her relationship to you?

- 11 Parent
12 Parent-in-law
13 Child
14 Spouse
15 Sibling
16 Grandparent
17 Grandchild
18 Other Relative
19 Non-relative

5. For how long have you provided care for your [CATI: code from Q4]. If Q4 = 77 Don't know/not sure or 99 Refused; say: "that person."

NOTE: Code using respondent's unit of time.

- 1 __ Days
2 __ Weeks
3 __ Months
4 __ Years

6. What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has?

[SELECT ONLY ONE]

Physical Health Condition/Disease

- 0 1 Arthritis/Rheumatism
0 2 Asthma
0 3 Cancer
0 4 Diabetes
0 5 Heart Disease
0 6 Hypertension/High Blood Pressure
0 7 Lung Disease/Emphysema
0 8 Osteoporosis
0 9 Parkinson's Disease
1 0 Stroke

Disability

- 1 1 Eye/Vision Problem (blindness)
1 2 Hearing Problems (deafness)
1 3 Multiple Sclerosis (MS)
1 4 Spinal Cord Injury
1 5 Traumatic Brain Injury (TBI)

Learning/Cognition

- 1 6 Alzheimer's Disease or Dementia
1 7 Attention-Deficit Hyperactivity Disorder (ADHD)
1 8 Learning Disabilities (LD)

Developmental Disability

- 1 9 Cerebral Palsy (CP)
2 0 Down's Syndrome
2 1 Other developmental disability (e.g., spinal bifida, muscular dystrophy, fragile X)

Mental Health

- 2 2 Anxiety
2 3 Depression
2 4 Other

7. In which one of the following areas does the person you care for most need your help? Would you say...

- 0 1 Taking care of himself/herself, such as eating, dressing, or bathing
0 2 Taking care of his/her residence or personal living spaces, such as cleaning, managing money, or preparing meals
0 3 Communicating with others
0 4 Learning or remembering
0 5 Seeing or hearing
0 6 Moving around within the home
0 7 Transportation outside of the home
0 8 Getting along with people
0 9 Relieving/decreasing anxiety or depression
1 0 Something else

8. In an average week, how many hours do you provide care for [CATI: code from Q4]. If Q4 = 77 (Don't know/not sure) or 99 (Refused); say: "that person" because of his/her health problem, long-term illness, or disability?

NOTE: Round up to the next whole number of hours.

__ _ Hours per week

9. I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which one of the following is the greatest difficulty you have faced as a caregiver.

- 0 1 Creates a financial burden
0 2 Doesn't leave enough time for yourself
0 3 Doesn't leave enough time for your family
0 4 Interferes with your work
0 5 Creates stress
0 6 Creates or aggravates health problems
0 7 Affects family relationships
0 8 Other difficulty
8 8 No difficulty

10. During the past year, has the person you care for experienced changes in thinking or remembering?

Read only if necessary: "Had more difficulty remembering people, places, or things, or understanding or making decisions as easily as they once did."

- 1 Yes
2 No

State Added Cognitive Impairment

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. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

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

- 1 Yes
2 No

CATI NOTE: If 1 adult in household and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.

CATI NOTE: If number of adults > 1, go to Q2.

2. [If Q1 = 1); Not including yourself], how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

_____ Number of people [6 = 6 or more]
8 NONE

CATI NOTE: If Q1 = 1 and Q2 > 6, go to Q4.

CATI note: If number of adults > 1 and Q2 < 7; continue.

Otherwise, go to next module.

CATI note: If Q2 < 7; go to Q3. Otherwise, go to next module.

3. Of these people, please select the person who had the most recent birthday. How old is this person?

- 0 1 Age 18-29
0 2 Age 30-39
0 3 Age 40-49
0 4 Age 50-59
0 5 Age 60-69
0 6 Age 70-79
0 7 Age 80-89
0 8 Age 90 +

CATI note: If Q1 ≠ 1 (Yes); read: "For the next set of questions we will refer to the person you identified as 'this person'."

INTERVIEWER NOTE: Repeat definition only as needed: "For these questions, please think about confusion or memory loss that is happening more often or getting worse."

4. During the past 12 months, how often [If Q1 = 1 (Yes): insert “have you;” otherwise, insert “has this person”] given up household activities or chores [If Q1 = 1 (Yes): insert “you;” otherwise, insert “they”] used to do, because of confusion or memory loss that is happening more often or is getting worse?
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
5. As a result of [If Q1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”] confusion or memory loss, in which of the following four areas [If Q1 = 1 (Yes): insert “do you;” otherwise, insert “does this person”] need the MOST assistance?
- 1 Safety [read only if necessary: such as forgetting to turn off the stove or falling]
 - 2 Transportation [read only if necessary: such as getting to doctor’s appointments]
 - 3 Household activities [read only if necessary: such as managing money or housekeeping]
 - 4 Personal care [read only if necessary: such as eating or bathing]
 - 5 Needs assistance, but not in those areas
 - 6 Doesn’t need assistance in any area
6. During the past 12 months, how often has confusion or memory loss interfered with [If Q1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”] ability to work, volunteer, or engage in social activities?
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
7. During the past 30 days, how often [If Q1 = 1 (Yes): insert “has;” otherwise, insert “have you,”] a family member or friend provided any care or assistance for [If Q1 = 1 (Yes): insert “you;” otherwise, insert “this person”] because of confusion or memory loss?
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
8. Has anyone discussed with a health care professional, increases in [If Q1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”] confusion or memory loss?
- 1 Yes
 - 2 No ⇒ **Go to next module**
9. [If Q1 = 1 (Yes): insert “Have you;” otherwise, insert “Has this person”] received treatment such as therapy or medications for confusion or memory loss?
- 1 Yes
 - 2 No
10. Has a health care professional ever said that [If Q1 = 1 (Yes): insert “you have;” otherwise, insert “this person has”] Alzheimer’s disease or some other form of dementia?
- 1 Yes, Alzheimer’s Disease
 - 2 Yes, some other form of dementia but not Alzheimer’s disease
 - 3 No diagnosis has been given

Module 22: Adverse Childhood Experience

I’d like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

1. Did you ever live with anyone who was depressed, mentally ill, or suicidal?
 - 1 Yes
 - 2 No
2. Did you live with anyone who was a problem drinker or alcoholic?
 - 1 Yes
 - 2 No
3. Did you live with anyone who used illegal street drugs or who abused prescription medications?
 - 1 Yes
 - 2 No
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
 - 1 Yes
 - 2 No
5. Were your parents separated or divorced?
 - 1 Yes
 - 2 No
 - 8 Parents not married
6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
 - 1 Never
 - 2 Once
 - 3 More than once
7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---
 - 1 Never
 - 2 Once
 - 3 More than once
8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?
 - 1 Never
 - 2 Once
 - 3 More than once
9. How often did anyone at least 5 years older than you or an adult ever touch you sexually?
 - 1 Never
 - 2 Once
 - 3 More than once
10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?
 - 1 Never
 - 2 Once
 - 3 More than once

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

1 Never

2 Once

3 More than once

State Added Gambling

1. In the past 12 months have you bet money or possessions on any of the following activities? Casino gaming including slot machines and table games; lottery including scratch tickets, pull tabs and lotto; sports betting; internet gambling; bingo or any other type of wagering.

1 Yes

2 No