

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 [If PPHF state go to Module 4, Question 1, else continue]

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

CATI Note: If PPHF State go to Module 4, Question 3, else continue

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

CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or if PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section.

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: Inadequate Sleep

I would like to ask you about your sleep pattern.

5.1: On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

__ Number of hours [01-24]

Section 6: 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."

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

6.3: (Ever told) you had a stroke?

- 1 Yes
- 2 No

6.4: (Ever told) you had asthma?

- 1 Yes
- 2 No ⇒ Go to Q5.6

6.5: Do you still have asthma?

- 1 Yes
- 2 No

6.6: (Ever told) you had skin cancer?

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

6.9 (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)

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

- 1 Yes
- 2 No

6.11: (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

6.12: (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

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

6.13: How old were you when you were told you have diabetes?
___Code age in years [97 = 97 and older]

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code=1) to Core Q6.12 (Diabetes awareness question).

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

- 1 Yes
- 2 No

CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

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

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

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

Module 2: Diabetes

To be asked following core Q6.13 if response to Q6.12 is "yes"

1. Are you now taking insulin?

- 1 Yes
- 2 No

2. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 4 ___ Times per year
- 8 8 8 Never

3. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 4 ___ Times per year
- 8 8 8 Never
- 5 5 5 No feet

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

- ___Number of times [76 = 76 or more]
- 8 8 None

5. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

- ___Number of times [76 = 76 or more]
- 8 8 None
- 9 8 Never heard of "A one C" test

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

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

- ___Number of times [76 = 76 or more]
- 8 8 None

7. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

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

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

Section 7: Oral Health

7.1: 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

7.2: 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 8: Demographics

8.1: What is your age?
__ __ Code age in years

8.2: Are you Hispanic Latino/a, or Spanish origin?

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- 5 No, not of Hispanic, Latino/a, or Spanish origin

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

Interviewer Note: Select all that apply.

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian, 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
- 60 Other [specify]
- 88 No additional choices

CATI note: If more than one response to Q8.3, continue. Otherwise, go to Q8.5

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

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

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

60 Other [specify]

8.5: 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
- 2 No

8.6: Are you...?

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

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

- __ Number of children
- 8 8 None

8.8: 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)

8.9: 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

Module 14: Industry and Occupation

If Core Q8.9 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed) ask,

1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic)

INTERVIEWER NOTE: If respondent is unclear, ask "What is your job title?"

INTERVIEWER NOTE: If respondent has more than one job then ask, "What is your main job?"

[Record answer] _____

Or

If Core Q8.9 = 4 (Out of work for less than 1 year) ask,
What kind of work did you do? (for example, registered nurse,
janitor, cashier, auto mechanic)?

INTERVIEWER NOTE: If respondent is unclear, ask “What
was your job title?”

INTERVIEWER NOTE: If respondent had more than one job
then ask, “What was your main job?”

[Record answer] _____

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed)
ask,

2. What kind of business or industry do you work in? (for example,
hospital, elementary school, clothing manufacturing,
restaurant)

[Record answer] _____

Or

If Core Q8.9 = 4 (Out of work for less than 1 year) ask,
What kind of business or industry did you work in? (for example,
hospital, elementary school, clothing manufacturing,
restaurant)

[Record answer] _____

8.10: 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

8.11: 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

8.12: 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

8.13: What county do you live in?

___ ___ County name

8.14: What is your ZIP Code where you live?

_____ ZIP Code

8.15: 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 Q8.17

8.16: How many of these are residential numbers?

___ Residential telephone numbers [6=6 or more]

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

- 1 Yes
- 2 No

8.19: Have you used the internet in the past 30 days?

- 1 Yes
- 2 No

8.20: 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.

INTERVIEWER NOTE: We ask this question in order to
compare health indicators among people with different
housing situations.

8.21: Indicate sex of respondent. Ask only if necessary.

- 1 Male ⇒ Go to Q8.23.
- 2 Female If respondent 45 years old or older, go to Q8.23.

8.22: To your knowledge, are you now pregnant?

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

8.24: 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

8.25: Are you blind or do you have serious difficulty seeing, even
when wearing glasses? (182)

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

8.27: Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No

8.28: Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No

8.29: Because of a physical, mental, or emotional condition, do
you have difficulty doing errands alone such as visiting a
doctor’s office or shopping?

- 1 Yes
- 2 No

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

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™.

11.1: 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 Q11.3**

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

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

Module 8: Influenza

CATI Note: If Q11.1 = 1 (Yes) then continue, else go to next section.

- 1. 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

11.3: 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

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

The next question is about the Shingles vaccine.

11.4 Have you ever had the shingles or zoster vaccine?

- 1 Yes
- 2 No

INTERVIEWER NOTE (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.

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 Q12.1) cause an injury?"]. If **only one fall from Q12.1 and response is "Yes" (caused an injury); code 01. If response is "No", code 88.**

How many of these falls caused an injury? 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 Q8.22 = 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: Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, in the emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 9 Emergency room
- 0 3 Hospital inpatient
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else

Module 4: Health Care Access

1. Do you have Medicare?

- 1 Yes
- 2 No

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

2. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?

(Select all that apply)

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [or substitute state program name]
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]

06 The Indian Health Service [or the Alaska Native Health Service]

07 Some other source

88 None

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

CATI Note: If PPHF State go to core 3.2

3. Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.
- 6 Other _____ specify
- 8 No, I did not delay getting medical care/did not need medical care

CATI Note: If PPHF State, go to core 3.4

CATI Note: If Q3.1 = 1 (Yes) continue, else go to Q4b

4a. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

- 1 Yes [Go to Q5]
- 2 No [Go to Q5]

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5)

4b. About how long has it been since you last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never

5. How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

- __ Number of times
- 8 8 None

6. Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (343)

- 1 Yes
- 2 No
- 3 No medication was prescribed.

7. In general, how satisfied are you with the health care you received? Would you say—

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied
- 8 Not applicable

8. Do you currently have any medical bills that are being paid off over time?

INTERVIEWER NOTE: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

- 1 Yes
- 2 No

CATI Note: If PPHF state, Go to core section 4.

Module 12: Cancer Survivorship

CATI note: If Core Q6.6 or Q6.7 = 1 (Yes) or Q16.6 = 4 (Because you were told you had prostate cancer), continue, otherwise go to next module.

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

1. How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 1 Three or more

2. At what age were you told that you had cancer?

— — Code age in years [97 = 97 and older]

CATI note: If Q1 = 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

CATI note: If Core Q6.6 = 1 (Yes) and Q1 = 1 (Only one): ask Was it "Melanoma" or "other skin cancer"? then code 21 if "Melanoma" or 22 if "other skin cancer"

CATI note: If Core Q16.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.

3. What type of cancer was it?

If Q1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast

- 0 1 Breast cancer
- Female reproductive (Gynecologic)
- 0 2 Cervical cancer (cancer of the cervix)
- 0 3 Endometrial cancer (cancer of the uterus)
- 0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

- 0 5 Head and neck cancer
- 0 6 Oral cancer
- 0 7 Pharyngeal (throat) cancer
- 0 8 Thyroid
- 0 9 Larynx

Gastrointestinal

- 1 0 Colon (intestine) cancer
- 1 1 Esophageal (esophagus)
- 1 2 Liver cancer
- 1 3 Pancreatic (pancreas) cancer
- 1 4 Rectal (rectum) cancer
- 1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 1 6 Hodgkin's Lymphoma (Hodgkin's disease)
- 1 7 Leukemia (blood) cancer
- 1 8 Non-Hodgkin's Lymphoma

Male reproductive

- 1 9 Prostate cancer
- 2 0 Testicular cancer

Skin

- 2 1 Melanoma
- 2 2 Other skin cancer

Thoracic

- 2 3 Heart
- 2 4 Lung

Urinary cancer:

- 2 5 Bladder cancer
- 2 6 Renal (kidney) cancer
- Others
- 2 7 Bone
- 2 8 Brain
- 2 9 Neuroblastoma
- 3 0 Other

4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

- 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

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

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.)."

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 General Practitioner, Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

Read only 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. 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?

- 1 Yes
- 2 No ⇒ **Go to Q10**

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

10. Were you EVER denied health insurance or life insurance coverage because of your cancer?

- 1 Yes
- 2 No

11. Did you participate in a clinical trial as part of your cancer treatment?
- 1 Yes
2 No
12. Do you currently have physical pain caused by your cancer or cancer treatment?
- 1 Yes
2 No ⇒ **Go to next module**
13. Is your pain currently under control?
- 1 Yes, with medication (or treatment)
2 Yes, without medication (or treatment)
3 No, with medication (or treatment)
4 No, without medication (or treatment)

Module 16: Sexual Orientation and Gender Identity

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

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

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

1. Do you consider yourself to be one, Straight; two, Lesbian or gay; three, Bisexual?
- 1 - Straight
2 - Lesbian or gay
3 - Bisexual
4 Other

2. Do you consider yourself to be transgender?

If yes, ask “Do you consider yourself to be one, male-to-female; two, female-to-male; or three, gender non-conforming?”

- 1 Yes, Transgender, male-to-female
2 Yes, Transgender, female-to-male
3 Yes, Transgender, gender non-conforming
4 No

INTERVIEWER NOTE: If asked about definition of transgender:

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 transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.

State Added Visual Impairment and Eye Care

CATI note: If respondent is less than 40 years of age or 8.25 = Yes, go to next module.

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say...
- 1 No difficulty
2 A little difficulty
3 Moderate difficulty
4 Extreme difficulty
5 Unable to do because of eyesight
6 Unable to do for other reasons

2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say...

- 1 No difficulty
2 A little difficulty
3 Moderate difficulty
4 Extreme difficulty
5 Unable to do because of eyesight
6 Unable to do for other reasons

3. When was the last time you had your eyes examined by any doctor or eye care professional?

- 1 Within the past month (anytime less than 1 month ago)
[Go to Q5]
2 Within the past year (1 month but less than 12 months ago)
[Go to Q5]
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago
5 Never

4. What is the main reason you have not visited an eye care professional in the past 12 months?

- 0 1 Cost/insurance
0 2 Do not have/know an eye doctor
0 3 Cannot get to the office/clinic (too far away, no transportation)
0 4 Could not get an appointment
0 5 No reason to go (no problem)
0 6 Have not thought of it
0 7 Other

CATI note: Skip Q5, if any response to Module 2 (Diabetes) Q7.

5. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

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

6. Do you have any kind of health insurance coverage for eye care?

- 1 Yes
2 No

7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

- 1 Yes
2 Yes, but had them removed
3 No

8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

- 1 Yes
2 No

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)

9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

- 1 Yes
2 No

State Added Neighborhood Physical Activity

1. Overall, how would you rate your neighborhood as a place to walk? Would you say...
 - 1 Very pleasant
 - 2 Somewhat pleasant
 - 3 Not very pleasant
 - 4 Not at all pleasant
2. Does your neighborhood have any sidewalks?
 - 1 Yes
 - 2 No
3. Do you use schools that are open in your community for public recreation activities?
 - 1 Yes
 - 2 No
 - 3 Schools in my community are not open for the public to use
4. Do you use walking trails, parks, playgrounds, or sports fields in your community for physical activity?
 - 1 Yes
 - 2 No
 - 3 My community does not have these facilities

State Added Nutrition

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.

You can answer times per day, week, or month: for example,

- 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.

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

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

3. How often do you use low-fat or fat-free dairy products such as milk, yogurt, or cheese?

- 1 Less than 1/week
- 2 Once a week
- 3 2-3 times a week
- 4 4-6 times a week
- 5 Once a day

4. How often do you use whole-grain products such as whole-wheat bread or pasta, oatmeal, or bran cereal?

- 1 Less than 1/week
- 2 Once a week
- 3 2-3 times a week
- 4 4-6 times a week
- 5 Once a day

State Added Colorectal Cancer Screening

[ASK IF AGE > 49]

1. Next, I would like to ask you some additional 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 Q4**

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

- 1 Yes
- 2 No

State Added Colorectal Cancer Advertising

[ASK MODULE ONLY IF AGE > 49]

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

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

2. Where did you see this 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 Newspaper
- 19 Other

State Added Tobacco Use

1. In your community, is the use of tobacco socially acceptable?

- 1 Yes
- 2 No

2. In a typical week how many hours are you exposed to smoke from someone else's cigarettes, cigars or pipe?

___ ___ Number of hours per week [1-70]

- 01 = One hour or less
- 70 = Seventy hours or more
- 88 = None

3. Do you ever use smokeless tobacco or e-cigarettes instead of smoking cigarettes?

Note: e-cigarettes are also called electronic, or vapor cigarettes [IF YES, PROBE FOR WHICH]

- 1 Yes, smokeless **[SKIP TO Q5]**

- 2 Yes, e-cigarettes

- 3 Yes both smokeless and e-cigarettes

- 4 No **[SKIP TO Q5]**

4. Do you currently use e-cigarettes every day, some days, or not at all?

- 1 Everyday
- 2 Some Days
- 3 Not at all

5. Have you ever heard of Quitline Iowa?

- 1 Yes
- 2 No

[ASK IF Q9.3 = 1 or Q9.4 between 01 - 04]

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

- 1 Yes
- 2 No

[ASK IF M4.5 < 77 or Q7.1 = 1 AND Q9.2 < 3 or Q9.5 < 3), ELSE SKIP to NEXT Module]

7. 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 module]**

8. What, if any, methods, resources, or medications did your provider advise you to try?

[SELECT ALL THAT APPLY]

- 1 Medication
- 2 Nicotine replacement therapy
- 3 Cold turkey
- 4 Other tobacco products
- 5 Other method
- 6 Did not suggest a method

State Added Mental Illness

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

State Added Physical and Emotional Neglect

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, how true were each of the following statements:

1. You knew there was someone to take care of you and protect you. Was this never true, rarely true, often true, or very often true?

- 1 never true,
- 2 rarely true,
- 3 often true, or
- 4 very often true?

2. Your parents were too drunk or high to take care of the family. Was this never true, rarely true, often true, or very often true?

- 1 never true,
- 2 rarely true,
- 3 often true, or
- 4 very often true?

3. There was someone in your family who helped you feel important or special. Was this never true, rarely true, often true, or very often true?

- 1 never true,
- 2 rarely true,
- 3 often true, or
- 4 very often true?

4. You felt loved? Was this never true, rarely true, often true, or very often true?

- 1 never true,
- 2 rarely true,
- 3 often true, or
- 4 very often true?

5. There was someone to take you to the doctor if you needed it. Was this never true, rarely true, often true, or very often true?

- 1 never true,
- 2 rarely true,
- 3 often true, or
- 4 very often true?

6. Your family was a source of strength and support.
Was this never true, rarely true, often true, or very often true?
- 1 never true,
 - 2 rarely true,
 - 3 often true, or
 - 4 very often true?

State Added 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. Have you gambled or bet for money or possessions in the past 12 months?
 - 1 Yes
 - 2 No **[SKIP TO ASTHMA CALLBACK]**
2. Have you ever felt the need to bet or gamble more and more money?
 - 1 Yes
 - 2 No
3. Have you ever had to lie to people important to you about how much you gambled or bet?
 - 1 Yes
 - 2 No