

# Iowa 2015 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 year (any time less than 12 months ago)
- 2 Within past 2 years (one year but less than 2 years ago)
- 3 Within past 5 years (two years but less than 5 years ago)
- 4 5 or more years ago
- 8 Never

## Section 4: Hypertension Awareness

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

Read only if necessary:

By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional. If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, but female told only during pregnancy  
⇒ Go to next section
- 3 No ⇒ Go to next section
- 4 Told borderline high or pre-hypertensive ⇒ Go to next section

4.2: Are you currently taking medicine for your high blood pressure?

- 1 Yes
- 2 No

## Section 5: Cholesterol Awareness

5.1: Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

- 1 Yes
- 2 No ⇒ Go to next section

5.2: About how long has it been since you last had your blood cholesterol checked?

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

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

- 1 Yes
- 2 No

## 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 Q6.6

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, go to next question. If any other response to Q6.12, go to Section 7.

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

Module 2: Diabetes

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

Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

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: **Demographics**

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

- 1 Male
- 2 Female

7.2: What is your age?

\_\_\_ Code age in years

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

1 No, not of Hispanic, Latino/a, or Spanish origin

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

2 Mexican, Mexican American, Chicano/a

3 Puerto Rican

4 Cuban

5 Another Hispanic, Latino/a, or Spanish origin

8 No additional choices

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

Mark 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 Q7.4, continue.

Otherwise, go to Q7.6.

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

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]

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: 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)

7.8: 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.

7.9: What county do you live in?

\_\_\_ \_ \_ ANSI County Code (formerly FIPS county code)

7.10: What is your ZIP Code where you live?

\_\_\_\_\_ ZIP Code

7.11: 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 Q7.13

7.12: How many of these telephone numbers are residential numbers?

\_\_\_ Residential telephone numbers [6=6 or more]

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

1 Yes

2 No

7.14: 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

7.15: 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 19: Industry and Occupation

If Core Q7.15 = 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 Q7.15 = 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 Q7.15 = 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 Q7.15 = 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 Q7.15 = 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] \_\_\_\_\_

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

\_\_ Number of children

8 8 None

7.17: 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

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

1 Yes

2 No

7.19: 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

7.20: 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

If male, go to 7.22, If female respondent is 45 years old or older, go to Q7.22

7.21: To your knowledge, are you now pregnant?

1 Yes

2 No

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

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

1 Yes

2 No

7.23: 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

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

1 Yes

2 No

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

1 Yes

2 No

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

1 Yes

2 No

7.27: Do you have difficulty dressing or bathing?

1 Yes

2 No

7.28: 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 8: Tobacco Use

8.1: Have you smoked at least 100 cigarettes in your entire life?  
5 packs = 100 cigarettes

1 Yes

2 No ⇒ Go to Q8.5

8.2: 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 Q8.4

8.3: 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 Q8.5

2 No ⇒ Go to Q8.5

8.4: 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

8.5: 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 9: Alcohol Consumption

9.1: 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

9.2: 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

9.3: 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

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

\_\_\_ Number

#### Section 10: Fruits and Vegetables

These next questions are about the fruits and vegetables you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often you ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

10.1: During the past month, how many times per day, week, or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

- 1 \_\_\_ Per day
- 2 \_\_\_ Per week
- 3 \_\_\_ Per month
- 5 5 5 Never

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 10.6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

10.2: During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

- 1 \_\_\_ Per day
- 2 \_\_\_ Per week
- 3 \_\_\_ Per month
- 5 5 5 Never

Read only if necessary: "Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - but due to their small serving size they are not included in the prompt.

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruit that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

10.3: During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

- 1 \_\_\_ Per day
- 2 \_\_\_ Per week
- 3 \_\_\_ Per month
- 5 5 5 Never

Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

Interviewer NOTE: Include soybeans also called edamame, tofu (bean curd made from soybeans), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

10.4: During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

- 1 \_\_\_ Per day
- 2 \_\_\_ Per week
- 3 \_\_\_ Per month
- 5 5 5 Never

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

10.5: During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 5 5 5 Never

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

10.6: Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 5 5 5 Never

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style Cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice. Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.). Do not include rice or other grains.

#### Section 11: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

11.1: 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

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

\_\_ (Specify) [See Coding List A]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

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

- 1 \_\_ Times per week
- 2 \_\_ Times per month

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

\_\_:\_\_ Hours and minutes

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

\_\_ (Specify) [See Coding List A]

8 8 No additional physical [Go to Q11.8]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

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

- 1 \_\_ Times per week
- 2 \_\_ Times per month

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

\_\_:\_\_ Hours and minutes

11.8. During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

- 1 \_\_ Times per week
- 2 \_\_ Times per month

8 8 8 Never

#### Section 12: Arthritis Burden

If Q6.9 = 1 (yes) then continue, else go to next section.

Next I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

12.1: Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

- 1 Yes
- 2 No

INTERVIEWER INSTRUCTION: If a question arises about

medications or treatment, then the interviewer should say:

"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

INTERVIEWER NOTE: Q12.2 should be asked of all respondents regardless of employment status.

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

- 1 Yes
- 2 No

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

12.3: During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

- 1 A lot
- 2 A little
- 3 Not at all

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

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

\_\_ \_ Enter number [00-10]

### 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: 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™. 14.1: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? 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.

- 1 Yes
- 2 No ⇒ Go To Q14.4

14.2: 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

14.3: 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

14.4: 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 15: 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.

15.1: 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 next section.

15.2: 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

15.3: 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: Caregiver

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say “I’m so sorry to hear of your loss.” and code 8.

- 1 Yes
- 2 No [Go to Question 9]
- 8 Caregiving recipient died in past 30 days [Go to next module]

2. What is his or her relationship to you? For example is he or she your (mother or daughter or father or son)?

INTERVIEWER NOTE: If more than one person, say: "Please refer to the person to whom you are giving the most care?"

CODE RESPONSE USING THESE CATEGORIES]

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Same-sex partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend

3. For how long have you provided care for that person? Would you say...

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

4. In an average week, how many hours do you provide care or assistance? Would you say...

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

5. What is the main health problem, long-term illness, or disability that the person you care for has?

IF NECESSARY: Please tell me which one of these conditions would you say is the *major* problem?

RECORD ONE RESPONSE]

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia and other Cognitive Impairment Disorders
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Other

6. In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

- 1 Yes
- 2 No

7. In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

- 1 Yes
- 2 No

8. Of the following support services, which one do you MOST need, that you are not currently getting?

[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]: Respite care means short-term or long-term breaks for people who provide care.

- 1 Classes about giving care, such as giving medications
- 2 Help in getting access to services
- 3 Support groups
- 4 Individual counseling to help cope with giving care
- 5 Respite care
- 6 You don't need any of these support services

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

- 1 Yes
- 2 No

Module 6: Cognitive Decline

CATI Note: If respondent is 45 years of age or older continue, else go to next Module

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

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 [Go to Next Module]

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

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

3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to Q5]
- 5 Never [Go to Q5]

4. When you need help with these day-to-day activities, how often are you able to get the help that you need?

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

5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?

- 1 Always

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

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

- 1 Yes
- 2 No

Module 7: Sodium or Salt-Related Behavior

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

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

- 1 Yes
- 2 No [Go to Q3]

2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?"

- 1\_\_ Day(s)
- 2\_\_ Week(s)
- 3\_\_ Month(s)
- 4\_\_ Year(s)
- 5 5 All my life

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

- 1 Yes
- 2 No

Module 9: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI note: If Core Q6.1 = 1 (Yes), ask Q1.

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

- 1 Yes
- 2 No

CATI note: If Core Q6.3 = 1 (Yes), ask Q2.

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

- 1 Yes
- 2 No

Interviewer Note: Question 3 is asked for all respondents

3. Do you take aspirin daily or every other day?

Interviewer Note: Aspirin can be prescribed by a health care provider or obtained as an over-the-counter (OTC) medication.

- 1 Yes [Go to question 5]
- 2 No

4. Do you have a health problem or condition that makes taking aspirin unsafe for you?

If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.

- 1 Yes, not stomach related [Go to next module]
- 2 Yes, stomach problems [Go to next module]
- 3 No [Go to next module]

5. Do you take aspirin to relieve pain?

- 1 Yes
- 2 No

6. Do you take aspirin to reduce the chance of a heart attack?

- 1 Yes
- 2 No

7. Do you take aspirin to reduce the chance of a stroke?

- 1 Yes
- 2 No

State Added: Colorectal Cancer Screening

CATI Note: If respondent is  $\leq 49$  years of age, go to next section. The next questions are about colorectal cancer screening.

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 Q3

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

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

4. 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

5. Has a health care provider ever talked to you about being tested for colorectal or colon cancer?

- 1 Yes
- 2 No  $\Rightarrow$  Go to Next Section

6. What test, if any, 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

7. Did you have the test [if Q6 = 4, tests] your health care provider recommended?
- 1 Yes
  - 2 No

Module 21: 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:
- 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 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?”

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

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

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

INTERVIEWER NOTE: If 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: 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, sports fields in your community for physical activity?
- 1 Yes
  - 2 No
  - 3 My community does not have these facilities

State Added: Nutrition

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Please include regular soda that was mixed with alcohol, but do not include diet soda or diet pop. 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

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

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. How often do you use low-fat or fat-free dairy products such as milk, yogurt, or cheese to cook with or eat directly?

- 1 Less than once a 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, pasta, oatmeal, or bran cereal to cook with or eat directly?

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

State Added Tobacco Use

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

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

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

- 1 Every day
- 2 Some days

- 3 Rarely
- 4 Not at all

3. Have you ever tried smoking tobacco in a water pipe or hookah in your entire life, even one or two puffs?

- 1 Yes
- 2 No [Go to Q5]

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

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

The next questions ask about electronic cigarettes or e-cigarettes. Electronic cigarettes or e-cigarettes are battery-operated devices that simulate smoking a cigarette. The heated vapor produced by an e-cigarette often contains nicotine. You may also know them as vape-pens, hookah-pens, e-hookahs, e-vaporizers, e-cigars, or e-pipes.

5. Have you ever used an electronic cigarette, even just one time in your entire life?

- 1 Yes
- 2 No [Go to Q7]

6. Do you now smoke electronic cigarettes or e-cigarettes every day, some days, rarely or not at all?

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

Quitlines are telephone or internet/web-based services that help people quit smoking or quit tobacco use.

7. Have you ever heard of Quitline Iowa?

- 1 Yes
- 2 No

[ASK IF 8.3 = 2]

8. During the past 12 months, have you made a serious attempt to stop smoking cigarettes because you were TRYING to quit – even if you stopped for less than a day?

- 1 Yes
- 2 No

[ASK IF 8.5 = 1 or 2 OR Q1 = 1 or 2 OR Q2 = 1 or 2]

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

- 1 Yes
- 2 No

□

[ASK IF 8.3 = 1 OR 8.4 < 5 OR Q8 = 1 OR Q9 = 1]

10. Thinking back to the (LAST TIME/time) you tried to QUIT smoking or quit using tobacco in the past 12 months. Did you do ANY of the following...

- A Call a telephone help line or quit line?
  - B Use an internet or web-based program, app, smartphone or tool?
  - C Try to quit by SWITCHING to electronic or E-cigarettes?
  - D Try to quit by SWITCHING to some other form of tobacco?
- 1 Yes
  - 2 No

[ASK IF Q6<4, ELSE GO TO Q12]

11. The next question is about the reasons people use e-cigarettes. Please tell me which reasons apply to you.

[INTERVIEWER NOTE: Say about E-cigarettes if required: You may also know them as vape pens, hookah-pens, e-hookahs, e-vaporizers, e-cigars, or e-pipes]

- 1 I can use e-cigarettes at times or in places where smoking cigarettes isn't allowed.
- 2 They might be less harmful to me than cigarettes.
- 3 They might be less harmful to people around me than cigarettes.
- 4 Using e-cigarettes helps people to quit smoking cigarettes.
- 5 They seem cheaper than cigarettes.

[ASK IF Q5=2 AND AGE = 18-29 YEARS OR Q6>3, ELSE GO TO Q13]

[INTERVIEWER NOTE: Say about E-cigarettes if required: You may also know them as vape pens, hookah-pens, e-hookahs, e-vaporizers, e-cigars, or e-pipes]

12. The next question is about the reasons people use e-cigarettes. Do you think the following statements apply to people who use e-cigarettes?

- a Someone can use e-cigarettes at times or in places where smoking cigarettes isn't allowed.
  - b They might be less harmful to someone than cigarettes.
  - c E-cigarettes might be less harmful to people around a smoker than cigarettes.
  - d Using e-cigarettes helps people to quit smoking cigarettes
  - e They seem cheaper than cigarettes
- 1 Yes
  - 2 No

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

[INTERVIEWER NOTE: Answer is "YES" if they visited doctor, dentist, nurse practitioner or physician's assistant for ANY reason, not just smoking.]

- 1 Yes
- 2 No [GO TO NEXT SECTION]

[ASK IF 8.2 = 1 or 2 OR 8.4 < 5 OR 8.5 = 1 or 2 OR Q1 = 1 or 2 OR Q2 = 1 or 2]

14. In the PAST 12 MONTHS, when you visited your health care provider, did they...

- A Advise you to stop smoking or using tobacco?
  - B Suggest that you call or use a telephone or web-based quit line?
  - C Suggest that you use a smoking or tobacco use cessation class, program, or counseling?
  - D Recommend or prescribe a medicine to help you quit?
  - E Suggest that you set a specific date to stop smoking or using tobacco?
- 1 Yes
  - 2 No

State Added Health Literacy

Now I would like to ask you some questions about health forms that you fill out and health information that you might read.

- 1. Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare. In general, how confident are you in your ability to fill out health forms yourself? Would you say...
- 1 Extremely Confident,
- 2 Somewhat Confident, or
- 3 Not at all Confident?

4 Depends on form

8 Do not fill out health forms

2. You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places. How often is health information written in a way that is easy for you to understand? Would you say...

1 Always,

2 Nearly Always,

3 Sometimes,

4 Seldom, or

5 Never?

8 Have not gotten health information to read

3. People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you have someone help you read health information? Would you say...

1 Always,

2 Nearly Always,

3 Sometimes,

4 Seldom, or

5 Never?

8 Have not gotten health information to read

State Added Oral Health

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

1 Yes

2 No [SKIP TO NEXT SECTION]

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

11 Fear, apprehension, nervousness, pain, dislike going

12 Cost

13 Do not have/know a dentist

14 Did not have time

15 Cannot get to the office/clinic (too far away, no transportation)

16 Cannot get an appointment

17 Other priorities

18 Have not thought of it

19 Other

State Added Preparedness

1. How prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say ...

1 Well prepared

2 Somewhat prepared, or

3 Not prepared at all?

2. Does your household have a disaster communication plan for how you will communicate with friends and relatives in case of a large-scale disaster or emergency?

1 Yes

2 No

3. Does your household have an emergency supply kit containing necessary items such as food, water, and extra medication you would need for survival in case of a large scale disaster or emergency?

1 Yes

2 No

4. What is the primary source of your health care coverage? Is it...

01 A plan purchased through an employer or union (includes plans purchased through another person's employer)

02 A plan that you or another family member buys on your own (includes Obama Care)

03 Medicare

04 Medicaid or other state program

05 TRICARE (formerly CHAMPUS), VA, or Military

06 Alaska Native, Indian Health Service, Tribal Health Services

07 Some other source

08 None (no coverage)

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.

5. In the past 12 months, have you gone without needed health items such as eye glasses or special equipment like wheelchairs, walkers, hearing aids or breathing aids, due to cost?

1 Yes

2 No

6. In the past 12 months, have you spent less on basic needs, such as food or heat, in order to pay for health care?

1 Yes

2 No

State Added 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

#### 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

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. Would you like that number? You can dial 1-800-422-4453 to reach the National Hotline for child abuse.

State Added Gambling

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

1 Yes

2 No [SKIP TO CLOSE

2. During the past 12 months, have you become restless, irritable or anxious when trying to stop or cut down on gambling?

1 Yes

2 No

3. During the past 12 months, have you tried to keep your family or friends from knowing how much you gamble?

1 Yes

2 No