

# Iowa 2017 BRFSS Questionnaire

## Section 1: Health Status

1.1 Would you say that in general your health is — (90)

Please read:

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

Do not read:

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

## 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? (91-92)

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

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? (93-94)

- Number of days
- 88 None [CATI NOTE: IF Q2.1 AND Q2.2 = 88 (NONE), GO TO NEXT SECTION]
  - 77 Don't know / Not sure
  - 99 Refused

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? (95-96)

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

## Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (97)

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

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?” (98)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (99)

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

3.4 A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup? (100)

Read only if necessary:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

## 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? (101)

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

4.2 Are you currently taking medicine for your high blood pressure? (102)

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

## Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?(103)

Read only if necessary:

- 1 Never [GO TO NEXT SECTION]
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

5.2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (104)

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

5.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol? (105)

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

## Section 6: Chronic Health Conditions

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

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (106)

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

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6.2 (Ever told) you had angina or coronary heart disease? (107)

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

6.3 (Ever told) you had a stroke? (108)

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

6.4 (Ever told) you had asthma? (109)

- 1 Yes
- 2 No [GO TO Q6.6]
- 7 Don't know / Not sure [GO TO Q6.6]
- 9 Refused [GO TO Q6.6]

6.5 Do you still have asthma? (110)

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

6.6 (Ever told) you had skin cancer? (111)

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

6.7 (Ever told) you had any other types of cancer? (112)

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

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (113)

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

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (114)

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

**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? (115)

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (116)

**INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.**

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

6.12 (Ever told) you have diabetes? (117)

**[INTERVIEWER NOTE: If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"]**

**[INTERVIEWER NOTE: 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
- 7 Don't know / Not sure
- 9 Refused

**[CATI NOTE: IF Q6.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q6.12, GO TO PRE-DIABETES OPTIONAL MODULE]**

6.13 How old were you when you were told you have diabetes? (118-119)

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

**[CATI NOTE: GO TO DIABETES OPTIONAL MODULE]**

**Module 1: Pre-Diabetes [FORM B ONLY]**

1. Have you had a test for high blood sugar or diabetes within the past three years? (290)

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

**[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?

**INTERVIEWER INSTRUCTIONS: IF "YES" AND RESPONDENT IS**

**FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?" (291)**

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

**Module 2: Diabetes**

**[CATI NOTE: TO BE ASKED FOLLOWING CORE Q6.13; IF RESPONSE TO Q6.12 IS "YES" (1)] (292)**

1. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

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. (293-295)

**INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH**

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

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**[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. (296-298)

**INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH**

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 555 No feet
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (299-300)

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

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"? (301-302)

- \_\_ Number of times [76 = 76 or more]
- 88 None
- 98 Never heard of "A one C" test
- 77 Don't know / Not sure
- 99 Refused

**[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? (303-304)

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

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. (305)

**Read only if necessary:**

- 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

**Do not read:**

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (306)

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

9. Have you ever taken a course or class in how to manage your diabetes yourself? (307)

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

## Section 7: Arthritis Burden

**[CATI NOTE: 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.

7.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (120)

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

**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: Q7.2 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.**

7.2 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? (121)

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

**INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF 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."**

7.3 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? (122)

**Please read [1-3]:**

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

**Do not read:**

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

**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."**

7.4 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. 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, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? (123-124)

- \_\_ Enter number [00-10]
- 77 Don't know / Not sure
- 99 Refused

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## Section 8: Demographics

### 8.1 Are you ... (125)

- 1 Male
- 2 Female
- 9 Refused

**INTERVIEWER NOTE:** ASK THIS QUESTION EVEN IF RESPONDENT'S SEX HAD BEEN IDENTIFIED DURING LANDLINE HOUSEHOLD ENUMERATION OR CELL PHONE SCREENING QUESTIONS.

### 8.2 What is your age? (126-127)

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

### 8.3 Are you Hispanic, Latino/a, or Spanish origin? (128-131)

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

**Do not read:**

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

### 8.4 Which one or more of the following would you say is your race? (132-159)

**INTERVIEWER NOTE: SELECT ALL THAT APPLY.**

**INTERVIEWER NOTE:** IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

**Please read:**

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

**Do not read:**

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

**[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q8.4; CONTINUE. OTHERWISE, GO TO Q8.6.]**

### 8.5 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. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED." (160-161)

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native

- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

**Do not read:**

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

### 8.6 Are you...?

**Please read:**

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

**Do not read:**

- 9 Refused

### 8.7 What is the highest grade or year of school you completed?(163)

**Read only if necessary:**

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

**Do not read:**

- 9 Refused

### 8.8 Do you own or rent your home?

**Read only if necessary:**

- 1 Own
- 2 Rent
- 3 Other arrangement

**Do not read:**

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

**INTERVIEWER NOTE:** "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.

**INTERVIEWER 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.

### 8.9 In what county do you currently live? (165-167)

- \_\_\_ ANSI County Code (formerly FIPS county code)
- 777 Don't know / Not sure
  - 999 Refused

### 8.10 What is the ZIP Code where you currently live? (168-172)

- \_\_\_\_\_ ZIP Code
- 77777 Don't know / Not sure
  - 99999 Refused

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**[CATI NOTE: IF CELL TELEPHONE INTERVIEW SKIP TO 8.14 (QSTVER GE 20)]**

**8.11** 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. (173)

- 1 Yes
- 2 No [GO TO Q8.13]
- 7 Don't know / Not sure [GO TO Q8.13]
- 9 Refused [GO TO Q8.13]

**8.12** How many of these telephone numbers are residential numbers? (174)

- \_\_ Residential telephone numbers [6 = 6 or more]
- 7 Don't know / Not sure
- 9 Refused

**8.13** Including phones for business and personal use, do you have a cell phone for personal use? (175)

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

**8.14** 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? **INTERVIEWER NOTE:** Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (176)

- 1 Yes
- 2 No

**Do not read:**

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

**8.15** Are you currently...?

**INTERVIEWER NOTE: IF MORE THAN ONE: SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".**

**Please read:** (177)

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

**Do not read:**

- 9 Refused

**INTERVIEWER NOTE: DO NOT CODE 7 FOR "DON'T KNOW" ON THIS QUESTION.**

**8.16** How many children less than 18 years of age live in your household? (178-179)

- \_\_ Number of children
- 88 None
- 99 Refused

**[INTERVIEW IS CONSIDERED A PARTIAL AT THIS POINT]**

**8.17** Is your annual household income from all sources—

**INTERVIEWER NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE '99' (REFUSED) (180-181)**

- 04 Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If "no," code 02

- 05 Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)
- 08 \$75,000 or more

**Do not read:**

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

**8.18** Have you used the internet in the past 30 days? (182)

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

**8.19** About how much do you weigh without shoes?

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 183. ROUND FRACTIONS UP (183-186)**

- \_\_\_\_ Weight (pounds/kilograms)
- 7777 Don't know / Not sure
- 9999 Refused

**8.20** About how tall are you without shoes?

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 187. ROUND FRACTIONS DOWN (187-190)**

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

**[CATI NOTE: IF MALE, GO TO 8.22, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO Q8.22]**

**8.21** To your knowledge, are you now pregnant? (191)

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

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

**Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.**

**8.22** Are you deaf or do you have serious difficulty hearing? (192)

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

**8.23** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (193)

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

**8.24** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (194)

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

**8.25** Do you have serious difficulty walking or climbing stairs? (195)

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

**8.26** Do you have difficulty dressing or bathing? (196)

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

**8.27** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (197)

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

## Section 9: Tobacco Use

**9.1** Have you smoked at least 100 cigarettes in your entire life? (198)

**INTERVIEWER NOTE:** 5 PACKS = 100 CIGARETTES

- 1 Yes
- 2 No [GO TO Q9.5]
- 7 Don't know / Not sure [GO TO Q9.5]
- 9 Refused [GO TO Q9.5]

**INTERVIEWER NOTE:** "FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS), OR MARIJUANA."

**9.2** Do you now smoke cigarettes every day, some days, or not at all? (199)

**Do not read:**

- 1 Every day
- 2 Some days
- 3 Not at all [GO TO Q9.4]
- 7 Don't know / Not sure [GO TO Q9.5]
- 9 Refused [GO TO Q9.5]

**9.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (200)

- 1 Yes [GO TO Q9.5]
- 2 No [GO TO Q9.5]
- 7 Don't know / Not sure [GO TO Q9.5]
- 9 Refused [GO TO Q9.5]

**9.4** How long has it been since you last smoked a cigarette, even one or two puffs? (201-202)

**Read only if necessary:**

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

**Do not read:**

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

**9.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (203)

**INTERVIEWER NOTE:** SNUS (RHYMES WITH 'GOOSE')/ SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

**Do not read:**

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

**Do not read:**

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

## Section 10: E-Cigarettes

The next questions are about electronic cigarettes and other electronic "vaping" products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

**INTERVIEWER NOTE:** THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

**10.1** Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life? (204)

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

**Read if necessary:** Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigs, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

**10.2** Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all? (205)

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

## Section 11: Alcohol Consumption

**11.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (206-208)

- 1 \_\_ Days per week
- 2 \_\_ Days in past 30 days
- 888 No drinks in past 30 days [GO TO NEXT SECTION]
- 777 Don't know / Not sure [GO TO NEXT SECTION]
- 999 Refused [GO TO NEXT SECTION]

**11.2** 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?

**INTERVIEWER NOTE:** A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. (209-210)

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

**11.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have [CATI NOTE: 5 FOR MEN, 4 FOR WOMEN] or more drinks on an occasion? (211-212)

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

**11.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (213-214)

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

## Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

**INTERVIEWER INSTRUCTIONS:** IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A

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FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. **DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.**

**12.1** Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. (215-217)

**INTERVIEWER NOTE:** ENTER QUANTITY TIMES PER DAY, WEEK, OR MONTH.

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"**

**IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS "I DON'T KNOW", SAY:** INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.

1__	Days
2__	Weeks
3__	Months
300	Less than once a month
555	Never
777	Don't Know
999	Refused

**12.2** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? (218-220)

**INTERVIEWER NOTE:** ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

**INTERVIEWER NOTE:** IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

**IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS, SAY:** "DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS."

1__	Days
2__	Weeks
3__	Months
300	Less than once a month
555	Never
777	Don't Know
999	Refused

**12.3** How often did you eat a green leafy or lettuce salad, with or without other vegetables? (221-223)

**INTERVIEWER NOTE:** ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

**INTERVIEWER NOTE:** IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

**IF RESPONDENT ASKS ABOUT SPINACH, SAY:** "INCLUDE SPINACH SALADS."

1__	Days
2__	Weeks
3__	Months
300	Less than once a month
555	Never
777	Don't Know
999	Refused

**12.4** How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns? (224-226)

**INTERVIEWER NOTE:** ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

**INTERVIEWER NOTE:** IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

**IF RESPONDENT ASKS ABOUT POTATO CHIPS, SAY:** "DO NOT INCLUDE POTATO CHIPS."

1__	Days
2__	Weeks
3__	Months
300	Less than once a month
555	Never
777	Don't Know
999	Refused

**12.5** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad? (227-229)

**INTERVIEWER NOTE:** ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

**INTERVIEWER NOTE:** IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

**IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE, SAY:** "INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES."

1__	Days
2__	Weeks
3__	Months
300	Less than once a month
555	Never
777	Don't Know
999	Refused

**12.6** Not including lettuce salads and potatoes, how often did you eat other vegetables? (230-232)

**INTERVIEWER NOTE:** ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

**INTERVIEWER NOTE:** IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

**IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE, SAY:** "INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE."

1__	Day
2__	Week
3__	Month
300	Less than once a month
555	Never
777	Don't Know
999	Refused

## Section 13: 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.

**13.1** 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? (233)

1	Yes
2	No [GO TO Q13.8]
7	Don't know / Not sure [GO TO Q13.8]
9	Refused[GO TO Q13.8]

**13.2** What type of physical activity or exercise did you spend the most time doing during the past month? (234-235)

__	[Specify] [See Physical Activity Coding List]
77	Don't know / Not Sure [GO TO Q13.8]
99	Refused [GO TO Q13.8]

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**INTERVIEWER INSTRUCTION:** IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS "OTHER".

**13.3** How many times per week or per month did you take part in this activity during the past month? (236-238)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 777 Don't know / Not sure
- 999 Refused

**13.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (239-241)

- \_:\_\_ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

**13.5** What other type of physical activity gave you the next most exercise during the past month? (242-243)

- \_\_ [Specify] [See Physical Activity Coding List]
- 88 No other activity [GO TO Q13.8]
- 77 Don't know / Not Sure [GO TO Q13.8]
- 99 Refused [GO TO Q13.8]

**INTERVIEWER INSTRUCTION:** IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".

**13.6** How many times per week or per month did you take part in this activity during the past month? (244-246)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 777 Don't know / Not sure
- 999 Refused

**13.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (247-249)

- \_:\_\_ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

**13.8** 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. (250-252)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

## Section 14: Seatbelt Use

**14.1** How often do you use seat belts when you drive or ride in a car? Would you say — (253)

**Please read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

## Section 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

**15.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (254)

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

- 1 Yes
- 2 No [GO TO Q15.3]
- 7 Don't know / Not sure [GO TO Q15.3]
- 9 Refused [GO TO Q15.3]

**15.2** 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? (255-260)

- \_\_/\_\_\_\_ Month / Year
- 77/7777 Don't know / Not sure
- 99/9999 Refused

**15.3** 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? (261)

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

**[CATI NOTE: IF RESPONDENT IS LESS THAN 50 YEARS OF AGE, GO TO NEXT SECTION.]**

**15.4** Have you ever had the shingles or zoster vaccine? (262)

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

**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 16: 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 do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**16.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (263)

- 1 Yes
- 2 No [GO TO Q16.3]
- 7 Don't know / Not sure [GO TO Q16.3]
- 9 Refused [GO TO Q16.3]

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

**INTERVIEWER INSTRUCTIONS:** IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW." 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. (264-269)

- \_\_/\_\_\_\_ Code month and year
- 77/7777 Don't know / Not sure
- 99/9999 Refused / Not sure

**16.3** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. (270)

You have injected any drug other than those prescribed for you in the past year.

You have been treated for a sexually transmitted disease or STD in the past year.



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You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

## Optional Modules

### Module 3: Respiratory Health (COPD) [FORM A ONLY]

The next few questions are about breathing problems you may have.

1 During the past 3 months, did you have a cough on most days? (308)

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

2 During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days? (309)

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

3 Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs? (310)

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

4 Have you ever been given a breathing test to diagnose breathing problems? (311)

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

5 Over your lifetime, how many years have you smoked tobacco products? (312-313)

- \_\_ Number of years (01-76)
- 88 Never smoked or smoked less than one year
- 77 Don't know/Not sure
- 99 Refused

### Module 4: 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. IF CORE Q6.1 = 2, 7, or 9 (NO, DON'T KNOW, or REFUSED), SKIP Q1.]

1 Following your heart attack, did you go to any kind of outpatient rehabilitation? (This is sometimes called "rehab.") (314)

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

[CATI NOTE: IF CORE Q6.3 = 1 (YES), ASK Q2. IF CORE Q6.3 = 2, 7, or 9 (NO, DON'T KNOW, or REFUSED), SKIP Q2.]

2 Following your stroke, did you go to any kind of outpatient rehabilitation? (This is sometimes called "rehab.") (315)

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

**INTERVIEWER NOTE:** QUESTION 3 IS ASKED OF ALL RESPONDENTS

3 Do you take aspirin daily or every other day? (316)

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

4 Do you have a health problem or condition that makes taking aspirin unsafe for you? (317)

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

5 Do you take aspirin to relieve pain? (318)

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

6 Do you take aspirin to reduce the chance of a heart attack? (319)

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

7 Do you take aspirin to reduce the chance of a stroke? (320)

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

### Module 13: Sugar Sweetened Beverages [FORM B ONLY]

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. (431-433)

**Please read:** 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

**Do not read:**

- 888 None
- 777 Don't know / Not sure
- 999 Refused

2 During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks. (434-436)

**Please read:** 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

**Do not read:**

- 888 None
- 777 Don't know / Not sure
- 999 Refused

### Module 14: Sodium or Salt-Related Behavior [FORM B ONLY]

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? (430)

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

**2** Has a doctor or other health professional ever advised you to reduce sodium or salt intake? (431)

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

## State Added: Nutrition [FORM B ONLY]

**SANQ1** During the past 30 days, about how often did you have milk, either to drink or on cereal? Include cow's milk and soy milk, but NOT rice, goat, coconut, and almond milk.

**[INTERVIEWER NOTE: LACTOSE-FREE MILK COUNTS, BUT NOT SMALL AMOUNTS OF MILK OF ANY KIND IN COFFEE OR TEA.]**

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH**

**INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"**

- 1\_\_ Days
- 2\_\_ Weeks
- 3\_\_ Months
- 300 Less than once a month [GO TO NEXT MODULE]
- 555 Never [GO TO NEXT MODULE]
- 777 Don't Know [GO TO NEXT MODULE]
- 999 Refused [GO TO NEXT MODULE]

**SANQ2** If you drink cow's milk, was the milk you typically drank or used; whole milk, reduced-fat 2%, low-fat 1%, or fat-free, skim milk?

**[INTERVIEWER NOTE: IF MORE THAN ONE KIND MENTIONED, ASK "WHICH KIND DID YOU DRINK OR USE MOST OFTEN?"]**

**[INTERVIEWER NOTE: IF RESPONDENT SAYS "VITAMIN D MILK", PROBE BY REPEATING RESPONSE OPTIONS.]**

- 1 Whole milk
- 2 Reduced Fat (2%)
- 3 Low fat (1%)
- 4 Fat free (skim)
- 5 I drink soy milk
- 7 Don't know/not sure
- 9 Refused

## Module 16: Preconception Health/Family Planning

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]**

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

**1** Did you or your partner do anything the last time you had sex to keep you from getting pregnant? (436)

- 1 Yes
- 2 No [GO TO Q3]
- 3 No partner/not sexually active [GO TO NEXT MODULE]
- 4 Same sex partner [GO TO NEXT MODULE]
- 5 Has had a Hysterectomy [GO TO NEXT MODULE]
- 7 Don't know/Not sure [GO TO Q3]
- 9 Refused [GO TO Q3]

**2** What did you or your partner do the last time you had sex to keep you from getting pregnant?

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS."**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

**Read only if necessary: (437-438)**

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]
- 02 Male sterilization (vasectomy) [GO TO NEXT MODULE]
- 03 Contraceptive implant (ex. Implanon) [GO TO NEXT MODULE]
- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]
- 05 Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]
- 06 IUD, type unknown [GO TO NEXT MODULE]
- 07 Shots (ex. Depo-Provera) [GO TO NEXT MODULE]
- 08 Birth control pills, any kind [GO TO NEXT MODULE]
- 09 Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]
- 10 Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]
- 11 Male condoms [GO TO NEXT MODULE]
- 12 Diaphragm, cervical cap, sponge [GO TO NEXT MODULE]
- 13 Female condoms [GO TO NEXT MODULE]
- 14 Not having sex at certain times (rhythm or natural family planning) [GO TO NEXT MODULE]
- 15 Withdrawal (or pulling out) [GO TO NEXT MODULE]
- 16 Foam, jelly, film, or cream [GO TO NEXT MODULE]
- 17 Emergency contraception (morning after pill) [GO TO NEXT MODULE]
- 18 Other method [GO TO NEXT MODULE]

**Do not read:**

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

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

**3** What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? (439-440)

**INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

**Read only if necessary:**

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum

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- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons
- 77 Don't know/Not sure
- 99 Refused

## Module 24: Social Determinants of Health

1 During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? (476)

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

2 In the last 12 months, how many times have you moved from one home to another? (477-478)

- \_\_\_ Number of moves in past 12 months [01-52]
- 88 None (Did not move in past 12 months)
- 77 Don't know/Not sure
- 99 Refused

3 How safe from crime do you consider your neighborhood to be? Would you say... (479)

**Please read:**

- 1 Extremely safe
- 2 Safe
- 3 Unsafe
- 4 Extremely unsafe

**Do not read:**

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

4 For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last [CATI NOTE: NAME OF CURRENT MONTH]). The first statement is, "The food that I bought just didn't last, and I didn't have money to get more."

Was that often, sometimes, or never true for you in the last 12 months? (480)

**Please read:**

- 1 Often true,
- 2 Sometimes true, or
- 3 Never true

**Do not read:**

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

5 I couldn't afford to eat balanced meals. Was that often, sometimes, or never true for you in the last 12 months? (481)

**Please read:**

- 1 Often true,
- 2 Sometimes true, or
- 3 Never true

**Do not read:**

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

6 In general, how do your finances usually work out at the end of the month? Do you find that you usually: (482)

**Please read:**

- 1 End up with some money left over,
- 2 Have just enough money to make ends meet, or
- 3 Do not have enough money to make ends meet

**Do not read:**

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

7 Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? (483)

**Please read:**

- 1 None of the time,
- 2 A little of the time,
- 3 Some of the time,
- 4 Most of the time, or
- 5 All of the time

**Do not read:**

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

## Module 26: 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: (684)

**Please read:**

- 1 1 Straight
- 2 2 - Lesbian or gay
- 3 3 - Bisexual

**Do not read:**

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

2 Do you consider yourself to be transgender? (685)

**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 TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.

**Please read:**

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

**Do not read:**

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

**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 [FORM B ONLY]

**SANPAQ1** Overall, how would you rate your neighborhood as a place to walk? Would you say...

- 1 Very pleasant
- 2 Somewhat pleasant

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- 3 Not very pleasant
- 4 Not at all pleasant
- 7 Don't Know/Not Sure
- 9 Refused

**SANPAQ2** Does your neighborhood have any sidewalks?

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

**SANPAQ3** Do you use schools that are open in your community for public recreation activities?

- 1 Yes
- 2 No
- 3 Schools in my community are not open for the public to use
- 7 Don't Know/Not Sure
- 9 Refused

**SANPAQ4** 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
- 7 Don't Know/Not Sure
- 9 Refused

## State Added: Tobacco

[Ask if Q9.1 = 1 AND Q9.2 = 1 or 2]

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

- 1 All of the time,
- 2 Most of the time,
- 3 Some of the time,
- 4 Rarely, or
- 5 Never?
- 7 Don't know/Not sure
- 9 Refused:

Ask if Q9.1 = 1 AND (Q9.2 = 1 or 2 OR Q9.4 = 1)

**SATQ2** During the past 30 days, what brand of cigarettes did you buy MOST often?

[DO NOT READ]

- 01 American Spirit
- 02 Basic (Branded Discount)
- 03 Camel
- 04 Benson and Hedges
- 05 Capri
- 06 Carlton
- 07 Doral (Branded Discount)
- 08 GPC
- 09 Kent
- 10 Kool
- 11 Liggett
- 12 Marlboro Gold
- 13 Marlboro Menthol
- 14 Marlboro Red
- 15 Marlboro (Other)
- 16 Maverick
- 17 Merit
- 18 Misty
- 19 Monarch
- 20 Newport Box
- 21 Newport Menthol Blue
- 22 Newport Menthol Gold
- 23 Newport (Other)
- 24 Pall Mall

- 25 Parliament
- 26 Pyramid
- 27 Salem
- 28 Santa Fe
- 29 U.S.A. Gold
- 30 Viceroy
- 31 Virginia Slims
- 32 Winston
- 55 Other Specified Brand
- 66 Did Not Buy One Brand Most Often During Past 30 Days
- 88 Did Not Buy Any Cigarette During Past 30 Days
- 77 Don't know/Not sure
- 99 Refused

[FOR EVERYONE]

**SATQ3** 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
- 7 Don't know / Not sure
- 9 Refused

**SATQ4** 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
- 7 Don't know / Not sure
- 9 Refused

**SATQ5** 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 SATQ7]
- 7 Don't know/Not sure [Go to SATQ7]
- 9 Refused [Go to SATQ7]

**SATQ6** 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
- 7 Don't know / Not sure
- 9 Refused

**SATQ7** If you have ever smoked part or all of a cigarette, even just one time in your entire life, how old were you that first time?

- \_\_\_ AGE IN YEARS
- 888 Never
- 777 Don't know/Not sure
- 999 Refused [IF Q10.1 > 1, SKIP SATQ9]

**SATQ8** How old were you the first time you used an e-cigarette, even one or two puffs?

- \_\_\_ AGE IN YEARS
- 777 Don't know/Not sure
- 999 Refused

**SATQ9** Quit lines are telephone or internet/web-based services that help people quit smoking or quit tobacco use. Have you ever heard of Quitline Iowa?

- 1 Yes
- 2 No [Go to SATQ11]
- 7 Don't know/Not sure [Go to SATQ11]
- 9 Refused [Go to SATQ11]

**SATQ10** Have you ever used Quitline Iowa?

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

**INTERVIEWER NOTE:** QUITLINE IOWA SERVICES MAY HAVE BEEN USED THROUGH A PHONE CALL TO QUITLINE IOWA OR THROUGH THE QUITLINE IOWA WEB SITE OR THE QUITLINE IOWA CELL PHONE APPLICATION. [SKIP IF (Q9.1 >= 2) OR (Q9.2 >= 3) OR (Q9.3 = 1)]

**SATQ11** 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
- 7 Don't know / Not sure
- 9 Refused

**[ASK IF Q9.5 < 3 OR SATQ3 < 3 OR SATQ4 < 3 OR SATQ6 < 3]**

**SATQ12** 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
- 7 Don't know/Not sure
- 9 Refused

**[ASK IF Q9.3 = 1 OR Q9.4 < 5 OR SATQ11 = 1 OR SATQ12 = 1]**

**SATQ13** Thinking back to the (LAST TIME/time) you tried to QUIT smoking or quit using tobacco in the past 12 months. Did you do ANY of the following...

- a Call a telephone help line or quit line?
  - b Use an internet or web-based program, app, smartphone or tool?
  - c Try to quit by SWITCHING to electronic or E-cigarettes?
  - d Try to quit by SWITCHING to some other form of tobacco?
  - e Try to stop by setting a specific date to stop smoking or using tobacco?
  - f Try to quit cold turkey?
  - g Try to quit with the support of family or friends?
  - h Try to quit using medications that help people stop using tobacco?
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

**[ASK IF (SATQ13a OR SATQ13b = 1) AND SATQ9 = 1]**

**SATQ14** Earlier you said you called a quit line or used a web-based or smartphone tool the last time you tried to quit using cigarettes or other tobacco. Was the service you used Quitline Iowa?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused [ASK IF SATQ13h = 1]

**SATQ15** Which medications did you use when you tried to quit?

**Did you use...**

- a Nicotine patches?
  - b Nicotine gum?
  - c Nicotine lozenges?
  - d Nicotine spray?
  - e Nicotine inhaler?
  - f Zyban, also called Wellbutrin or bupropion?
  - g Chantix, also called varenicline?
  - h Other medications to help you quit?
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused [ASK IF Q10.2 = 1 or 2]

**SATQ16** 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]

- a I can use e-cigarettes at times or in places where smoking cigarettes isn't allowed.
- b They might be less harmful to me than cigarettes.
- c They might be less harmful to people around me than cigarettes.
- d Using e-cigarettes helps people to quit smoking cigarettes.
- e They seem cheaper than cigarettes.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused [Skip to SATQ18A if Q3.4 = 1]

**SATQ17** Excluding visits to a dentist or dental hygienist, in the past 12 months, have you seen a doctor, nurse or other health care professional?

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

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

**[ASK IF Q9.2 = 1 or 2 OR Q9.4 < 5 OR Q9.5 = 1 or 2 OR SATQ3 = 1 or 2 OR SATQ4 = 1 or 2 OR SATQ6 = 1 or 2]**

**CATI/INTERVIEWER NOTE:** E-cigarette users not asked and those who rarely use cigars, pipes, water pipes not asked.

**SATQ18A** In the PAST 12 MONTHS, when you visited your health care provider, did they ask about your tobacco use?

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

**SATQ18B** In the PAST 12 MONTHS, when you visited your health care provider, did they advise you to stop smoking or using tobacco?

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

**SATQ19** Which method, if any, did they advise you to use?

**[DO NOT READ – SELECT ALL THAT APPLY]**

- 1 Suggest you call or use a telephone or web-based quit line
- 2 Suggest you use a smoking or tobacco use cessation class, program, or counseling
- 3 Recommend or prescribe a medicine to help you quit
- 4 Suggest you set a specific date to stop smoking or using tobacco
- 5 Suggest you stop cold turkey
- 6 Suggest some other method to quit
- 8 Did NOT suggest a method to quit
- 7 Don't know/Not sure
- 9 Refused [Ask if SATQ19 = 1 and SATQ9 = 1]

**SATQ20** Earlier you said that a health care provider suggested you use a telephone or web-based quit line to help you stop using cigarettes or other tobacco. Was the service your provider recommended Quitline Iowa?

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

**State Added: Secondhand Smoke [FORM B ONLY]**

**SASSQ1** Not counting decks, porches, or garages, during the past 7 days, that is since last [TODAY'S DAY OF WEEK], on how many days did someone other than you smoke tobacco inside your home while you were at home?

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\_\_\_\_ NUMBER OF DAYS [1-7]

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

**SASSQ2** Not counting decks, porches, or garages, inside your home, is smoking ...

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

1 Always Allowed

2 Allowed only at some times or in some places, or

3 Never allowed

**Do not read:**

6 Family does not have a smoking policy

7 Don't know/Not sure

9 Refused

## State Added: Marijuana [FORM B ONLY]

**SAMQ1** During the past 30 days, on how many days did you use marijuana or hashish?

\_\_ (1-30) Number of Days

88 None (0 days)

77 Don't know/Not sure

99 Refused

## State Added: Mental Health [FORM A ONLY]

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

**SAMHQ1** 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

7 Don't know/Not sure

9 Refused

**SAMHQ2** 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

7 Don't know/Not sure

9 Refused

**SAMHQ3** 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

7 Don't know/Not sure

9 Refused

**SAMHQ4** 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

7 Don't know/Not sure

9 Refused

**SAMHQ5** During the past 30 days, about how often did you feel that everything was an effort?

**INTERVIEWER NOTE:** If respondent asks what does "everything was an effort" mean 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

7 Don't know/Not sure

9 Refused

**SAMHQ6** During the past 30 days, about how often did you feel worthless? [If necessary: all, most, some, a little, or none of the time?]

1 All

2 Most

3 Some

4 A little

5 None

7 Don't know/Not sure

9 Refused

## State Added: Physical and Emotional Neglect [FORM A ONLY]

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:

**SAPENQ1** 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?

7 Don't know/Not sure

9 Refused

**SAPENQ2** 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?

7 Don't know/Not sure

9 Refused

**SAPENQ3** 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?

7 Don't know/Not sure

9 Refused

**SAPENQ4** You felt loved? Was this never true, rarely true, often true, or very often true?

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- 1 never true,
- 2 rarely true,
- 3 often true, or
- 4 very often true?
- 7 Don't know/Not sure
- 9 Refused

**SAPENQ5** 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?
- 7 Don't know/Not sure
- 9 Refused

**SAPENQ6** 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?
- 7 Don't know/Not sure
- 9 Refused

## State Added: Adverse Childhood Experiences

### [ONLY SAY IF FORM B]

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—

### [ONLY SAY IF FORM A]

Again, we are still talking about before you were 18 years of age.

**SAASEQ1** Did you live with anyone who was depressed, mentally ill, or suicidal?

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

**SAACEQ2** Did you live with anyone who was a problem drinker or alcoholic?

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

**SAACEQ3** Did you live with anyone who used illegal street drugs or who abused prescription medications?

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

**SAACEQ4** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

**SAACEQ5** Were your parents separated or divorced?

- 1 Yes

- 2 No
- 8 Parents not married
- 7 Don't know/Not sure
- 9 Refused

**SAACEQ6** How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Would you say...

- 1 Never,
- 2 Once, or
- 3 More than once?

**Do not read:**

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

**SAACEQ7** 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, or
- 3 More than once?

**Do not read:**

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

**SAACEQ8** How often did a parent or adult in your home ever swear at you, insult you, or put you down? Would you say...

- 1 Never,
- 2 Once, or
- 3 More than once?

**Do not read:**

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

**SAACEQ9** How often did anyone at least 5 years older than you, or an adult, touch you sexually? Would you say...

- 1 Never,
- 2 Once, or
- 3 More than once?

**Do not read:**

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

**SAACEQ10** How often did anyone at least 5 years older than you, or an adult, try to make you touch them sexually? Would you say...

- 1 Never,
- 2 Once, or
- 3 More than once?

**Do not read:**

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

**SAACEQ11** How often did anyone at least 5 years older than you, or an adult, force you to have sex?

- 1 Never,
- 2 Once, or
- 3 More than once?

**Do not read:**

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

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.

# Iowa 2017 BRFSS Questionnaire

## State Added: Gambling

**SAGQ1** Have you gambled or bet for money or possessions in the past 12 months?

- 1 Yes
- 2 No [FORM A: SKIP TO ASTHMA CALLBACK PERMISSION]  
[FORM B: SKIP TO STATE ADDED HEALTH LITERACY]
- 7 Don't know/Not sure  
[FORM A: SKIP TO ASTHMA CALLBACK PERMISSION]  
[FORM B: SKIP TO STATE ADDED HEALTH LITERACY]
- 9 Refused [FORM A: SKIP TO ASTHMA CALLBACK PERMISSION]  
[FORM B: SKIP TO STATE ADDED HEALTH LITERACY]

**SAGQ2** 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
- 7 Don't know/Not sure
- 9 Refused

**SAGQ3** During the past 12 months, have you tried to keep your family or friends from knowing how much you gamble?

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

**SAGQ4** During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?

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

## State Added: Health Literacy [FORM B ONLY]

**SAHLQ1** How difficult is it for you to get advice or information about health or medical topics if you need it? Would you say it is...

- 1 Very easy,
- 2 Somewhat easy,
- 3 Somewhat difficult,
- 4 Very difficult, or
- 5 I don't look for health information?

**Do not read**

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

**INTERVIEWER NOTE:** Respondent can answer based on any source of health or medical advice or information. If the respondent asks what is meant by advice or information, interviewer re-reads the question to the respondent. If the respondent still doesn't understand, interviewer can say, "You can think about any source of health or medical advice or information."

**SAHLQ2** How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is...

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult

**Do not read**

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

**SAHLQ3** You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is...

- 1 Very easy
- 2 Somewhat easy

- 3 Somewhat difficult
- 4 Very difficult
- 5 I don't pay attention to written health information

**Do not read**

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

## Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about your experiences with asthma. The information will be used to help develop and improve the asthma programs in Iowa. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

Can I please have your first name or initials, so we will know who to ask for when we call back?

\_\_\_\_\_ Enter first name or initials.

What is a good time to call you back? For example, evenings, days, or weekends?

## CLOSING STATEMENT

### Landline

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in Iowa. Also, I want to let you know that my supervisor will be checking my work and may be calling you back in a few weeks just to see how the interview went. Thank you very much for your time and cooperation.

### Cell Phone: In state

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in Iowa. Thank you very much for your time and cooperation.

### Cell Phone: Out of state

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in your state. Thank you very much for your time and cooperation.

## Activity List for Common Leisure Activities

(To be used for Section 12: Physical Activity)

**Code Description (Physical Activity, Questions 12.2 and 12.5 above)**

- 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
- 02 Aerobics video or class
- 03 Backpacking
- 04 Badminton
- 05 Basketball
- 06 Bicycling machine exercise
- 07 Bicycling
- 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
- 09 Bowling
- 10 Boxing
- 11 Calisthenics
- 12 Canoeing/rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
- 15 Elliptical/EFX machine exercise
- 16 Fishing from river bank or boat
- 17 Frisbee
- 18 Gardening (spading, weeding, digging, filling)
- 19 Golf (with motorized cart)



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- 20 Golf (without motorized cart)
- 21 Handball
- 22 Hiking – cross-country
- 23 Hockey
- 24 Horseback riding
- 25 Hunting large game – deer, elk
- 26 Hunting small game – quail
- 27 Inline Skating
- 28 Jogging
- 29 Lacrosse
- 30 Mountain climbing
- 31 Mowing lawn
- 32 Paddleball
- 33 Painting/papering house
- 34 Pilates
- 35 Racquetball
- 36 Raking lawn/trimming hedges
- 37 Running
- 38 Rock climbing
- 39 Rope skipping
- 40 Rowing machine exercises
- 41 Rugby
- 42 Scuba diving
- 43 Skateboarding
- 44 Skating – ice or roller
- 45 Sledding, tobogganing
- 46 Snorkeling
- 47 Snow blowing
- 48 Snow shoveling by hand
- 49 Snow skiing
- 50 Snowshoeing
- 51 Soccer
- 52 Softball/Baseball
- 53 Squash
- 54 Stair climbing/Stair master
- 55 Stream fishing in waders
- 56 Surfing
- 57 Swimming
- 58 Swimming in laps
- 59 Table tennis
- 60 Tai Chi
- 61 Tennis
- 62 Touch football
- 63 Volleyball
- 64 Walking
- 66 Waterskiing
- 67 Weight lifting
- 68 Wrestling
- 69 Yoga
- 71 Childcare
- 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
- 73 Household Activities (vacuuming, dusting, home repair, etc.)
- 74 Karate/Martial Arts
- 75 Upper Body Cycle (wheelchair sports, ergometer)
- 76 Yard work (cutting/gathering wood, trimming, etc.)
- 98 Other\_\_\_\_\_
- 99 Refused