

Iowa 2021 BRFSS Questionnaire

Core Section 1: Health Status

[Interviewer Note: items in parenthesis anywhere throughout the questionnaire do not need to be read]

CHS.01

Would you say that in general your health is— GENHLTH

Read:

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

Do not read:

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

Core Section 2: Healthy Days

CHD.01

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

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

-- Number of days (01-30)

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

CHD.02

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

MENTHLTH

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

-- Number of days (01-30)

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

CATI NOTE: SKIP CHD.03 IF CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88

CHD.03

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

POORHLTH

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

-- Number of days (01-30)

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

Core Section 3: Healthcare Access

CHCA.01

What is the current primary source of your health insurance?

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

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

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

CHCA.02

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

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

- 1 Yes, only one
- 2 More than one
- 3 No **[Read:** “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”]
- 7 Don't know / Not sure
- 9 Refused

CHCA.03

Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

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

CHCA.04

About how long has it been since you last visited a doctor for a routine checkup? CHECKUP1

Read if necessary: “A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.”

Read if necessary:

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

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- 4 5 or more years ago
Do not read:
7 Don't know / Not sure
8 Never
9 Refused

Core Section 4: Exercise

CEX.01

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

EXERANY2

[Interviewer Note: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do]

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

Core Section 5: Hypertension Awareness

C05.01

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 nurse practitioner, a physician 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 or elevated blood pressure [GO TO NEXT SECTION]
7 Don't know / Not sure [GO TO NEXT SECTION]
9 Refused [GO TO NEXT SECTION]

C05.02

Are you currently taking prescription medicine for your high blood pressure? BPMEDS

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

Module 16: Home/Self-measured Blood Pressure

M16.01

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

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

- 1 Yes

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

M16.02

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

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

M16.03

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

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

M16.04

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

Read:

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

Do not read:

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

Core Section 6: Cholesterol Awareness

C06.01

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

Read only if necessary:

- 1 Never [GO TO NEXT SECTION]
2 Within the past year (anytime less than one year ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 Within the past 3 years (2 years but less than 3 years ago)
5 Within the past 4 years (3 years but less than 4 years ago)
6 Within the past 5 years (4 years but less than 5 years ago)
8 5 or more years ago

Do not Read:

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

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C06.02

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

Interviewer Note: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

C06.03

Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

Interviewer Note: If respondent questions why they might take drugs without having high cholesterol read: "Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk"

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

Core Section 7: Chronic Health Conditions

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

CCHC.01

(Ever told) you that you had a heart attack also called a myocardial infarction? CVDINFR4

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

CCHC.02

(Ever told) (you had) angina or coronary heart disease? CVDCRHD4

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

CCHC.03

(Ever told) (you had) a stroke? CVDSTRK3

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

CCHC.04

(Ever told) (you had) asthma ASTHMA3

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

CCHC.05

Do you still have asthma? ASTHNOW

- 1 Yes

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

CCHC.06

(Ever told) (you had) skin cancer? CHCSCNCR

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

CCHC.07

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

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

CCHC.08

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

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

CCHC.09

(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? ADDEPEV3

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

CCHC.10

Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?

[Interviewer Note: Incontinence is not being able to control urine flow.]

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

CCHC.11

(Ever told) (you had) diabetes? DIABETE4
[If respondent is female, ask: "was this only when you were pregnant?" If respondent says pre-diabetes or borderline diabetes, use response code 4]

- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

If CCHC.11 is greater than or equal to 2, go to Pre-diabetes optional module (if used), otherwise go to next section.

CCHC.12

How old were you when you were told you had diabetes? DIABAGE3

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

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

Go to Diabetes optional module (if used) otherwise go to next section.

Module 2: Diabetes

CATI NOTE: To be asked following CORE CCHC.12; if response to CCHC.11 is Yes (code = 1)

M02.01

- Are you now taking insulin? INSULIN
- 1 Yes
 - 2 No
 - 7 Don't know/ not sure
 - 9 Refused

M02.02

About how often do you check your blood for glucose or sugar? BLDSUGAR

Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

Do not read: 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.'

- 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

M02.03

Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations? FEETCHK3

- 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

M02.04

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

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

M02.05

About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C? CHKHEMO3

Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.

- _ _ 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

M02.06

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

If M02.03 = 555 (No feet), go to M02.07

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

M02.07

When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light? EYEEEXAM1

Read 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

M02.08

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

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

M02.09

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

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

Core Section 8: Arthritis

C08.01

Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

C08.02

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Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? ARTHEXER

Interviewer note: If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.

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

C08.03

Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? ARTHEDU

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

C08.04

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? LMTJOIN2

Interviewer Note: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of how you are taking any of the medications or treatment"

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

C08.05

In the 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? ARTHDIS2

Interviewer Note: If respondent gives an answer to each issue (whether 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."

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

C08.06

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 on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be? JOINPAI2

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

Core Section 9: Demographics

CDEM.01

What is your age?

AGE

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

CDEM.02

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

If yes, read: Are you...

[Interviewer Note: One or more categories may be selected.]

- 1 Mexican, Mexican American, Chicano/o
- 2 Puerto Rico
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish Origin

Do not read:

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

CDEM.03

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

[Interviewer Note: One or more categories may be selected.]

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

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

CDEM.04

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

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

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

Please read:

- 10 White
- 20 Black or African American

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- 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

Module 27: Sex at Birth

MSAB.01

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

BIRTHSEX

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

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

Module 28: Sexual Orientation and Gender Identity (SOGI)

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

MSOGI.01a

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

Read is necessary: "We ask this question in order to better understand the health and health care needs of people with different sexual orientations."

[Interviewer Note: Please say the number before the text response. Respondent can answer with either the number or the text/word.]

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

SOMALE

- 1 = Gay
- 2 = Straight, that is, not gay
- 3 = Bisexual
- 4 = Something else
- 7 = I don't know the answer
- 9 = Refused

If SEX=FEMALE (BIRTHSEX=2) continue, otherwise go to MSOGI.02

MSOGI.01b

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

Read if necessary: "We ask this question in order to better understand the health and health care needs of people with different sexual orientations."

[Interviewer Note: Please say the number before the text response. Respondent can answer with either the number or the text/word.]

- 1 = Lesbian or Gay
- 2 = Straight, that is, not gay
- 3 = Bisexual
- 4 = Something else
- 7 = I don't know the answer
- 9 = Refused

MSOGI.02

Do you consider yourself to be transgender? TRNSGNDR

If yes, ask "Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"

Read if necessary: "Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual."

If asked about definition of gender non-conforming, Read: "Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman."

[Interviewer Note: Please say the number before the text response. Respondent can answer with either the number or the text/word.]

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No
- 7 Don't know/not sure
- 9 Refused

CDEM.05

Are you...

MARITAL

Please read:

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

Do not read:

- 9 Refused

CDEM.06

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

Read if necessary:

- 1 Never attended school or only attended kindergarten

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- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

CDEM.07

Do you own or rent your home? RENTHOM1

Read if necessary: "We ask this question in order to compare health indicators among people with different housing situations."

Read if necessary: "Home is defined as the place where you live most of the time/the majority of the year."

[Interviewer Note: Other arrangement may include group home, staying with friends or family without paying rent.]

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

CDEM.08

In what county do you currently live? CTYCODE2

- — — — — ANSI County Code
- 777 Don't know / Not sure
- 999 Refused
- 888 County from another state

CDEM.09

What is the ZIP Code where you currently live? ZIPCODE1

- — — — — Do not know
- 99999 Refused

IF CELLULAR TELEPHONE INTERVIEW SKIP TO CDEM.12 (QSTVER GE 20)

CDEM.10

Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? NUMHHOL3

- 1 Yes
- 2 No [GO TO CDEM.12]
- 7 Don't know / Not sure [GO TO CDEM.12]
- 9 Refused [GO TO CDEM.12]

CDEM.11

How many of these telephone numbers are residential numbers? NUMPHON3

- Enter number (1-5)
- 6 Six or more
- 7 Don't know / Not sure
- 8 None
- 9 Refused

CDEM.12

How many cell phones do you have for personal use? CPDEMO1B

Read if necessary: "Include cell phones used for both business and personal use."

- Enter number (1-5)
- 6 Six or more
- 7 Don't know / Not sure
- 8 None
- 9 Refused

[Interviewer Note: LAST QUESTION NEEDED FOR PARTIAL COMPLETE]

CDEM.13

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? VETERAN3

Read if necessary: "Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War."

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

CDEM.14

Are you currently...? EMPLOY1

If more than one, say "Select the category which best describes you."

Read:

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

Do not read:

- 9 Refused

Module 24: Industry and Occupation

If CDEM.14 = 1 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue. Else go to next module.

If CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."

M24.01

What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic. TYPEWORK

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

If respondent has more than one job ask: "What is your main job?"

- Record answer
- 99 Refused

If CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant."

M24.02

What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant. TYPEINDS

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_____ Record answer
99 Refused

CDEM.15

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

__ __ Number of children
88 None
99 Refused

CDEM.16

Is your annual household income from all sources -- INCOME2

CATI NOTE: SEE CATI information on order of coding; start with category 05 and move up or down categories
[Interviewer Note: If respondent refuses at ANY income level, code '99' (Refused)]

Read:

04 Less than \$25,000 (\$20,000 to less than \$25,000) [If no, ask 05; if yes, ask 03]
03 Less than \$20,000 (\$15,000 to less than \$20,000) [If no, code 04; if yes, ask 02]
02 Less than \$15,000 (\$10,000 to less than \$15,000) [If no, code 03; if yes, ask 01]
01 Less than \$10,000 [If no, code 02]
05 Less than \$35,000 (\$25,000 to less than \$35,000) [If no, ask 06]
06 Less than \$50,000 (\$35,000 to less than \$50,000) [If no, ask 07]
07 Less than \$75,000 (\$50,000 to less than \$75,000) [If no, code 08]
08 Less than \$100,000? (\$75,000 to less than \$100,000)
09 Less than \$150,000? (\$100,000 to less than \$150,000?)
10 Less than \$200,000? (\$150,000 to less than \$200,000)
11 \$200,000 or more

Do not read:

77 Don't know / Not sure
99 Refused

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

CDEM.17

To your knowledge, are you now pregnant? PREGNANT

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

CDEM.18

About how much do you weigh without shoes? WEIGHT2
[Interviewer Note: If respondent answers in metrics, put 9 in first column.]

[Interviewer Note: Round fractions up]

__ __ __ __ Weight (pounds/kilograms)
7777 Don't know / Not sure
9999 Refused

CDEM.19

About how tall are you without shoes? HEIGHT3

[Interviewer Note: If respondent answers in metrics, put 9 in first column.]

[Interviewer Note: Round fractions down]

__ __ / __ __ Height (ft / inches/meters/centimeters)

77/ 77 Don't know / Not sure

99/ 99 Refused

Core Section 10: Disability

CDIS.01

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? DEAF

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

CDIS.02

Are you blind or do you have serious difficulty seeing, even when wearing glasses? BLIND

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

CDIS.03

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

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

CDIS.04

Do you have serious difficulty walking or climbing stairs? DIFFWALK

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

CDIS.05

Do you have difficulty dressing or bathing? DIFFDRES

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

CDIS.06

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

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

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Core Section 11: Tobacco Use

CTOB.01

Have you smoked at least 100 cigarettes in your entire life? SMOKE100

[Interviewer Note: Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

[Interviewer Note: 5 packs = 100 cigarettes]

- 1 Yes
- 2 No [GO TO CTOB.03]
- 7 Don't know/Not Sure [GO TO CTOB.03]
- 9 Refused [GO TO CTOB.03]

CTOB.02

Do you now smoke cigarettes every day, some days, or not at all? SMOKDAY2

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

CTOB.03

Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? USENOW3

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

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

CTOB.04

Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? ECIGNOW

[Interviewer note: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.]

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

- 1 Every day
- 2 Some days
- 3 Not at all
- 4 Never used e-cigs
- 7 Don't know / Not sure
- 9 Refused

Core Section 12: Alcohol Consumption

CALC.01

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? ALCDAY5

Read if necessary: "A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks."

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

CALC.02

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? AVEDRNK3

Read if necessary: "A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks."

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

[States may use sex at birth to determine sex if module is adopted]

CALC.03

Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI: X = 5 for men, X = 4 for women] or more drinks on an occasion? DRNK3GE5

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

CALC.04

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

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

Core Section 13: Immunization

CIMM.01

During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? FLUSHOT7

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

- 1 Yes
- 2 No [GO TO CIMM.04]
- 7 Don't know / Not sure [GO TO CIMM.04]
- 9 Refused [GO TO CIMM.04]

CIMM.02

During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? FLSHTMY3

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__ / __ __ __ Month/ Year
 777777 Don't know/ Not sure
 999999 Refused

CIMM.03

At what kind of place did you get your last flu shot or vaccine?
 IMFVPLAC

[Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?

If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"]

Read if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

Do not read:

- 12 A drive though location at some other place than listed above
- 10 Received vaccination in Canada/Mexico
- 77 Don't know / Not sure
- 99 Refused

CIMM.04

Have you ever had a pneumonia shot also known as a pneumococcal vaccine?
 PNEUVAC4

Read if necessary: "There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar."

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

Core Section 14: H.I.V./AIDS

CHIV.01

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?
 HIVTST7

Read if necessary: "Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had."

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

9 Refused [GO TO NEXT SECTION]

CHIV.02

Not including blood donations, in what month and year was your last H.I.V. test?
 HIVTSTD3

[Interviewer Note: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year]

[Interviewer Note: If response is before January 1985, code 777777]

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

Core Section 15: 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 Note: 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 food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.

CFV.01

Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

Interviewer Notes: Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"

Read if respondent asks what to include or says 'I don't know': include fresh, frozen or canned fruit. Do not include dried fruits.

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

CFV.02

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?

Interviewer Notes: Read if respondent asks about examples of fruit-flavored drinks: "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."

Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask "Was that per day, week, or month?"

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

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CFV.03

How often did you eat a green leafy or lettuce salad, with or without other vegetables?

Interviewer Notes: Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

Read if respondent asks about spinach: “Include spinach salads.”

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

CFV.04

How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

Interviewer Notes: Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

Read if respondent asks about potato chips: “Do not include potato chips.”

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

CFV.05

How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

Interviewer Notes: Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

Read if respondent asks about what types of potatoes to include: “Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes.”

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

CFV.06

Not including lettuce salads and potatoes, how often did you eat other vegetables?

Interviewer Notes: Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

Read if respondent asks about what to include: “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

Optional Modules and State Added Questions

State Added: Social Determinants of Health

SASDHQ1

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

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

SASDHQ2

In the last 12 months, how many times have you moved from one home to another?

- ___ 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

SASDHQ3

How safe from crime do you consider your neighborhood to be? Would you say...

Please read:

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

Do not read:

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

SASDHQ4

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?

- 1 Often true,
- 2 Sometimes true, or
- 3 Never true
- 7 Don't Know/Not sure
- 9 Refused

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SASDHQ5

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

- 1 Often true,
- 2 Sometimes true, or
- 3 Never true
- 7 Don't Know /Not sure
- 9 Refused

SASDHQ6

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

- 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

SASDHQ7

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?

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 8: COVID Vaccination

M08.01

Have you had a COVID-19 vaccination? COVIDVAC

- 1 Yes [GO TO M08.03]
- 2 No
- 7 Don't Know/Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

M08.02

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

- 1 Will definitely get a vaccine [GO TO NEXT MODULE]
- 2 Will probably get a vaccine [GO TO NEXT MODULE]
- 3 Will probably not get a vaccine [GO TO NEXT MODULE]
- 4 Will definitely not get a vaccine [GO TO NEXT MODULE]

7 Don't Know/Not sure [GO TO NEXT MODULE]

9 Refused [GO TO NEXT MODULE]

Skip Question M08.03, if Module 08.01, COVIDVAC, is 7, 9 or missing

M08.03

How many COVID-19 vaccinations have you received? COVIDNUM

- 1 One
- 2 Two or more [GO TO M08.05]
- 7 Don't Know/Not sure
- 9 Refused

Skip Question M08.04, if Module 08.01, COVIDVAC, is 7, 9 or missing; or Module 08.03, COVIDNUM, is 2

M08.04

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

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

Skip Question M08.05, if Module 08.01, COVIDVAC, is 7, 9 or missing; or Module 08.03, COVIDNUM, is 7, 9 or missing

M08.05

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

- __ / __ __ __ __ Month/ Year
- 777777 Don't know/ Not sure
- 999999 Refused

Skip Question M08.06, if Module 08.01, COVIDVAC, is 7, 9 or missing; or Module 08.03, COVIDNUM, is 1, 7, 9 or missing

M08.06

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

- __ / __ __ __ __ Month/ Year
- 777777 Don't know/ Not sure
- 999999 Refused

Module 19: Caregiver

M19.01

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? CAREGIV1

[Interviewer Note: If caregiving recipient has died in the past 30 days, code 8 and say "I'm so sorry to hear of your loss".]

- 1 Yes
- 2 No [GO TO M19.09]
- 7 Don't know/Not sure [GO TO M19.09]
- 8 Caregiving recipient died in past 30 days [GO TO NEXT MODULE]
- 9 Refused [GO TO M19.09]

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M19.02

What is his or her relationship to you? CRGVREL3

[Interviewer Note: If more than one person, say: "Please refer to the person to whom you are giving the most care".]

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Live-in 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
- 77 Don't know/Not sure
- 99 Refused

M19.03

For how long have you provided care for that person?

CRGVLNG1

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

M19.04

In an average week, how many hours do you provide care or assistance? CRGCHRS1

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

M19.05

What is the main health problem, long-term illness, or disability that the person you care for has? CRGVPRB3

- 01 Arthritis/ rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as emphysema or COPD
- 05 Alzheimer's disease, dementia or other cognitive impairment disorder
- 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida
- 07 Diabetes
- 08 Heart disease, hypertension, stroke
- 09 Human Immunodeficiency Virus Infection (H.I.V.)

- 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 Injuries, including broken bones
- 14 Old age/ infirmity/frailty
- 15 Other
- 77 Don't know/Not sure
- 99 Refused

CATI NOTE: IF M19.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M19.07. Otherwise, continue

M19.06

Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

CRGVALZD

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

M19.07

In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing? CRGVPER1

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

M19.08

In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals? CRGVHOU1

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

CATI NOTE: If M19.01 = 1 or 8, go to next module

M19.09

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? CRGVEXPT

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

State Added: Family Planning

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT SECTION.]

SAPHFPQ1

The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

- 1 Yes
- 2 No [GO TO SAPHFPQ3]

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- 3 No partner/not sexually active [GO TO NEXT SECTION]
- 4 Same sex partner [GO TO NEXT SECTION]
- 7 Don't know/Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

SAPHFPQ2

The last time you had sex with a man, what did you or your partner do 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:

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

Do not read:

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

[CATI NOTE: GO TO NEXT SECTION]

SAPHFPQ3

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.

What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

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

State Added: Hepatitis Treatment

SAHCVQ1

Have you ever been tested for hepatitis C?

[Interviewer Note: The hepatitis C virus causes hepatitis C infection of the liver.]

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

SAHCVQ2

Have you ever been told by a doctor or other health professional that you had Hepatitis C?

[Interviewer Note: Hepatitis C is an infection of the liver from the Hepatitis C virus]

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

SAHCVQ3

Were you treated for Hepatitis C in 2015 or after?

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[Interviewer Note: Most hepatitis C treatments offered in 2015 or after were oral medicines or pills. Including Harvoni, Viekira, Zepatier, Epclusa and others.]

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

SAHCVQ4

Were you treated for Hepatitis C prior to 2015?

[Interviewer Note: Most hepatitis C treatments offered prior to 2015 were shots and pills given weekly or more often over many months.]

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

SAHCVQ5

Do you still have Hepatitis C?

Read only if necessary: "You may still have Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C."

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

SAHCVQ6

The next question is about Hepatitis B.

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

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

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

SAHCVQ7

Are you currently taking medicine to treat hepatitis B? MEDSHEPB

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

State-Added: E-Cigarettes

ASK IF: CTOB.04>2

Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), JUULS, vape pods, vape pens, e-cigars, mods and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, candy or menthol.

Read if necessary: "JUUL and JUUL copycats are sometimes called vape pods. They are new types of vaping devices that resemble a USB flash drive and have a battery. They can be plugged into a laptop or USB drive."

[Interviewer Note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana or cannabidiol / CBD use is not included in these questions.]

SAECIGQ1

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

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

SAECIGQ4

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

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

State Added: Tobacco

ASK IF CTOB.01 = 1 AND CTOB.02 = 1 OR 2

SATQ1

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

Read:

- 1 All of the time,
- 2 Most of the time,
- 3 Some of the time, or
- 5 Never?

Do not read:

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

[Interviewer Note: FOR EVERYONE]

SATQ3

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

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

SATQ4

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

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

SATQ6

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

- 1 Every day

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

TOBACCO CESSATION

ASK IF CTOB.03 < 3 OR SATQ3 < 3 OR SATQ4 < 3 OR SATQ6 < 3

SATQ12

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

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

ASK IF: CTOB.02 = 1 or 2

SATQ21

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

STOPSMK2

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

ASK IF: CTOB.02 = 3

SATQ22

How long has it been since you last smoked a cigarette, even one or two puffs?

LASTSMK2

Read if necessary:

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

Do not read:

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

TOBACCO SCREENING

CATI NOTE: Ask if CTOB.02=1or2 OR CTOB.03=1or2 OR SATQ22>1&<5 OR CTOB.04=1or2 OR SAECIGQ4=1 OR SATQ3=1or2 OR SATQ4=1or2 OR SATQ6=1or2]

CATI NOTE: [Skip to SATQ18A if CHCA.04 = 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]

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

State Added: Secondhand Smoking

SASSQ1

Not counting decks, porches, or garages, during the past 7 days, that is since last [TODAY’S DAY OF WEEK], on how many days did SOMEONE OTHER THAN YOU smoke tobacco inside your home while you were at home?

- Number of days [1-7]
- 88 None
- 77 Don't Know/Not Sure
- 99 Refused

State Added: Marijuana Use

SAMUQ1

During the past 30 days, on how many days did you use marijuana or cannabis?

[Interviewer Note: Answer “No” if respondent asks whether Cannabidiol, CBD, or medical marijuana should be included in their answer]

- 01-30 Number of Days
- 88 None
- 77 Don't know/not sure
- 99 Refused

State Added: Opioid Use

SAOUQ1

In the past year, did you take any prescription opioid pain relievers such as hydrocodone, codeine, oxycodone, morphine, Lortab, Vicodin, Tylenol #3, Percocet, or OxyContin?

[Interviewer Note: We only want to know about PRESCRIPTION medication NOT medication that is available over the counter.]

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

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

SAOUQ2

In the past year, did you take any of the opioid pain medications more frequently or in higher doses than directed by a doctor?

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

SAOUQ3

In the past year, have you taken any prescription opioid pain relievers (hydrocodone, codeine, oxycodone, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin) when it was NOT prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?

[Interviewer Note: We only want to know about prescription medication NOT medication that is available over the counter.]

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

Thank you for answering these questions. If you would like assistance or more information about opioid-related issues, please contact Your Life Iowa by calling 855-581-8111, texting 855-895-TEXT(8398) or visiting www.yourlifeiowa.org. Your Life Iowa offers free and confidential support for those in need or concerned about others.

State Added: Brain Injury

A head injury, or concussion, is an injury to the brain or skull that may have been caused by, but not limited to, a bump or blow to the head, injury from an explosion or blast, or injury to the head from a car accident or crash.

SABIQ1

Have you ever had a head injury?

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

Module 20: Adverse Childhood Experiences

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

All questions refer to the time period before you were 18 years of age.

[Interviewer Note: Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.]

MACE.01

Now, looking back before you were 18 years of age---. Did you live with anyone who was depressed, mentally ill, or suicidal?

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

MACE.02

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

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

MACE.03

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

MACE.04

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

MACE.05

Were your parents separated or divorced?

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

MACE.06

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

Was it...

Read:

- 1 Never
2 Once
3 More than once

Don't Read:

- 7 Don't know/Not Sure
9 Refused

MACE.07

Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it...

Read:

- 1 Never
2 Once
3 More than once

Don't Read:

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

MACE.08

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

MACE.09

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

MACE.10

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

MACE.11

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

MACE.12

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

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

Don't Read:

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

MACE.13

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

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

Don't Read:

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

Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

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

State Added: Physical and Emotional Neglect

The next statements also refer to the time before you were eighteen years of age.

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?

- 1 Never true,
- 2 Rarely true,

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- 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: Mental Health

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: Screen Time

SASCRNQ1

On days when you are not at work or school, how many hours do you spend watching devices such as TV, phone, computer, games consoles, and tablets, while sitting or lying down?

- 1 Less than 1 hour
- 2 1 hour to less than 2 hours
- 3 2 hours to less than 3 hours
- 4 3 hours to less than 4 hours
- 5 4 hours to less than 5 hours
- 6 5 hours or more
- 8 None
- 7 Don't Know/Not Sure
- 9 Refused

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State Added: Volunteerism

SAVLTRQ1

During the past year, have you spent time volunteering?

Read if necessary: "Volunteering is providing unpaid work to benefit a charitable organization, community or faith based group, cause or non-family member in need."

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

SAVLTRQ2

On average, how many hours did you volunteer a month?

- ___ ___ Hours
- 250 250 hours or more
- 777 Don't know/Not sure
- 999 Refused

State Added: Gambling

SAGQ5

In the past 12 months, how often have you participated in sports wagering through Iowa casinos' mobile apps, telephone lines or in their sports books? Was it...

Interviewer Note: Sports wagering is the activity of predicting sports results by betting money on the outcome

Read:

- 1 About every day,
- 2 One to three times a week,
- 3 Once or twice a month,
- 4 A few days a year,
- 5 Only one day in the past 12 months, or
- 6 Never in the past 12 months?

Do not read:

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

SAGQ6

During the past 12 months, how often have you bet or wagered money in Daily Fantasy Sports through internet sites such as DraftKing or FanDuel? Was it...

Read:

- 1 About every day,
- 2 One to three times a week,
- 3 Once or twice a month,
- 4 A few days a year,
- 5 Only one day in the past 12 months, or
- 6 Never in the past 12 months?

Do not read:

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

SAGQ7

In the past 12 months, how often have you gone to casinos and played any games such as slot machines, or table games such as blackjack, poker or roulette? Was it...

Read:

- 1 About every day,
- 2 One to three times a week,

- 3 Once or twice a month,
- 4 A few days a year,
- 5 Only one day in the past 12 months, or
- 6 Never in the past 12 months?

Do not read:

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

SAGQ8

In the past 12 months, how often have you purchased Iowa Lottery games such as Powerball, Mega Millions, Scratch tickets, Hot Lotto, etc.? Was it...

Read:

- 1 About every day,
- 2 One to three times a week,
- 3 Once or twice a month,
- 4 A few days a year,
- 5 Only one day in the past 12 months, or
- 6 Never in the past 12 months?

Do not read:

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