

# 2023 Iowa 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 source of your primary 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)

# 2023 Iowa BRFSS Questionnaire

- 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

## Core Section 4: Exercise (Physical Activity)

### CEXP.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 count the physical activity or exercise they spend the most time doing in a regular month. Physical activity done at a work gym during the workday would count]

- 1 Yes
- 2 No [GO TO CEXP.08]
- 7 Don't know / Not sure [GO TO CEXP.08]
- 9 Refused [GO TO CEXP.08]

### CEXP.02

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

**[Interviewer Note:** If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".]

- \_\_ Specify from Physical Activity Coding List
- 77 Don't know/not sure [GO TO CEXP.08]
- 99 Refused [GO TO CEXP.08]

### CEXP.03

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

**[Interviewer Note:** If respondent confused, probe by explaining "this is not asking for days per week or per month, but times per week or per month."]

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

### CEXP.04

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

\_:\_\_ Hours and minutes

- 777 Don't know / Not sure
- 999 Refused

### CEXP.05

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

**[Interviewer Note:** If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".]

- \_\_ Specify from Physical Activity List
- 88 No other activity [GO TO CEXP.08]
- 77 Don't know/ Not Sure [GO TO CEXP.08]

- 99 Refused [GO TO CEXP.08]

### CEXP.06

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

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

- 777 Don't know / Not sure
- 999 Refused

### CEXP.07

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

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

### CEXP.08

During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

**[Interviewer Note:** Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.]

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

### Physical Activity Coding List:

1. Walking
2. Running or jogging
3. Gardening or yard work
4. Bicycling or bicycling machine exercise
5. Aerobics video or class
6. Calisthenics
7. Elliptical/EFX machine exercise
8. Household activities
9. Weight lifting
10. Yoga, Pilates, or Tai Chi
11. Other

## Core Section 5: Hypertension Awareness

### CHYPA.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

**[Interviewer Note:** 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]

# 2023 Iowa BRFSS Questionnaire

- 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]

## CHYPA.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

## Core Section 6: Cholesterol Awareness

### CCHLA.01

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]

### CCHLA.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

### CCHLA.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 that is not melanoma?

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

### CCHC.07

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

- 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

# 2023 Iowa BRFSS Questionnaire

## 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?

CHCKDNY2

**[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) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

HAVARTH4

**[Interviewer Note:** Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, 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)]

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

## CCHC.12

(Ever told) (you had) diabetes?

DIABETE4

- 1 Yes **[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

**CATI Note:** If CCHC.12 is greater than or equal to 2, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

## CCHC.13

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

DIABAGE3

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

## Module 2: Diabetes

**CATI NOTE:** Skip if CCHC.12 is not equal to 1

### MDIAB.01

According to your doctor or other health professional, what type of diabetes do you have?

- 1 Type 1
- 2 Type 2
- 7 Don't know/ not sure
- 9 Refused

### MDIAB.02

Insulin can be taken by shot or pump. Are you now taking insulin?

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

### MDIAB.03

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

**[Interviewer Note:** 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

### MDIAB.04

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

**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

### MDIAB.05

When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?

**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

### MDIAB.06

# 2023 Iowa BRFSS Questionnaire

When was the last time you took a course or class in how to manage your diabetes yourself?

**Read if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the last 2 years (1 year but less than 2 years ago)
- 3 Within the last 3 years (2 years but less than 3 years ago)
- 4 Within the last 5 years (3 to 4 years but less than 5 years ago)
- 5 Within the last 10 years (5 to 9 years but less than 10 years ago)
- 6 10 years ago or more

**Do not read:**

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

## MDIAB.07

Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

## Core Section 8: 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? HISPANC3

**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?

MRACE1

**[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.]

**[Interviewer Note:** If respondent indicates that they are Hispanic for race, please read the race choices.]

**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

## Module 22: Sexual Orientation and Gender Identity (SOGI)

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

IF SEX=MALE (BIRTHSEX, CELLSEX, LANDSEX) CONTINUE, OTHERWISE GO TO MSOGI.012

### MSOGI.01

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

**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.] 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.03

### MSOGI.02

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



# 2023 Iowa BRFSS Questionnaire

9 = Refused

## MSOGI.03

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

## Core Section 8: Demographics continued

### CDEM.04

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.05

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

**Read 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

### CDEM.06

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.087

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.08

What is the ZIP Code where you currently live? ZIPCODE1

- \_\_\_\_ \_ Do not know
- 77777 Do not know
- 99999 Refused

IF CELLULAR TELEPHONE INTERVIEW SKIP TO CDEM.11

### CDEM.09

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

- 1 Yes
- 2 No [GO TO CDEM.11]
- 7 Don't know / Not sure [GO TO CDEM.11]
- 9 Refused [GO TO CDEM.11]

### CDEM.10

How many of these landline 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.11

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.12

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

# 2023 Iowa BRFSS Questionnaire

**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.13

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 18: Industry and Occupation

**CATI NOTE:** If CDEM.13 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year), continue, else go to next module/section. Else go to next module

**CATI NOTE:** If CDEM=13 = 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.”

### MIO.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.”

### MIO.02

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

- \_\_\_\_\_ Record answer
- 99 Refused

## Core Section 8: Demographics continued

### CDEM.14

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

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

### CDEM.15

Is your annual household income from all sources --

**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 as necessary:**

- 01 Less than \$10,000?
- 02 Less than \$15,000? (\$10,000 to less than \$15,000)
- 03 Less than \$20,000? (\$15,000 to less than \$20,000)
- 04 Less than \$25,000
- 05 Less than \$35,000 If (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If (\$35,000 to less than \$50,000)
- 07 Less than \$75,000? (\$50,000 to less than \$75,000)
- 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 to CDEM.17 if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL09 = 1) or Age > 49

### CDEM.16

To your knowledge, are you now pregnant? PREGNANT

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

### CDEM.17

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.18

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

# 2023 Iowa BRFSS Questionnaire

## Core Section 9: 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

## Core Section 10: Falls

### SKIP SECTION IF CDEM.01, AGE<45

#### CFAL.01

In the past 12 months, how many times have you fallen? FALL12MN

**Read if necessary:** "By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level."

\_\_ Number of times [76 = 76 or more]

- 88 None [Go to next section]
- 77 Don't know / Not sure [Go to next section]
- 99 Refused [Go to next section]

#### CFAL.02

How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor? FALLINJ4

**Read if necessary:** "By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor."

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

## 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

Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

**[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



# 2023 Iowa BRFSS Questionnaire

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 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Not at all (right now)

**Do not read:**

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

## Core Section 12: Alcohol Consumption

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

### 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?

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

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

### CALC.03

**CATI NOTE:** CATI X = 5 for men, X = 4 for women (Use BIRTHSEX to determine sex)

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
- 77 Don't know / Not sure
- 88 No days
- 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.03]
- 7 Don't know / Not sure [GO TO CIMM.03]
- 9 Refused [GO TO CIMM.03]

### 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

-- / ---- Month/ Year

77/7777 Don't know/ Not sure

09/9999 Refused

### CIMM.03

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

**CATI NOTE:** IF AGE < 50 GO TO NEXT SECTION

### CIMM.04

Have you ever had the shingles or zoster vaccine?

**[Interviewer Note:** Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.]

- 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]

# 2023 Iowa BRFSS Questionnaire

- 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: Seat Belt Use/Drinking and Driving

### CSBD.01

How often do you use seat belts when you drive or ride in a car? Would you say— SEATBELT

**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 [Go to next section]  
9 Refused

**IF CALC.01 = 888** (No drinks in the past 30 days), GO TO NEXT SECTION

### CSBD.02

During the past 30 days, how many times have you driven when you've had perhaps too much to drink? DRNKDR12

-- Number of times

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

## Emerging Core: Long-term COVID Effects

### COVID.01

Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?

**[Interviewer Note:** Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as a nasal swabbing or throat swabbing including home tests.]

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

### COVID.02

Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

**[Interviewer Note:** Long term conditions may be an indirect effect of COVID 19.]

**[Read if necessary:** Tiredness or fatigue, Difficulty thinking or concentrating or forgetfulness/ memory problems (sometimes referred to as "brain fog"), Difficulty breathing or shortness of breath, Joint or muscle pain, Fast-beating or pounding heart (also known as heart palpitations) or chest pain, Dizziness on standing, menstrual changes, Symptoms that get worse after physical or mental activities, Loss of taste or smell]

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

### COVID.03

Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

**Please read:**

- 1 Yes, a lot  
2 Yes, a little  
3 Not at all  
7 Don't know / Not sure  
9 Refused

## Optional Modules and State Added Questions

### Module 14: Caregiver [FORM B]

#### MCARE.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 MCARE.09]  
7 Don't know/Not sure [GO TO MCARE.09]  
8 Caregiving recipient died in past 30 days [GO TO NEXT MODULE]  
9 Refused [GO TO MCARE.09]

#### MCARE.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

# 2023 Iowa BRFSS Questionnaire

- 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

## MCARE.03

For how long have you provided care for that person?

CRGVLNG1

Read if necessary:

- 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

## MCARE.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

## MCARE.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 MCARE.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to MCARE.07. Otherwise, continue

## MCARE.06

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

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

## MCARE.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

## MCARE.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

## MCARE.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

## Module 16: Other Tobacco Use

**CATI NOTE:** ASK IF CTOB.02 = 1, 2

### MOTU.01

Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

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

**CATI NOTE:** ASK IF CTOB.04 = 2, 3

### MOTU.02

# 2023 Iowa BRFSS Questionnaire

Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

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

**Prologue:** The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include IQOS [eye-kos], Glo, and Eclipse.

## MOTU.03

Before today, have you heard of heated tobacco products?

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

## State Added: Tobacco – Cigarette Use

**CATI NOTE:** Ask if SMOKDAY2 = 1 or 2.

## SACUQ2

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

## State Added: Tobacco – E-Cigarette Use

**CATI NOTE:** Ask if currently use e-cigarettes CTOB.04 = 2 or 3, otherwise skip to next section

**Prologue:** The next two questions are about your vaping or e-cigarette use.

**Read if necessary:** “JUUL and JUUL copycats are sometimes called vape pods. They are 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:** the next two 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. The new heat not burn electronic non-combusted tobacco cigarettes are not included either.]

## SAECIGF1

Currently, when you use e-cigarettes, do you usually use flavored e-cigarettes such as fruit, mint or candy?

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

## 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 – Other Tobacco Use & Cessation

**[Interviewer Note:** FOR EVERYONE]

**Prologue:** The next questions are about your use of other tobacco products.

## SATQNP

Do you now use oral nicotine pouches like Zyn, ON!, Velo or FRE every day, some days or not at all?

**Read if necessary:** Nicotine pouches are small, flavored pouches of nicotine that users place in their mouth. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chewing tobacco, because they do not contain any tobacco leaf.

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

## 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

## TOBACCO CESSATION

**CATI NOTE:** ASK IF CTOB.03 < 3 OR SATQNP < 3 OR SATQ3 < 3

## SATQ12

During the past 12 months, have you stopped using nicotine pouches, 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

**CATI NOTE:** ASK IF SACUQ2=1 or SATQ12=1

**SAECIGQ5** (only ask if current or past cigarette users)

Thinking back to the last time you tried to quit smoking or using tobacco products in the past 12 months, did you try to quit by switching to e-cigarettes or other vaping products?

- 1 Yes
- 2 No

# 2023 Iowa BRFSS Questionnaire

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

**CATI NOTE:** ASK IF CTOB.02 = 1 or 2, OR CTOB.03 = 1 or 2, OR CTOB.04 = 2 or 3, OR SAECIGQ4 =1, OR SATQNP = 1 or 2, OR SATQ3 = 1 or 2, AND CHCA.04= 1 (saw a doctor for a routine checkup in the past 12 months)

## TOBACCO SCREENING

### 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: Tobacco – Secondhand Smoking [FORM A]

Prologue: The next question is about secondhand smoking.

### SASSQ2

On how many of the past 7 days did someone other than you smoke tobacco inside your home while you were there?

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

## Module 20: Aspirin for CVD Prevention [FORM B]

### MASPRN.01

How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say....

#### Read:

- 1 Daily
- 2 Some days
- 3 Used to take it but had to stop due to side effects, or
- 4 Do not take it

#### Do not read:

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

## State Added: Heart Attack and Stroke [FORM B]

### SAHAS.01

To your knowledge, what are the symptoms of a heart attack?

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

#### Do not read:

- 11 Pain or discomfort in the jaw, neck, or back
- 12 Feeling weak, lightheaded, or faint
- 13 Chest pain or discomfort
- 14 Sudden trouble seeing in one or both eyes
- 15 Pain or discomfort in the arms or shoulder
- 16 Shortness of breath
- 17 Other
- 77 Don't Know/Not Sure
- 99 Refused

### SAHAS.02

To your knowledge, what are the symptoms of a stroke?

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

#### Do not read:

- 11 Sudden confusion or trouble speaking
- 12 Sudden numbness or weakness of face, arm, or leg – especially on one side
- 13 Sudden trouble seeing in one or both eyes
- 14 Sudden chest pain or discomfort
- 15 Sudden trouble walking, dizziness, or loss of balance
- 16 Severe headache with no known cause
- 17 Other
- 77 Don't Know/Not Sure
- 99 Refused

### SAHAS.03

To your knowledge, are symptoms of heart attack generally the same or different in men and women?

- 1 Generally same
- 2 Generally different
- 7 Don't Know/Not Sure
- 9 Refused

### SAHAS.04

If you thought someone you were with, like a friend or family member, was having a heart attack or stroke, what is the first thing you would do?

#### Read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member OR
- 5 Do something else

#### Do not read:

- 8 Depends on whether it was heart attack or stroke
- 7 Don't know / Not sure
- 9 Refused

## Module 29: Social Determinants and Health Equity

### MSDHE.01

In general, how satisfied are you with your life? Are you...

#### Read:



# 2023 Iowa BRFSS Questionnaire

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**Do not read:**

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

## MSDHE.02

How often do you get the social and emotional support that you need? Is that...

**Read:**

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

**Do not read:**

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

## MSDHE.03

How often do you feel lonely? Is it...

**Read:**

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

**Do not read:**

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

## MSDHE.04

In the past 12 months have you lost employment or had hours reduced?

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

## MSDHE.05

During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

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

## MSDHE.06

During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

**Read:**

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

**Do not read:**

- 7 Don't know/not sure

- 9 Refused

## MSDHE.07

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

## MSDHE.08

During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?

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

## MSDHE.09

During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

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

## MSDHE.10

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

**Read:**

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

**Do not read:**

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

## State Added: Gambling [FORM A]

### 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

# 2023 Iowa BRFSS Questionnaire

## State Added: Marijuana Use

**Prologue:** The following question is about marijuana or cannabis. Do not include Cannabidiol, hemp based, CBD-only or medical marijuana products in your response.

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

### 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
- 3 Does not apply
- 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](http://www.yourlifeiowa.org)**. Your Life Iowa offers free and confidential support for those in need or concerned about others.

## State Added: Brain Injury

For these next questions, please think about injuries you have had during your entire lifetime, especially those that affected your head or neck. It might help to remember times you went to the hospital or emergency room. Think about injuries you may have received from a car or motorcycle wreck, bicycle crash, being hit by something, falling down, being hit by someone, playing sports, or an injury during military service.

### SABIQ2

Thinking about any head injuries you have had in your lifetime, were you ever knocked out or did you lose consciousness?

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

### SABIQ3

How old were you the first time you were knocked out or lost consciousness?

- [ ] = Years old 1-125
- 777 Don't Know/Not Sure
- 999 Refused

If you, or somebody you know, have questions or needs support after a brain injury, please call the Brain Injury Alliance of Iowa at 1-855-444-6443 or visit [www.biaia.org](http://www.biaia.org).

## State Added: Rape Prevention Education

**Prologue:** The following question asks about your experience of sexual violence & we understand that this can be a sensitive topic to discuss. So, before I start I want you to be aware of resources that are available to support people impacted by sexual violence. If you or someone you know needs support, the Iowa Victim Service Call Center is available 24/7 at 1-800-770-1650 or by texting 'IOWAHELP' to 20121.

### SARPEQ1

Since you were 18 years old has anyone EVER made you take part in any sexual activity including touch that made you uncomfortable when you really did not want to, or without your consent?

**Read if Necessary:** “For example, you were drunk or asleep, of thought you would be hurt or punished if you refused?”

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

Again, if you or someone you know needs support, the Iowa Victim Service Call Center is available 24/7 at 1-800-770-1650 or by texting 'IOWAHELP' to 20121.

## State Added: Hepatitis Treatment

### SAHCVQ1

Have you ever been tested for hepatitis C?

# 2023 Iowa BRFSS Questionnaire

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

- 1 Yes
- 2 No [GO TO SAHCVQ6]
- 7 Don't know/not sure [GO TO SAHCVQ6]
- 9 Refused [GO TO SAHCVQ6]

## 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 SAHCVQ6]
- 7 Don't know / Not sure [GO TO SAHCVQ6]
- 9 Refused [GO TO SAHCVQ6]

## SAHCVQ3

Were you treated for Hepatitis C in 2015 or after?

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

## SAHCVQ7

Are you currently taking medicine to treat hepatitis B?

MEDSHEPB

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

## Module 30: Reactions to Race

### MRTR.01

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

**[Interviewer Note:** If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."

**[Interviewer note:** do not offer "mixed race" as a category but use as a code if respondent offers it.]

- 01 White
- 02 Black or African American
- 03 Hispanic or Latino
- 04 Asian
- 05 Native Hawaiian or Other Pacific Islander
- 06 American Indian or Alaska Native
- 07 Mixed Race
- 08 Some other group
- 77 Don't know / Not sure
- 99 Refused

### MRTR.02

How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

**[Interviewer Note:** The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.]

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know / Not sure
- 9 Refused

### MRTR.03

Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?

**Read if necessary:**

# 2023 Iowa BRFSS Questionnaire

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

**CATI NOTE:** Ask If CDEM.13= 1, 2, 4 [CATI skip pattern: This question should only be asked of those who are "employed for wages," "self-employed," or "out of work for less than one year."]

## MRTR.04

Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

## MRTR.05

Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

**[Interviewer Note:** If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences"]

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

## MRTR.06

Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

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

## State Added: Volunteerism

### SAVLTRQ1

During the past year, have you volunteered your time?

**Read if necessary:** "Volunteering is providing unpaid work to benefit a charitable organization, program, club, 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 or per year?

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

## Closing Statement

### Cell Phone

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.

### 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.