

2024 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 primary source of your health care coverage?

[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.]

Read if necessary:

- 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

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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)
- 4 5 or more years ago

Do not read:

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

Core Section 4: Exercise

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]

Core Section 5: Oral Health

COH.01

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

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)
- 4 5 or more years ago

Do not read:

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

COH.02

Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

[Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.]

Read if necessary:

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

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Core Section 6: Chronic Health Conditions

Prologue: 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?

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

CCHC.02

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

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

CCHC.03

(Ever told) (you had) a stroke?

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

CCHC.04

(Ever told) (you had) asthma

- 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?

- 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?

- 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)?

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

[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

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

Module 3: Arthritis

CATI NOTE: Asked only if CCHC.11 = 1 (Only of those answering yes to arthritis question)

MARTH.01

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

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

Core Section 6: Chronic Health Conditions continued

CCHC.12

(Ever told) (you had) diabetes?

- 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?

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

Module 1: Prediabetes

CATI NOTE: Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12

MPDIAB.01

When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

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

CATI NOTE: Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.12, DIABETE4, is coded 4 automatically code MPDIAB.02, PREDIAB1, equal to 1 (yes)

MDIAB.02

Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

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

Core Section 7: 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

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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 23: 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 24: 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? SOMALE

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
- 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?"

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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 7: 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.07

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

- __ __ __ __ __
- 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]

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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

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 20: 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.13 = 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)]

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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

Core Section 8: 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

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visiting a doctor's office or shopping?

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

DIFFALON

Core Section 9: Breast and Cervical Cancer Screening

CATI Note: Skip to next module if sex/ sex at birth = male

Prologue: The next questions are about breast and cervical cancer.

CBCCS.01

Have you ever had a mammogram? HADMAM

[Interviewer Note: A mammogram is an x-ray of each breast to look for breast cancer.]

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

CBCCS.02

How long has it been since you had your last mammogram? HOWLONG

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 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
9 Refused

CBCCS.03

There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test. Have you ever had a cervical cancer screening test?

Read if necessary: These are routine tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.

- 1 Yes
2 No [GO TO CBCCS.07]
7 Don't know / Not sure [GO TO CBCCS.07]
9 Refused [GO TO CBCCS.07]

CBCCS.04

How long has it been since you had your last cervical cancer screening test?

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 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
9 Refused

CBCCS.05

At your most recent cervical cancer screening, did you have a Pap test?

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

CBCCS.06

At your most recent cervical cancer screening, did you have an H.P.V. test?

[Interviewer Note: H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)]

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

CATI NOTE: If response to Core CDEM.17 = 1 (is pregnant) do not ask and go to next module.

CBCCS.07

Have you had a hysterectomy? HADHYST2

Read if necessary: "A hysterectomy is an operation to remove the uterus (womb)."

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

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Core Section 10: Colorectal Cancer Screening

CATI NOTE: If Section CDEM.01, AGE, is less than 45 go to next module.

CCRC.01

Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams? HADSIGM3

[Interviewer Note: A sigmoidoscopy checks part of the colon and you are fully awake. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.]

- 1 Yes [GO TO CCRC.02]
- 2 No [GO TO CCRC.06]
- 7 Don't know/Not Sure [GO TO CCRC.06]
- 9 Refused [GO TO CCRC.06]

CCRC.02

Have you had a colonoscopy, a sigmoidoscopy, or both?

- 1 Colonoscopy [GO TO CCRC.03]
- 2 Sigmoidoscopy [GO TO CCRC.04]
- 3 Both [GO TO CCRC.03]
- 7 Don't know/Not sure [GO TO CCRC.05]
- 9 Refused [GO TO CCRC.06]

CCRC.03

How long has it been since your most recent colonoscopy?

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)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

CATI NOTE: If CCRC.02 =3 (BOTH) continue, else Go to CCRC.06

CCRC.04

How long has it been since your most recent sigmoidoscopy?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago) [GO TO CCRC.06]
- 2 Within the past 2 years (1 year but less than 2 years ago) [GO TO CCRC.06]
- 3 Within the past 5 years (2 years but less than 5 years ago) [GO TO CCRC.06]
- 4 Within the past 10 years (5 years but less than 10 years ago) [GO TO CCRC.06]
- 5 10 or more years ago [GO TO CCRC.06]

Do not read:

- 7 10 or more years ago [GO TO CCRC.06]
- 9 Refused [GO TO CCRC.06]

CCRC.05

How long has it been since your most recent colonoscopy or sigmoidoscopy? LASTSIG3

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)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

CCRC.06

Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

- 1 Yes [GO TO CCRC.07]
- 2 No [GO TO NEXT MODULE]
- 7 Don't know/not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

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CCRC.07

A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

[Interviewer Note: CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.]

- 1 Yes [GO TO CCRC.08]
- 2 No [GO TO CCRC.09]
- 7 Don't know/not sure [GO TO CCRC.09]
- 9 Refused [GO TO CCRC.09]

CCRC.08

When was your most recent CT colonography or virtual colonoscopy?

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)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

CCRC.09

One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

[Interviewer Note: The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.]

- 1 Yes [GO TO CCRC.10]
- 2 No [GO TO CCRC.11]
- 7 Don't know/not sure [GO TO CCRC.11]

- 9 Refused [GO TO CCRC.11]

CCRC.10

How long has it been since you had this test?

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

CCRC.11

Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

[Interviewer Note: The test that requires an entire bowel movement is also known as Cologuard, a new type of stool test for colon cancer. The Cologuard test is shipped to your home in a box that includes a container for your stool sample. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool.]

- 1 Yes [GO TO CCRC.12]
- 2 No [GO TO NEXT MODULE]
- 7 Don't know/not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

CCRC.12

Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

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

CCRC.13

How long has it been since you had this test?

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)

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- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 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: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.]

[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: If respondent says "Not at all" ask that they mean "Never used e-cigs in your entire life"]

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Used them in the past but do not currently use them at all

Do not read:

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

Core Section 12: Lung Cancer Screening

CATI NOTE: If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to CLC.04.

CLC.01

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly? LCSFIRST

[Interviewer Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).]

[Interviewer Note: If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.]

- Age in Years (001 – 100)
- 777 Don't know/Not sure
- 999 Refused

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888 Never smoked cigarettes regularly
[GO TO CLC.04]

CATI NOTE: Skip CLC.02 if CTOB.02 = 1

CLC.02

How old were you when you last smoked cigarettes regularly? LCSSLAST

__ _ Age in Years (001 – 100)

777 Don't know/Not sure

999 Refused

CLC.03

On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day? LCSNUMCG

[Interviewer Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all.)

[Interviewer Note: Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes]

__ _ _ Number of cigarettes

777 Don't know/Not sure

999 Refused

CLC.04

The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area?

1 Yes

2 No [GO TO NEXT SECTION]

7 Don't know/not sure [GO TO NEXT SECTION]

9 Refused [GO TO NEXT SECTION]

CLC.05

Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?

1 Yes

2 No [GO TO NEXT SECTION]

7 Don't know/not sure [GO TO NEXT SECTION]

9 Refused [GO TO NEXT SECTION]

CLC.06

When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years)

3 Within the past 3 years (2 years but less than 3 years)

4 Within the past 5 years (3 years but less than 5 years)

5 Within the past 10 years (5 years but less than 10 years ago)

6 10 or more years ago

Do not read:

7 Don't know / Not sure

9 Refused

Core Section 13: Alcohol Consumption

Prologue: 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

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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

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

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"

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 through location at some other plan 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."

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- 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

CHIV.03

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

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

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

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

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

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

Do any of these situations apply to you? HIVRISK5

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

Optional Modules and State Added Questions

Module 11: Cognitive Decline [FORM B]

CATI/Interviewer Note: If respondent is 45 years of age or older continue, else go to next module.

Prologue: The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.

MCOG.01

During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?

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

MCOG.02

Are you worried about these difficulties with thinking or memory?

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

MCOG.03

Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?

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

MCOG.04

During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?

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

MCOG.05

During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?

[Interviewer Note: If respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering ... if yes, then code as Yes. If no, then code as No. If reasons for not working and/or volunteering are not related to difficulties with thinking or memory, code as No.]

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

Module 13: Adverse Childhood Experiences [FORM A]

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? ACEDEPRS

- 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? ACEDRINK

- 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? ACEDRUGS

- 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? ACEPRISN

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

MACE.05

Were your parents separated or divorced? ACEDIVRC

- 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... ACEPUNCH

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... ACEHURT1

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

- 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... ACESWEAR

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

- 7 Don't know/Not Sure

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9 Refused

MACE.09

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

ACETOUCH

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...

ACETTHEM

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...

ACEHVS

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: Resilience [FORM A]

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

SARQ1

Thinking about when you were in high school, how often did you feel like you belonged? Would you say...

[Interviewer Note: If respondent attended multiple high schools, ask respondent to respond about the high schools in general.]

Read:

- 1 Never,
- 2 Rarely,
- 3 Sometimes,
- 4 Often, or
- 5 Very often?

Do not read:

- 8 Did not attend High School
- 7 Don't know/Not Sure
- 9 Refused

SARQ2

How often did you feel supported by your friends? Would you say...

Read:

- 1 Never,
- 2 Rarely,
- 3 Sometimes,
- 4 Often, or

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5 Very often?

Do not read:

7 Don't know/Not Sure

9 Refused

Note: (If respondent says some friends did/didn't, ask respondent to answer about friends in general.)

SARQ3

How often were there at least two adults, other than your parents, who took a genuine interest in you? Would you say...

Read:

1 Never,

2 Rarely,

3 Sometimes,

4 Often, or

5 Very often?

Do not read:

7 Don't know/Not Sure

9 Refused

SARQ4

How often did you feel that you were able to talk to your family about your feelings? Would you say...

Read:

1 Never,

2 Rarely,

3 Sometimes,

4 Often, or

5 Very often?

Do not read:

7 Don't know/Not Sure

9 Refused

SARQ5

How often did you enjoy participating in your community's traditions? Would you say...

[Interviewer Note: If respondent asks what we mean by "community" or "traditions", say "whatever it means to you."]

Read:

1 Never,

2 Rarely,

3 Sometimes,

4 Often, or

5 Very often?

Do not read:

7 Don't know/Not Sure

9 Refused

SARQ6

How often did you feel your family stood by you during difficult times? Would you say...

[Interviewer Note: If respondent says some family members did/didn't, ask respondent to answer about family in general. If respondent's family situation was complicated, say "whoever you considered your family when you were growing up".]

Read:

1 Never,

2 Rarely,

3 Sometimes,

4 Often, or

5 Very often?

Do not read:

7 Don't know/Not Sure

9 Refused

Module 29: Social Determinants of Health and Health Equity

MSDHE.01

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

Read:

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

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- 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

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

Read:

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

Do not read:

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

Module 25: Family Planning

[CATI NOTE: If respondent is female and greater than 49 years of age, has had a hysterectomy, is pregnant, or if respondent is male go to the next section.]

Prologue: The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

MFP.01

In the past 12 months, did you have sexual intercourse?

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

MFP.02

Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy.

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The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

- 1 Yes
- 2 No [GO TO MFP.04]
- 7 Don't know/not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

MFP.03

The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

[Interviewer Note: If respondent reports using two methods, please code the method that occurs first on the list.]

[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 if necessary:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

Do not read:

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

CATI NOTE: Go to next section

MFP.04

Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.

What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?

[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 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 You wanted a pregnancy
- 04 You didn't care if you got pregnant
- 05 You or your partner didn't want to use birth control (side effects, don't like birth control)
- 06 You had trouble getting or paying for birth control
- 07 You didn't trust giving out your personal information to medical personnel
- 08 Didn't think you or your partner could get pregnant (infertile or too old)
- 09 You were using withdrawal or “pulling out”
- 10 You had your tubes tied (sterilization)
- 11 Your partner had a vasectomy (sterilization)
- 12 You were breast-feeding or you just had a baby
- 13 You were assigned male at birth
- 14 Other reasons

Do not read:

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

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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:

- 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

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- 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: Tobacco [FORM B]

Menthol Products

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

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

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

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

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!, Juice Head 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

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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
- 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 SACUQ3 < 5, SATHTPQ2 = 1 or 2, OR SATQNP = 1 or 2, OR SATQ3 = 1 or 2, OR SATQ4 = 1 or 2, OR SATQ6 = 1

or 2, AND COH.01 = 1 (saw a dental practitioner in the past 12 months)

TOBACCO SCREENING

SATQ20A

In the PAST 12 MONTHS, when you visited your dentist, dental hygienist or dental clinic did they ask about your tobacco use?

[Read if necessary: Asking about tobacco use includes being asked on a background form or asked verbally by a dental provider.]

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

SATQ20B

In the PAST 12 MONTHS, when you visited your dentist, dental hygienist or dental clinic, did they advise you to stop smoking or using tobacco?

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

Secondhand Smoking

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

State Added: Gambling Behavior [FORM A]

For the purpose of these next questions, "gambling" means buying lottery tickets, gambling at a casino, playing cards or dice for money, betting on sports games, playing slot machines, video poker or other video gambling, gambling on the internet, betting on horses or dogs, playing bingo or keno.

SAGQ9

Have you gambled in the past 12 months?

- 1 Yes

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

SAGQ5

In the past 12 months, how often have you participated in sports wagering online or in-person? Was it...

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

Read:

- 1 At least one time per week,
- 2 Once or twice a month,
- 3 One to three days a year,
- 4 Never in the past 12 months

Do not read:

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

SAGQ2

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

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

SAGQ3

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

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

SAGQ4

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

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

State Added: Home/Self Measured Blood Pressure [FORM B]

SASMBPQ1

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

[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

SASMBPQ2

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]

SASMBPQ3

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

SASMBPQ4

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

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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: Substance Use

SAOUQ4

During the past 30 days, how many days, if any, did you use opioids, like heroin or oxycodone?

[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

SAOUQ5

During the past 30 days, how many days, if any, did you use methamphetamine or meth?

[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

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 [FORM B]

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**.

State Added: Workplace Harassment

Prologue: For the purposes of the following questions, “Someone at work” may include any person(s) you have contact with or interact with as part of your duties. The behaviors or experiences could have occurred outside of work hours or away from your work location as long as they occurred in the context of your duties.

SAWHQ1

Workplace harassment includes suggestions that people of your sex are not suited for the kind of work you do. Has anyone at your current workplace EVER made these remarks to you?

- 1 Yes

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

SAWHQ2

Has anyone at your current workplace EVER made any intentional sexual contacts with you, such as sexual touching, attempted or completed sexual intercourse, that were against your will or which occurred when you did not or could not consent?

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

The Iowa Victim Service Call Center is available 24/7 at **1-800-770-1650** or by texting **'IOWAHELP'** to **20121** or you can contact Your Life Iowa at 1-855-581-8111.

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. 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.

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.