

2026 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 [GENHLTH]

Would you say that in general your health is—

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 [PHYSHLTH]

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?

[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 [MENTHLTH]

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?

[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 [POORHLTH]

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?

[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 [PRIMINS2]

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 [PERSDOC3]

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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 [MEDCOST1]

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 [CHECKUP1]

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

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 [EXERANY2]

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?

[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 [LASTDEN4]

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 [RMVTETH4]

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

Core Section 6: Chronic Health Conditions

Prologue: Has a doctor, nurse, or other health professional ever told you that you had any of the

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following? For each, tell me Yes, No, Or You're Not Sure.

CCHC.01 [CVDINFR4]

(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 [CVDCRHD4]

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

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

CCHC.03 [CVDSTRK3]

(Ever told) (you had) a stroke?

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

CCHC.04 [ASTHMA3]

(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 [ASTHNOW]

Do you still have asthma?

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

CCHC.06 [CHCSCNC1]

(Ever told) (you had) skin cancer that is not melanoma?

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

CCHC.07 [CHCOCNC1]

(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 [CHCCOPD3]

(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 [ADDEPEV3]

(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 [CHCKDNY2]

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 [HAVARTH4]

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

CCHC.12 [DIABETE4]

(Ever told) (you had) diabetes?

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- 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 [DIABAGE4]

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 [PDIABTS1]

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 [PREDIAB2]

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 [AGE]

What is your age?

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

CDEM.02 [HISPANC3]

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

If yes, read: Are you...

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

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

Do not read:

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

CDEM.03 [MRACE1]

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

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

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

[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

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- 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 19: Sexual Orientation

The next question is about sexual orientation.

IF SEX=MALE CONTINUE, OTHERWISE GO TO MSO.02

MSO.01 [SOMALE]

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.]

- 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 continue, otherwise go to next module.

MSO.02 [SOFEMALE]

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

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
- 3 Yes, Transgender, gender nonconforming
- 4 No
- 7 Don't know/not sure
- 9 Refused

CDEM.04 [MARITAL]

Are you...

Please read:

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

Do not read:

- 9 Refused

CDEM.05 [EDUCA]

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

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 [RENTHOM1]

Do you own or rent your home?

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."

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[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 [CTYCODE2]

In what county do you currently live?

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

CDEM.08 [ZIPCODE1]

What is the ZIP Code where you currently live?

- ____ Do not know
- 99999 Refused

IF CELLULAR TELEPHONE INTERVIEW SKIP TO CDEM.11

CDEM.09 [NUMHHOL4]

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?

- 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 [NUMPHON4]

How many of these landline telephone numbers are residential numbers?

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

CDEM.11 [CPDEMO1C]

How many cell phones do you have for personal use?

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 [VETERAN3]

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?

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 [EMPLOY1]

Are you currently...?

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

Core Section 8: Demographics continued

CDEM.14 [CHILDREN]

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

- __ Number of children
- 88 None
- 99 Refused

CDEM.15 [INCOME3]

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 (CP.05 = 1 or LL.09 = 1) or Age > 49

CDEM.16 [PREGNANT]

To your knowledge, are you now pregnant?

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

CDEM.17 [WEIGHT2]

About how much do you weigh without shoes?

[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 [HEIGHT3]

About how tall are you without shoes?

[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 [DEAF]

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?

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

CDIS.02 [BLIND]

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

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

CDIS.03 [DECIDE]

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

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

CDIS.04 [DIFFWALK]

Do you have serious difficulty walking or climbing stairs?

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

CDIS.05 [DIFFDRES]

Do you have difficulty dressing or bathing?

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

CDIS.06 [DIFFALON]

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

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

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Core Section 9: Falls

CATI NOTE: SKIP SECTION IF CDEM.01, AGE<45

CFAL.01 [FALL12MN]

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

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

CFAL.02 [FALLINJ5]

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?

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

Core Section 10: Breast and Cervical Cancer Screening

CATI Note: Skip to next module if male (CP.05 = 1 or LL.09 = 1)

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

CBCCS.01 [HADMAM]

Have you ever had a mammogram?

[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 [HOWLONG]

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

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 [CERVSCRN]

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 [CRVCLCNC]

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 [CRVCLPAP]

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

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CBCCS.06 [CRVCLHPV]

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 [HADHYST2]

Have you had a hysterectomy?

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

Core Section 10: Colorectal Cancer Screening

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

CCRC.01 [HADSIGM4]

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

[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 [COLNSIGM]

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 [COLNTES1]

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 [SIGMTES1]

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 [LASTSIG4]

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

LASTSIG3

Read if necessary:

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- 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 [COLNCNCR]

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]

CCRC.07 [VIRCOLO1]

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 [VCLNTES2]

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 [SMALSTOL]

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 [STOLTEST]

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 [STOOLDN2]

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

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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 [BLDSTFIT]

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 [SDNATES1]

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

Core Section 11: Tobacco Use

CTOB.01 [SMOKE100]

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

[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 [SMOKDAY2]

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

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

CTOB.03 [USENOW3]

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

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 [ECIGNOW3]

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

State added: Tobacco

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

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SATQ1

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

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

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

SATQ2

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

CATI NOTE: FOR EVERYONE

SATQ3

Do you now use oral nicotine pouches like Zyn, ONI, or 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 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

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

SATQ4

During the past 12 months, have you stopped using nicotine pouches or smokeless 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 SATQ1 = 1 OR SATQ4 = 1

SATQ5

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

SATQ6

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

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 [LCSFIRST]

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?

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

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

CLC.02 [LCSLAST]

How old were you when you last smoked cigarettes regularly?

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

CLC.03 [LCSNUMCG]

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

[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 [LCSTSC1]

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 [LCSSCNCR]

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 [LCSTWHN]

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 14: 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 [ALCDAY5]

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

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 [AVEDRNK4]

During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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 [DRNK3GE5]

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?

__ Number of times
77 Don't know / Not sure
88 No days

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99 Refused

CALC.04 [MAXDRNKS]

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

-- Number of drinks

77 Don't know / Not sure

99 Refused

Core Section 15: Immunization

CIMM.01 [FLUSHOT7]

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?

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 [FLSHTMY3]

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?

-- / ---- Month/ Year

77/7777 Don't know/ Not sure

09/9999 Refused

CIMM.03 [PNEUVAC4]

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

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 [SHINGLE2]

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 16: Seat Belt Use / Drinking and Driving

CSBD.01 [SEATBELT]

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

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 [DRNKDRI2]

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

-- Number of times

88 None

77 Don't know / Not sure

99 Refused

Core Section 17: 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]

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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 4: Cancer Survivorship: Type of Cancer

CATI NOTE: If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.

MTOC.01 [CNCRDIFF]

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

How many different types of cancer have you had?

1 Only one

2 Two

3 Three or more

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

9 Refused [GO TO NEXT MODULE]

MTOC.02 [CNCRAGE]

At what age were you told that you had cancer?

[Interviewer Note: If MTOC.01= 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"]

Read if necessary: This question refers to the first time they were told about their first cancer.

__ Age in Years (97 = 97 and older)

98 Don't know/Not sure

99 Refused

CATI NOTE: If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 16 if Melanoma or 22 if other skin cancer

MTOC.03 [CNCR TYP2]

What kind of cancer is it?

[Interviewer Note: If MTOC.01 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"]

Read if respondent needs prompting for cancer type:

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix/Cervical
07	Colon
08	Esophagus/Esophageal
09	Gallbladder
10	Kidney
11	Larynx-trachea
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary/Ovarian
19	Pancreas/Pancreatic
20	Prostate

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- 21 Rectum/Rectal
 - 22 Skin (non-melanoma)
 - 23 Skin (don't know what kind)
 - 24 Soft tissue (muscle or fat)
 - 25 Stomach
 - 26 Testis/Testicular
 - 27 Throat - pharynx
 - 28 Thyroid
 - 29 Uterus/Uterine
 - 30 Other
- Do not read:**
- 77 Don't know / Not sure
 - 99 Refused

Module 7: Prostate Cancer Screening

CATI NOTE: IF AGE IS LESS THAN 40, OR IS FEMALE, GO TO NEXT MODULE

MPCS.01 [PSATEST1]

Have you ever had a P.S.A. test??

[Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.]

- 1 Yes
- 2 No **[GO TO MPCS.05]**
- 7 Don't Know / Not sure **[GO TO**

MPCS.05]

- 9 Refused **[GO TO MPCS.05]**

MPCS.02 [PSATIME]

About how long has it been since your most recent P.S.A. test?

[Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen 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

MPCS.03 [PCPSARS1]

What was the main reason you had this P.S.A. test – was it ...?

[Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.]

Read:

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Other reason

Do not read:

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

MPCS.04 []

Who first suggested this P.S.A. test: you, your doctor, or someone else?

- 1 Self
- 2 Doctor, nurse, health care professional
- 3 Someone else
- 7 Don't Know / Not sure
- 9 Refused

MPCS.05 []

When you met with a doctor, nurse, or other health professional, did they talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or PSA test?

[Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.]

- 1 Advantages
- 2 Disadvantages
- 3 Both Advantages and disadvantages

Do not read:

- 4 Neither
- 7 Don't know/ not sure
- 9 Refused

Module 8: Cognitive Decline

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 [CIMEMLO1]

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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 [CDDISCU1]

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 [CDHOUS1]

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 [CDSOCIA1]

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.]

- 1 Yes

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

Module 29: Social Determinants of Health

MSDHE.01 [LSATISFY]

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 [EMTSUPRT]

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 [SDLONELY]

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 [SDHEMPLY]

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

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MSDHE.05 [FOODSTMP]

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 [SDHFOOD1]

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 [SDHBILLS]

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 [SDHUTILS]

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 [SDHTRNSP]

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 [HOWSAFE1]

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

State added: Sexual Violence [FORM A]

The following question asks about your experience of sexual violence & we understand that this can be a sensitive topic to discuss. 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, or thought you would be hurt or punished if you refused?"

- 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.

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

MACE.01 [ACEDEPRS]

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

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

MACE.02 [ACEDRINK]

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

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

MACE.03 [ACEDRUGS]

Did you live with anyone who used illegal street drugs or who abused prescription medications? 1

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

MACE.04 [ACEPRISN]

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

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

MACE.05 [ACEDIVRC]

Were your parents separated or divorced?

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

MACE.06 [ACEPUNCH]

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

- Read:**
- 1 Never
 - 2 Once

- 3 More than once

Don't Read:

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

MACE.07 [ACEHURT1]

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

MACE.08 [ACESWEAR]

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

MACE.09 [ACETOUCH]

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

MACE.10 [ACETTHEM]

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

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MACE.11 [ACEHVSEX]

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

MACE.12 [ACEADSAF]

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 [ACEADNED]

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
- 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,

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- 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

State Added: Arthritis [Form B]

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

SAARTH.01

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

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

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

SAARTH.02

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

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

SAARTH.03

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

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

- 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?

[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

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

- 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?

- 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?

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

State Added: Gambling Behavior [FORM B]

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
- 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: Substance Use

SAOUQ1

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.]

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

SAOUQ2

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

SAOUQ3

How many days within the last 30 days do you feel your life was negatively affected by your use of substances (such as legal/illegal drugs and/or alcohol)?

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

If you would like assistance or more information about substance use issues, please contact Your Life Iowa by visiting www.yourlifeiowa.org.

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: 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

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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.