

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

QUESTIONS/TOPIC AREA	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Advance Directive:													
Do you have a completed advance directive?										X			
Adverse Childhood Experience:													
Did you live with anyone who was depressed, mentally ill, or suicidal?											X	X	
Did you live with anyone who was a problem drinker or alcoholic?											X	X	
Did you live with anyone who used illegal street drugs or who abused prescription medications?											X	X	
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?											X	X	
Were your parents separated or divorced?											X	X	
How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?											X	X	
Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?											X	X	
How often did a parent or adult in your home ever swear at you, insult you, or put you down?											X	X	
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?											X	X	
How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?											X	X	
How often did anyone at least 5 years older than you or an adult, force you to have sex?											X	X	
Alcohol Consumption:													
In past month, how often had at least one alcoholic drink?	X	X	X	X	X	X	X	X	X	X	X	X	X
In past month, number of days per week or month that had at least one alcoholic drink?	X					X	X	X	X	X	X	X	X
On days drank, how many drinks did you have on average?	X	X	X	X	X	X	X	X	X	X	X	X	X
How many times in past 30 days, had 5 or more drinks on an occasion? Later changed to 5 (men) and 4(women)	X	X	X	X	X	X	X	X	X	X	X	X	X
How many times had 4 or more drinks on an occasion? (women only)				X									
In past month, largest number of drinks had on any occasion?						X	X	X	X	X	X	X	X
Doctor or other HCP ever talked with your about alcohol use?												X	
Alternative Medicine (CAM):													
In past 12 months, used any such alternative medicine or practice? (CAM)								X		X			
In past 12 months, taken high dose vitamins or herbal supplements?										X			
Discussed alternative health care or CAM with PCP?										X			
Arthritis/Joint Pain:													

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

QUESTIONS/TOPIC AREA	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Asthma - Adult:													
Ever told by a doctor you had asthma?	X	X	X	X	X	X	X	X	X	X	X	X	X
Still have asthma?	X	X	X	X	X	X	X	X	X	X	X	X	X
In past 12 months, doctor taught you to recognize early signs and symptoms of asthma attack?		X			X	X							
In past 12 months, doctor gave you written asthma plan?		X			X	X							
You and doctor worked out: ways to reduce asthma triggers, medicines to be taken regularly, medicines to be used in case of asthma attack, when to call doctor, when to go to emergency room.		X			X								
In past 12 months, number of times visited ER or urgent care center because of asthma?		X	X	X	X	X							
In past 12 months, had an asthma episode?			X	X	X	X							
Age first told have asthma?				X	X	X							
In past 12 months, number of times saw doctor for urgent treatment of your asthma?			X	X	X	X							
In past 12 months, number of times saw doctor for routine visit for your asthma?			X	X	X	X							
In past 12 months, number of days unable to work or carryout usual activities because of asthma?			X	X	X	X							
During the past 30 days how often have you had any asthma symptoms?				X	X	X							
During past 30 days how many days did asthma symptoms make it difficult to stay asleep?				X	X	X							
During the past 30 days how often taken asthma medication prescribed by a doctor?			X	X	X	X							
During past 30 days how often used prescription asthma inhaler during an asthma attack to stop it?						X							
Doctor ever told you asthma related to any job ever had?					X	X							
Ever told doctor asthma related to any job ever had?					X	X							

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

QUESTIONS/TOPIC AREA	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Childhood Obesity:													
On average how many hours per day does your child watch TV or use a computer for fun or video games?						X	X	X					
Doctor ever told you child is overweight?						X	X	X					
Cholesterol Awareness:													
Ever had your blood cholesterol checked?		X		X		X		X		X		X	
How long since last had blood cholesterol checked?		X		X		X		X		X		X	
Ever been told by a doctor that you had high blood cholesterol?		X		X		X		X		X		X	
In past 12 months, doctor ever told you to eat fewer high fat or high cholesterol foods?				X									
In past 12 months, doctor ever told you to eat more fruits and vegetables?				X									
In past 12 months, doctor ever told you be more physically active?				X									
Citizenship:													
Moved to US as immigrant or refugee within past 10 years?		X											
Cognitive Impairment:													
Has HCP ever said that you have, or another adult in your household 18 or older has Alzheimer's Disease or some other form of dementia?													X
Colorectal Cancer Screening:													
Doctor ever given you or immediate family member diagnosis of colon or rectal cancer?								X					
Doctor ever advised you to get screened for colon or rectal cancer?							X						
Ever had blood stool test using home kit?		X	X		X		X	X	X		X		X
How long since last blood stool test using home kit?		X	X		X		X	X	X		X		X
Ever had sigmoidoscopy or colonoscopy?		X	X		X		X	X	X		X		X
Was most recent exam sigmoidoscopy or colonoscopy?								X	X		X		X
How long since last sigmoidoscopy or colonoscopy?		X			X		X	X	X		X		X
COPD:													
Doctor ever told you had COPD? (some years distinguishes last year vs. not)			X	X	X	X		X	X			X	X

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

QUESTIONS/TOPIC AREA	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Demographics (continued):													
Body Mass Index - 3 levels category	X	X	X	X	X	X	X	X	X	X	X	X	
Risk factor for overweight or obese	X	X	X	X	X	X	X	X	X	X	X	X	
Income categories					X	X	X	X	X	X	X	X	
Level of education completed					X	X	X	X	X	X	X	X	
Preferred race category		X	X	X	X	X	X	X	X	X	X	X	
Multiracial race categorization		X	X	X	X	X	X	X	X	X	X	X	
Children in household					X	X	X	X	X	X	X	X	
Child multi-race categories													
Depression:													
Doctor ever told have a depressive disorder, including depression, major depression, dysthymia, or minor depression?												X	X
In past year, had two weeks or more where felt sad, blue or depressed or lost all interest in things that you really cared about or enjoyed?	X	X	X	X	X	X							
Had two or more years in life when felt depressed or sad most days, even if felt ok sometimes?	X	X	X	X	X	X							
Have you felt depressed or sad much of the time in the past year?	X	X	X	X	X	X							
How much of time in past week did you feel depressed?	X	X	X	X	X	X							
In the past year, gotten professional counseling or treatment for sadness or depression?			X	X									
In past 30 days, how many days felt blue, sad or depressed?				X	X	X							
In past 30 days, how many days felt worried, tense, or anxious?				X	X	X	X						
In past 30 days, how many days felt did not get enough rest or sleep?				X	X	X			X	X	X		
In past 30 days, how many days felt healthy and full of energy?				X	X	X							
In last two weeks, how many days had little interest or pleasure in doing things?							X		X		X		
In last two weeks, how many days felt down, depressed or hopeless?							X		X		X		
In last two weeks how many days had trouble falling asleep, staying asleep or sleeping too much?							X		X		X		
In last two weeks, how many days felt tired or had little energy?							X		X		X		
In last two weeks, how many days have you had a poor appetite or eaten too much?							X		X		X		
In last two weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?							X		X		X		
In last two weeks, how many days have you had trouble concentrating on things?							X		X		X		
In last two weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite, so fidgety and restless that moving around more than usual?							X		X		X		
Doctor ever told you that you have an anxiety disorder?							X		X		X		
Doctor every told you that you a depressive disorder?							X		X		X		

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

QUESTIONS/TOPIC AREA	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Exercise/Physical Activity:													
During the past month, participated in physical activities or exercise?	X	X	X	X	X	X	X	X	X	X	X	X	X
Type of physical activity or exercise participated in most? (Repeated add'l activity)	X											X	
How far usually walk/run/jog/swim? (repeated add'l activity)	X												
Times per week or month take part in this activity? (Repeated add'l activity)	X											X	
When participated, for how many minutes or hours kept at it? (Repeated add'l activity)	X											X	
Another physical activity participated in during last month? (Repeated add'l activities)	X												
During past month, times per week or month participated in activities to strengthen muscles (not aerobic activities)?												X	
Amount of physical activity at work		X		X		X	X	X		X			
In usual week, participate in moderate physical activities for at least 10 minutes at a time?		X		X		X	X	X		X			
Times per week do moderate activities for at least 10 minutes?		X		X		X	X	X		X			
On days do moderate activities, how much total time per day spend doing them?		X		X		X	X	X		X			
Meets moderate physical activity recommendations				X		X	X	X		X			
In usual week, participate in vigorous activities for at least 10 minutes at a time?		X		X		X	X	X		X			
Times per week do vigorous activities for at least 10 minutes?		X		X		X	X	X		X			
On days do vigorous activities, how much total time per day spend doing them?		X		X		X	X	X		X			
Meets vigorous physical activity recommendations				X		X	X	X		X			
Falls:													
In past 3 months, had a fall?				X			X		X	X	X		X
Injured in fall?				X			X		X		X		X
In past 12 months, fallen to ground? (Limited 60+)		X	X	X	X	X	X	X					
In past 3 months, number of times fallen										X			

QUESTIONS/TOPIC AREA	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Hunger:													
How frequently eat less than feel you should because there isn't enough food or enough money to buy food?	X	X	X	X	X		X						
Hypertension Awareness:													
Ever been told by a doctor that you had high blood pressure?		X		X		X		X		X		X	
Current taking medicine for your high blood pressure?		X		X		X		X		X		X	
Immunization - Adult:													
In past 12 month had flu shot?	X	X	X	X	X	X	X	X	X	X		X	X
Month and year got most recent flu shot							X		X	X		X	X
In past 12 months, had flu vaccine that was sprayed in your nose?					X	X	X	X	X	X		X	X
Month and year got most recent flu vaccine that was sprayed in nose										X		X	X
Where did you get last flu shot?			X		X	X						X	
Main reason not gotten flu vaccination for current flu season?							X						
Ever had pneumonia shot?	X	X	X	X	X		X	X	X	X		X	X
Ever heard anything about pneumonia vaccine?									X				
How did you hear about the pneumonia vaccine?									X				
Has health care provider ever advised you to get a pneumonia vaccine?									X				
Ever had hepatitis B vaccine?							X	X					
Any of the following statements apply to you with regards to hepatitis B? Have hemophilia, taken IV drugs, sex for money/drugs, tested positive for HIV, had sex with someone who would say "yes" to any of these questions, more than two sex partners in the last year							X	X					
Doctor ever said you have any of the following: lung problems, heart problems, diabetes, kidney problems, sickle cell anemia or other anemia, or weakened immune system,?							X						
Do you still have any of the [above] problems?							X						
Currently work or volunteer in health care facility?							X			X		X	
Do you have direct face-to-face contact with patients in routine work?							X			X		X	
Ever had shingles vaccine?										X			X
Immunization - Child:													
In past 12 months, has child had a flu shot? (wording different in 2006)						X	X	X	X				
In past 12 months, has child had flu vaccine sprayed in their nose?						X		X	X				
Month and year child got most recent flu vaccination?							X						
Doctor ever said child has any of the following: lung problems, heart problems, diabetes, kidney problems, sickle cell anemia or other anemia, weakened immune system, or must take aspirin every day?							X						
Does child still have any of the [above] problems?							X						
Main reason child not had flu vaccination for the current flu season?							X						

BRFSS Core and Optional (including state-added) Questions - 2000-2015

X indicates included on the survey

QUESTIONS/TOPIC AREA	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Oral Health:													
How long since visited dentist for any reason?	X		X		X		X		X		X		X
Number of permanent teeth removed because of tooth decay or gum disease?	X		X		X		X		X		X		X
How long since had teeth cleaned?	X		X		X		X		X		X		X
Main reason not visited dentist last year?	X												
Have any insurance that covers some or all of your routine dental care?	X												
Reason did not get dental care in last year?													X
What kind of dental care coverage do you use to pay for dental care?													X
Do you have one place that you go for regular dental care?													X
Osteoporosis:													
Doctor ever talked with you about preventing osteoporosis or its complications through lifestyle changes?	X												
Doctor ever told you had osteoporosis? (some years distinguishes last year vs. not)		X	X	X	X		X	X					
Palliative Care:													
In past two years, did member of your family have a terminal illness for which they received palliative care?											X		
Thinking about that family member's palliative care experience, on a scale of 1 (worst) to 10 (best) rate following aspects of palliative care for adequacy and appropriateness: Communication by the healthcare providers about the illness, treatment options, and support for services available.											X		
Thinking about that family member's palliative care experience, on a scale of 1 (worst) to 10 (best) rate following aspects of palliative care for adequacy and appropriateness: Control of the patient's symptoms											X		
Thinking about that family member's palliative care experience, on a scale of 1 (worst) to 10 (best) rate following aspects of palliative care for adequacy and appropriateness: Emotional support for patient and family.											X		
Did the palliative care improve the quality of your terminally ill family member's life?											X		
Parkinson's Disease:													
Doctor ever told you have Parkinson's disease? (some years distinguishes last year vs. not)		X		X	X								
Prescription Drugs:													
Ever used prescription drug without your own prescription from a doctor?								X	X	X	X	X	X
Ever used a prescription drug in greater amounts or more often than prescribed for any reason other than prescribed?								X	X	X	X		
In past 30 days, how many days used a prescription drug without own prescription?								X	X	X	X	X	X

QUESTIONS/TOPIC AREA	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
In past 30 days, how many days used prescription drug in greater amounts or more often than prescribed or for any reason other than as prescribed?								X	X	X	X		
Preventive Counseling:													
Doctor ever talked with you about your diet or eating habits?				X									
Doctor ever talked with you about physical activity or exercise?				X									
Doctor ever talked with you about alcohol use?				X									
Prostate Cancer Screening:													
Ever had a PSA test?		X	X		X		X		X		X		X
How long since last PSA test?		X	X		X		X		X		X		X
Ever had digital rectal exam?		X	X		X		X		X		X		X
How long since last digital rectal exam?		X	X		X		X		X		X		X
Ever told by doctor that you have prostate cancer?		X	X		X		X		X		X		X
Father, brother, son or grandfather ever told by doctor have prostate cancer?		X											
Doctor ever discussed benefits and risks of prostate cancer screening and/or treatment?											X		
Radon:													
Household air ever tested for radon gas?			X	X	X					X			
Has radon reduction/mitigation system been installed in your home?										X			
Random Child Selection:													
Birth month and year of [selected] child?						X	X	X	X	X	X	X	
Is child boy or girl?						X	X	X	X	X	X	X	
Is child hispanic or latino?						X	X	X	X	X	X	X	
Child's race (multiple and preferred)?						X	X	X	X	X	X	X	
Adult's (respondent) relationship to child?						X	X	X	X	X	X	X	
Reactions to Race:													
In past 12 months, when seeking healthcare, feel your experiences were worse than, the same as, or better than those for people of other races?									X	X			
In past 30 days, experienced ad physical symptoms, as a result of how you were treated based on your race?									X	X			
Reason for Participating in BRFSS:													
Which of the following best describes your decision...		X											
Seat Belts:													
How often use seatbelts when drive or ride in car?			X				X	X	X		X		

QUESTIONS/TOPIC AREA	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Sexual Violence:													
Option to skip sexual violence questions						X							
In past 12 months, anyone exposed you to unwanted sexual situations not involving physical touching?						X							
In past 12 months, anyone touched sexual parts of your body without your consent?						X							
In past 12 months, anyone attempted to have sex with you without your consent, but sex did not occur?						X							
In past 12 months, anyone had sex with you without your consent?						X							
At time of most recent incident, what was your relationship to the person who had sex/attempted to have sex with you without your consent?						X							
Was person who did this male or female?						X							
Has anyone ever attempted to have sex with you without your consent, but sex did not occur?						X							
Has anyone ever had sex with you without your consent?						X							
Skin Cancer Prevention:													
Use of skin cancer prevention methods when in sun for more than an hour - sunscreen, stay in shade, wear protective clothing? (Broken in to three y/n variables in 2001)		X					X						
Used tanning booth in last 12 months?		X					X						
Social Support:													
How often do you get the social and emotional support you need?				X	X	X	X	X	X	X	X		X
How satisfied are you with your life?						X	X	X	X	X	X		
Suicide:													
Past 12 months, ever seriously considered attempting suicide?		X	X	X	X	X	X						
Past 12 months, how many times actually attempted suicide?		X	X	X	X	X	X						
Sun Exposure:													
Had sunburn in last 12 months?				X	X						X		
How many sunburns have you had in last 12 months?				X	X								
Tetanus Diphtheria:													
Have you received tetanus shot in past 10 years?										X			X
Was most recent tetanus shot given in 2005 or later?										X			X
Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?										X			X

