

BRFSS Core and Optional (including state-added) Questions - 2000-2022

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
Depression	In past 30 days, how often did you feel worthless?								X		X														
Depression	In past 30 days, how many days did emotions or feelings keep you from doing your work or other usual activities?								X		X														
Depression	Now taking medication or receiving treatment from doctor for any type of mental health condition or emotional problem?								X		X														
Depression	How much agree with: treatment can help people with mental illness lead normal lives?								X		X														
Depression	How much agree with: people are generally caring and sympathetic to people with mental illness?								X		X														
Diabetes	Ever told by a doctor you have diabetes?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Diabetes	Age first told have diabetes?	X	X	X	X	X	X	X	X	X	X	X		X		X	X	X	X	X	X	X	X	X	X
Diabetes	According to your doctor or other health professional, what type of diabetes do you have?																							X	
Diabetes	Now taking insulin?	X	X	X	X	X	X	X	X	X	X	X		X			X		X						X
Diabetes	Now taking diabetes pills?	X	X	X	X	X	X	X	X																
Diabetes	How often do you check your blood for glucose or sugar?	X	X	X	X	X	X	X	X	X	X	X		X			X		X			X	X		
Diabetes	How often do you check your feet for sores or irritations?	X	X	X	X	X	X	X	X	X	X	X		X			X		X						
Diabetes	Ever had any sores or irritations on your feet that took more than four weeks to heal?	X	X	X	X	X	X	X	X																X
Diabetes	How many times in past year seen doctor for your diabetes?	X	X	X	X	X	X	X	X	X	X	X		X			X		X						
Diabetes	How many times in past year has doctor checked your hemoglobin for A1C?	X	X	X	X	X	X	X	X	X	X	X		X			X		X			X	X		X
Diabetes	How many times in past year has doctor checked your feet for sores or irritations?	X	X	X	X	X	X	X	X	X	X	X		X			X		X			X	X		
Diabetes	Last time had an eye exam in which pupils were dilated?	X	X	X	X	X	X	X	X	X	X	X		X			X		X			X	X		X
Diabetes	When was the last time a doctor, nurse, or other health professional took a photo of the back of your eye with a specialized camera?																								X
Diabetes	Doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	X	X	X	X	X	X	X	X	X	X	X		X			X		X						

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Disability	In past 30 days, how many days did pain make it hard for you to do usual activities?	X			X		X	X																
Disability	Because of health problem, need help of other persons for personal care needs?		X	X	X	X		X																
Disability	Who usually helps with your personal care needs?		X	X	X																			
Disability	Adequacy of assistance to meet personal care needs?			X	X																			
Disability	Because of health problem, need help of other persons for routine needs?		X	X	X																			
Disability	Who usually helps with your routine needs?		X	X	X																			
Disability	Adequacy of assistance receive to meet routine needs?		X	X	X																			
Drinking and Driving	In past month, how many times driven when had too much to drink?	X	X	X	X	X	X	X	X	X		X		X		X		X		X				
Drinking and Driving	In past month, how many times have you ridden with a driver who had perhaps too much to drink?				X																			
Drinking and Driving	How likely is someone to be stopped by police for driving after having too much to drink?	X	X	X		X																		
Drinking and Driving	Calculated: Drove after having too much to drink, in last 30 days																	X		X				
E-Cigarettes	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in our entire life?																	X	X					
E-Cigarettes	Do you now use e-cigarettes and other electronic vaping products every day, some days, or not at all?																	X	X				X	
E-Cigarettes	Calculated: 4-level E-cigarette user status																	X	X					X
E-Cigarettes	Calculated: Current E-cigarette user status																	X	X					
Environmental Factors	In past 12 months, had illness or symptom that you think was caused by the air inside a home, office, or other building?					X																		
Environmental Factors	In past 12 months, had an illness or symptom that you think was caused by pollution in the air outdoors?					X																		
Environmental Factors	In the past 12 months, did you have an illness or symptom that was caused or made worse by air quality, mold, pests, furnishings, or excessive heat or cold inside of your home?																					X		

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Folic Acid	How often do you take this vitamin or supplement?					X		X		X	X													
Folic Acid	Reason health experts recommend women take folic acid?					X		X		X	X													
Folic Acid	How many times a week currently take multivitamin, prenatal vitamin, or folic acid vitamin?													X	X			X						
Food and Housing Security	In the past year have you ever worried that you or someone else in your household would NOT have enough food to eat?																			X		X		
Food and Housing Security	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more?																							X
Food and Housing Security	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?																			X		X		X
Food and Housing Security	During the last 12 months was there a time when an electric, gas, oil or water company threatened to shut off services?																							X
Food and Housing Security	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																
Fruits and Vegetables	How often drink fruit juices?	X		X	X		X		X		X		X		X				X		X		X	
Fruits and Vegetables	Not counting juice, how often do you eat fruit?	X		X	X		X		X		X		X		X				X		X		X	
Fruits and Vegetables	How often eat green salad?	X		X	X		X		X		X													
Fruits and Vegetables	How often eat potatoes?	X		X	X		X		X		X													
Fruits and Vegetables	How often eat carrots?	X		X	X		X		X		X													
Fruits and Vegetables	Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?	X		X	X		X		X		X													
Fruits and Vegetables	How often eat cooked or canned beans?												X		X		X							
Fruits and Vegetables	How often eat dark green vegetables?												X		X		X							

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Oral Health	Calculated: Adults that have visited a dentist/dental hygienist/clinic			X		X		X		X		X		X		X		X		X		X		X
Oral Health	Calculated: Risk factor for having had permanent teeth extracted			X		X		X		X		X		X		X		X		X		X		X
Osteoporosis	Doctor ever talked with you about preventing osteoporosis or its complications through lifestyle changes?	X																						
Osteoporosis	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												
Palliative Care	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												
Palliative Care	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												
Palliative Care	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												
Palliative Care	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	X		X		X					
Prescription Drugs	Ever used a prescription drug in greater amounts or more often than prescribed for any reason other than prescribed?								X	X	X	X												
Prescription Drugs	In past 30 days, how many days used a prescription drug without own prescription?								X	X	X	X	X	X	X		X		X					

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Women's Health	Was last mammogram done as part of routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?	X																						
Women's Health	Was your last mammogram done to check a possible problem (if had multiple, worded as either of you last two)				X																			
Women's Health	How long before last mammogram was previous one done?				X																			
Women's Health	Ever had clinical breast exam?	X		X	X	X	X	X		X		X		X		X								
Women's Health	How long since last breast exam?	X		X	X	X	X	X		X		X		X		X								
Women's Health	Was last breast exam done as part of routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?	X																						
Women's Health	Had a hysterectomy?	X		X	X	X		X		X		X		X		X		X		X		X		X
Women's Health	Ever had a Pap smear?	X		X	X	X	X	X		X		X		X		X		X		X		X		X
Women's Health	How long since last Pap smear?	X		X	X	X	X	X		X		X		X		X		X		X		X		
Women's Health	Was your last PAP smear done as part of a routine exam, or to check a current or previous problem?	X																						
Women's Health	Ever had a cervical cancer screening test?																							X
Women's Health	How long since last cervical cancer screening test?																							X
Women's Health	At most recent cervical cancer screening, did you have an HPV test?																							X
Women's Health	Ever had HPV test?																	X		X		X		
Women's Health	How long has it been since you had your last HPV test?																	X		X		X		
Women's Health	Women 30-65 who have had HPV screening in past 3 years																	X						
Women's Health	Ever had one or both ovaries removed?			X																				
Women's Health	In past 30 days, taken any medication prescribed by doctor as hormone replacement therapy?			X																				
Women's Health	Calculated: Women respondents aged 50+ that have had mammogram in last two years							X		X		X		X		X								
Women's Health	Calculated: Women respondents aged 50-74 that have had mammogram in last two years															X		X		X		X		X

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Women's Health	Calculated: Women 40+ no mammogram in past two years			X		X		X		X		X		X		X		X		X		X		X
Women's Health	Calculated: Women 18+ No pap test in past three years			X		X		X		X		X		X										
Women's Health	Calculated: Women 21-65 No pap test in past three years															X		X		X		X		X
Women's Health	Calculated: Women 21-65 meet cervical cancer screening recommendations (PAP and HPV)																	X						