

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

X indicates inclusion on the survey

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Adverse Childhood Experience	Did you live with anyone who was depressed, mentally ill, or suicidal?	X														
Adverse Childhood Experience	Did you live with anyone who was a problem drinker or alcoholic?	X														
Adverse Childhood Experience	Did you live with anyone who used illegal street drugs or who abused prescription medications?	X														
Adverse Childhood Experience	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	X														
Adverse Childhood Experience	Were your parents separated or divorced?	X														
Adverse Childhood Experience	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	X														
Adverse Childhood Experience	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														
Adverse Childhood Experience	How often did a parent or adult in your home ever swear at you, insult you, or put you down?	X														
Adverse Childhood Experience	How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	X														
Adverse Childhood Experience	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	X														
Adverse Childhood Experience	How often did anyone at least 5 years older than you or an adult, force you to have sex?	X														
Adverse Childhood Experience	Calculated: ACE Scale (1-8 adverse childhood experiences)	X														
Adverse Childhood Experience	Calculated: ACE Categories (Collapsed version of ACE Scale)	X														
Alcohol Consumption	In past month, had at least one alcoholic drink?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Consumption	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	X	X	X	X	X	X
Alcohol Consumption	On days drank, how many drinks did you have on average?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Consumption	How many times in past 30 days, had X or more drinks on an occasion?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Consumption	In past month, largest number of drinks had on any occasion?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Consumption	Calculated: Drink occasions per day	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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Alcohol Consumption	Calculated: Number of alcohol drinks per day	X	X	X	X											
Alcohol Consumption	Calculated: Number of alcohol drinks per week					X	X	X	X	X	X	X	X	X	X	X
Alcohol Consumption	Calculated: Number of alcohol drinks per month	X	X	X	X											
Alcohol Consumption	Calculated: Heavy drinking risk factor	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Consumption	Calculated: Heavy drinking among men risk factor	X	X	X	X	X	X	X	X	X	X					
Alcohol Consumption	Calculated: Heavy drinking among females risk factor	X	X	X	X	X	X	X	X	X	X					
Alcohol Consumption	Calculated: Risk factor binge drinking	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Use and Driving	In past month, how many times driven when had too much to drink?		X		X		X		X		X			X		
Alcohol Use and Driving	Calculated: Drove after having too much to drink, in last 30 days						X		X		X			X		
Alcohol Interactive Medications	In the past 30 days, how many days did you take prescribed medications for pain, sleep, or anxiety?								X		X		X			
Alcohol Screening	At last checkup (limited to those with checkup in last 2 years) were you asked in person or on a form if you drink alcohol?	X			X		X		X		X					X
Alcohol Screening	Were you offered advice about what level of drinking is harmful or risky for your health?				X		X		X		X					X
Antibiotic Overuse	When prescribed an antibiotic, do you take it until it is gone?				X	X										
Arthritis/Joint Pain	Now limited in any way in any activities because of joint symptoms?	X		X		X		X		X		X				
Arthritis/Joint Pain	Ever been told by doctor that had arthritis?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Arthritis/Joint Pain	Arthritis or joint symptoms affect whether you work, type of work do, or amount of work do?	X		X		X		X		X		X				
Arthritis/Joint Pain	In past month, extent that arthritis or joint symptoms interfered with normal social activities?	X		X		X		X								
Arthritis/Joint Pain	In past month, how bad was joint pain on average?	X		X		X		X		X		X				
Arthritis/Joint Pain	Doctor ever suggested physical activity or exercise to help with arthritis or joint symptoms?									X		X			X	X
Arthritis/Joint Pain	Ever taken educational course on how to manage problems related to arthritis or joint symptoms?									X		X				X
Arthritis/Joint Pain	Calculated: Arthritis or joint symptoms affect whether you work, type of work do, or amount of work do?			X		X		X		X		X				
Arthritis/Joint Pain	Calculated: Arthritis or joint symptoms affect interfered with normal social activities			X		X		X								

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Arthritis/Joint Pain	Calculated: Arthritis or joint symptoms limit normal activities			X		X		X		X		X				
Arthritis/Joint Pain	Calculated: Respondent diagnosed with arthritis	X	X	X	X	X		X		X		X	X	X		
Asthma-Adult	Ever told by a doctor you had asthma?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma-Adult	Still have asthma?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma-Adult	Calculated: Computed asthma status (Current, Former, Never)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma-Adult	Calculated: Risk factor for current asthma prevalence	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma-Adult	Calculated: Risk factor for lifetime asthma prevalence	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma-Child	Randomly selected child has asthma?	X		X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma-Child	Randomly selected child still has asthma?	X		X	X	X	X	X	X	X	X	X	X	X	X	X
Cancer	Ever told by doctor that you had skin cancer?	X	X	X	X	X	X	X	X	X	X	X				
Cancer	Ever told by doctor that you had skin cancer that is not melanoma?												X	X	X	X
Cancer	Ever told by doctor that you had any other types of cancer?	X	X	X	X	X	X	X	X	X	X	X				
Cancer	Ever told by doctor that you had any melanoma or any other types of cancer?												X	X	X	X
Cancer	Number of types of cancer had?		X								X		X			
Cancer	Age first told you had cancer?		X								X		X			
Cancer	What is most recent type of cancer you've had?		X								X		X			
Cancer	Was your cancer basal cell or squamous cell skin cancer?		X	X	X											
Cancer	Currently receiving treatment for cancer?		X								X		X			
Cancer	What type of doctor do you think of as your personal HCP?		X								X		X			
Cancer	Any doctor, nurse or health professional ever give you written summary of all the treatments you received?		X								X		X			
Cancer	Ever received instructions from doctor about where you should return or who you should see for routine cancer check-ups after completing treatment?		X								X		X			
Cancer	Were these instructions written down or printed on paper for you?		X								X		X			
Cancer	With most recent diagnosis of cancer, did you have health insurance that paid for all or part of treatment?		X								X		X			
Cancer	Ever denied health or life insurance because of your cancer?		X								X		X			

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Cancer	Participate in clinical trial as part of your cancer treatment?		X								X		X			
Cancer	Do you have physical pain caused by your cancer or treatment?		X								X		X			
Cancer	Is your pain currently under control?		X								X		X			
Cannabis Use	Ever used marijuana?	X														
Cannabis Use	In past 30 days, how many days used marijuana or cannabis?	X	X	X		X	X	X	X	X	X	X	X	X	X	X
Cannabis Use	In past 30 days, did you smoke it (for example in a joint, bong, pipe, or blunt)?												X	X	X	X
Cannabis Use	In past 30 days, did you eat or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?												X	X	X	X
Cannabis Use	In past 30 days, did you vaporize it (for example in an e-cigarette-like vaporizer or another vaporizing device)?												X	X	X	X
Cannabis Use	In past 30 days, did you dab it (for example, using a dabbing rig, knife, or dab pen)?												X	X	X	X
Cannabis Use	In past 30 days, did you use it in some other way?													X	X	X
Cannabis Use	In past 30 days, in which way did you use marijuana most often?							X	X	X	X	X	X	X	X	X
Cannabis Use	When you used marijuana during the past 30 days, was it usually...										X	X	X	X	X	X
Cannabis Use and Driving	In past 30 days, how many times drove car within 3 hours of using marijuana?						X	X	X	X		X	X	X	X	X
Cannabis Use and Driving	In past 30 days, how many times drove car when using marijuana?		X	X		X										
Cannabis Screening	At last checkup (limited to those with checkup in last 2 years) were you asked in person or on a form if you use marijuana or cannabis?															X
Cardiovascular Disease	Ever told had a heart attack, also called a myocardial infarction?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cardiovascular Disease	Ever told had angina or coronary heart disease?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cardiovascular Disease	Ever told had a stroke?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cardiovascular Disease	Calculated: Ever reported having coronary heart disease (CHD) or myocardial infarction (MI)					X	X	X	X	X	X	X	X	X	X	X

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Caregiving	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?											X				X
Caregiving	What is his or her relationship to you?											X				X
Caregiving	For how long have you provided care for that person?											X				X
Caregiving	In an average week, how many hours do you provide care or assistance?											X				X
Caregiving	What is the main health problem, long-term illness, or disability that the person you care for has?											X				X
Caregiving	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?											X				X
Caregiving	In the past 30 days, did you provide <u>regular care</u> for this person by helping with nursing or medical tasks such as injections, wound care or tube feedings?															X
Caregiving	In the past 30 days, did you provide care for this person by managing <u>personal care</u> such as giving medications, feeding, dressing, or bathing?											X				X
Caregiving	In the past 30 days, did you provide care for this person by managing <u>household tasks</u> such as cleaning, managing money, or preparing meals?											X				X
Caregiving	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?											X				
Cholesterol Awareness	Ever had your blood cholesterol checked?	X		X		X										
Cholesterol Awareness	How long since last had cholesterol checked?	X		X		X		X		X		X		X		X
Cholesterol Awareness	Ever been told by a doctor that you had high blood cholesterol?	X		X		X		X		X		X		X		X
Cholesterol Awareness	Currently taking medicine prescribed by a doctor or other health professional for your cholesterol?							X		X		X		X		X
Cholesterol Awareness	Calculated: High cholesterol risk factor	X		X		X		X		X		X		X		X
Cholesterol Awareness	Calculated: Cholesterol check within last five years	X		X		X		X		X		X		X		X
Cognitive Impairment/Decline	In past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?			X			X				X		X		X	
Cognitive Impairment/Decline	Are you worried about these difficulties with thinking or memory?														X	

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Cognitive Impairment/Decline	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?														X	
Cognitive Impairment/Decline	During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?						X				X		X			
Cognitive Impairment/Decline	As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?						X				X		X			
Cognitive Impairment/Decline	When you need help with these day-to-day activities, how often are you able to get the help that you need?						X				X		X			
Cognitive Impairment/Decline	During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?			X			X				X		X			
Cognitive Impairment/Decline	During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?														X	
Cognitive Impairment/Decline	Have you or anyone else discussed your confusion or memory loss with a health care professional?						X				X		X		X	
Cognitive Impairment/Decline	During past 12 months, how often have you given up household activities or chores you used to do, because of confusion or memory loss that is happening more often or is getting worse?			X												
Cognitive Impairment/Decline	As a result of your confusion or memory loss, in which of the following four areas do you need the most assistance?			X												
Cognitive Impairment/Decline	During the past 30 days, how often has a family member or friend provided any care or assistance for you because of confusion or memory loss?			X												
Cognitive Impairment/Decline	Has anyone discussed with a health care professional, increases in your confusion or memory loss?			X												
Cognitive Impairment/Decline	Have you received treatment such as therapy or medications for confusion or memory loss?			X												

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Cognitive Impairment/Decline	Has a health care professional ever said that you have Alzheimer's disease or some other form of dementia?			X												
Cognitive Impairment/Decline	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	Ever had sigmoidoscopy or colonoscopy?		X		X		X		X				X		X	
Colorectal Cancer Screening	How long since last sigmoidoscopy or colonoscopy?		X		X		X		X				X		X	
Colorectal Cancer Screening	Have you had a colonoscopy, a sigmoidoscopy or both?												X		X	
Colorectal Cancer Screening	Ever had colonoscopy?										X					
Colorectal Cancer Screening	Ever had sigmoidoscopy?										X					
Colorectal Cancer Screening	How long since last colonoscopy?										X		X		X	
Colorectal Cancer Screening	How long since last sigmoidoscopy?										X		X		X	
Colorectal Cancer Screening	Was most recent exam sigmoidoscopy or colonoscopy?		X		X		X		X							
Colorectal Cancer Screening	Ever had virtual colonoscopy?										X		X		X	
Colorectal Cancer Screening	How long since last CT colonography or virtual colonoscopy?										X		X		X	
Colorectal Cancer Screening	Ever had blood stool test or FIT using home kit?		X		X		X		X		X		X		X	
Colorectal Cancer Screening	How long since last blood stool test or FIT using home kit?		X		X		X		X		X		X		X	
Colorectal Cancer Screening	Was blood stool test or FIT conducted as part of a Cologuard test?												X		X	
Colorectal Cancer Screening	Ever had stool DNA (entire bowel movement) test?										X		X		X	
Colorectal Cancer Screening	How long since last stool DNA (entire bowel movement) test?										X		X		X	
Colorectal Cancer Screening	Ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?												X		X	
Colorectal Cancer Screening	Calculated: Respondents 50+ never had sigmoid/colonoscopy		X		X											
Colorectal Cancer Screening	Calculated: Respondents 50+ not had blood stool test in past 2 yrs		X		X											
Colorectal Cancer Screening	Calculated: Respondents 50-75 who had blood stool test in past yr				X											
Colorectal Cancer Screening	Calculated: Respondents 50-75 who had colonoscopy in past 10 yrs						X		X		X					

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Colorectal Cancer Screening	Calculated: Respondents 50-75 who had blood stool test in past 3 yrs and sigmoidoscopy in last 5 yrs						X		X		X					
Colorectal Cancer Screening	Calculated: Respondents 50-75 who had sigmoidoscopy in past 5 yrs						X		X		X					
Colorectal Cancer Screening	Calculated: Respondents 50-75 who had blood stool test in past 3 yrs						X		X		X					
Colorectal Cancer Screening	Calculated: Respondents 50-75 who had sigmoidoscopy in past 10 yrs and blood stool test in past yr										X					
Colorectal Cancer Screening	Calculated: Respondents 50-75 who meet USPSTF recommendations on colorectal cancer screening				X		X		X		X					
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had sigmoidoscopy in past 10 yrs and blood stool test in past yr												X			
Colorectal Cancer Screening	Calculated: Respondents 45-75 who meet USPSTF recommendations on colorectal cancer screening												X			
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had sigmoidoscopy within past 5 yrs												X			
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had sigmoidoscopy within past 10 yrs												X			
Colorectal Cancer Screening	Calculated: Had sigmoidoscopy												X			
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had virtual colonoscopy within past 5 yrs												X			
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had colonoscopy within past 10 yrs												X			
Colorectal Cancer Screening	Calculated: Had colonoscopy												X			
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had blood stool test within past yr												X			
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had stool DNA test within past 3 yrs												X			
COPD	Doctor ever told you had COPD?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
COPD	During past month, limited your usual activities due to shortness of breath?															X
COVID: Long-term Effects	Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID-19?												X			

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COVID: Long-term Effects	Have you ever tested positive for COVID-19 (using home test) or been told by a health care provider that you have or had COVID-19?													X		
COVID: Long-term Effects	Did you have any symptoms lasting 3 months or longer that you did not have prior to having COVID-19?												X	X		
COVID: Long-term Effects	Which of the following was the primary symptom that you experienced? Was it...												X			
COVID: Long-term Effects	Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?													X		
COVID: Vaccination	Have you had a COVID-19 vaccination?											X				
COVID: Vaccination	Have you received at least one dose of a COVID-19 vaccination?													X		
COVID: Vaccination	Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?											X		X		
COVID: Vaccination	How many COVID-19 vaccinations have you received?											X		X		
COVID: Vaccination	Which of the following best describes your intent to take the recommended COVID vaccinations...											X				
COVID: Vaccination	During what month and year did you receive your first COVID-19 vaccination?											X				
COVID: Vaccination	During what month and year did you receive your second COVID-19 vaccination?											X				
Demographics: Main	Age	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Gender - Are you male or female?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Gender (Screening Q) - Are you male, female, unspecified or another gender identity?										X	X	X	X	X	
Demographics: Main	What was your sex at birth? Was it male or female?									X	X	X	X	X	X	X
Demographics: Main	Calculated: Sex (utilizes sex at birth question, or if unknown, gender screening question)									X	X	X	X	X	X	X
Demographics: Main	Children in household, total under 18	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Calculated: Children in household	X	X	X	X	X	X	X	X	X	X	X	X	X		
Demographics: Main	Own or rent home?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Marital status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Currently pregnant?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Ever served on active duty in US Armed Forces?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Education level	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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Demographics: Main	Calculated: Level of education completed	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Household income	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Employment status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: BMI	Weight without shoes?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: BMI	About how tall without shoes?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: BMI	Calculated: Body Mass Index	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: BMI	Calculated: Risk factor for overweight or obese	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Geography	County of residence	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Geography	Zip code	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Geography	Town of residence	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Geography	In what town is your primary care doctor's office?	X	X	X	X	X	X	X	X							
Demographics: Geography	VT Calculated: District Office	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Geography	VT Calculated: Hospital Service Area (HSA)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Geography	VT Calculated: Rural/Urban Commuting Areas, Categorization A (4 classifications)											X	X	X	X	X
Demographics: Geography	VT Calculated: Rural/Urban Commuting Areas, Categorization A (3 classifications)											X	X	X	X	X
Demographics: Industry/Occupation	Industry: What kind of business or industry do you work in/did you work in?				X					X			X			
Demographics: Industry/Occupation	Industry recoded to NHIS simple codes				X					X			X			
Demographics: Industry/Occupation	Industry recoded to NHIS detailed codes									X			X			
Demographics: Industry/Occupation	Occupation: What kind of work do you do/did you do?				X					X			X			
Demographics: Industry/Occupation	Occupation recoded to NHIS simple codes				X					X			X			
Demographics: Industry/Occupation	Occupation recoded to NHIS detailed codes									X			X			
Demographics: Internet/Phone	Have you used the internet in the past 30 days?			X	X	X	X	X	X							
Demographics: Internet/Phone	More than one telephone number in household?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Internet/Phone	Number of residential telephone numbers?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Internet/Phone	Do you share a cell phone (at least 1/3 of the time) for personal use with other adults?	X														
Demographics: Internet/Phone	Do you usually share this cell phone (at least 1/3 of the time) with any other adults?	X														

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

X indicates inclusion on the survey

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Demographics: Internet/Phone	Number of adults in household currently use cell phone for any purpose		X													
Demographics: Internet/Phone	What percent, between 0 and 100, are received on your cell phone?	X	X	X												
Demographics: Internet/Phone	Have cell phone for personal use?	X	X	X	X	X	X									
Demographics: Internet/Phone	How many cell phones do you have for personal use?							X	X	X	X	X	X	X	X	X
Demographics: Race/Ethnicity	VT Calculated: Race/ethnicity	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Race/Ethnicity	VT Calculated: Race/ethnicity - 7 Categories	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Race/Ethnicity	Calculated: Preferred race category	X	X	X	X	X	X	X	X	X	X	X	X			
Demographics: Race/Ethnicity	Calculated: Race, no ethnicity indicated	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Race/Ethnicity	Calculated: Race, with ethnicity and multiple races indicated	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Race/Ethnicity	Calculated: Race, detailed races, no ethnicity indicated			X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Race/Ethnicity	Ethnicity - Are you Hispanic or Latino?	X	X													
Demographics: Race/Ethnicity	Ethnicity - Are you Hispanic, Latino/a, or Spanish origin? (multiple response allowed)			X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Race/Ethnicity	VT Calculated: Ethnicity - Hispanic, Latino/a, or Spanish origin (multiple responses collapsed)			X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Race/Ethnicity	Calculated: Ethnicity - Hispanic, Latino/a, or Spanish origin			X	X	X	X	X	X	X	X	X	X	X	X	X
Depression	Doctor ever told have a depressive disorder, including depression, major depression, dysthymia, or minor depression?	X	X	X	X	X	X	X	X	X	X	X	X	X	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
Diabetes	Age first told have diabetes?		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		X	
Diabetes	Now taking insulin?		X			X		X					X		X	
Diabetes	How often do you check your blood for glucose or sugar?		X			X		X		X	X					
Diabetes	How often do you check your feet for sores or irritations?		X			X		X								
Diabetes	Ever had any sores or irritations on your feet that took more than four weeks to heal?												X		X	
Diabetes	How many times in past year seen doctor for your diabetes?		X			X		X								

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

X indicates inclusion on the survey

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Diabetes	How many times in past year has doctor checked your hemoglobin for A1C?		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					
Diabetes	Last time had an eye exam in which pupils were dilated?		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		X	
Diabetes	Doctor ever told you that diabetes has affected your eyes or that you had retinopathy?		X			X		X								
Diabetes	When was the last time you took a course or class in how to manage your diabetes yourself?												X		X	
Diabetes	Ever taken course in how to manage your diabetes?		X			X		X			X					
Diabetes (pre)	Had a test for high blood sugar or diabetes within the past 3 years?		X		X			X		X		X				
Diabetes (pre)	When was the last time you had a test for high blood sugar or diabetes?													X		X
Diabetes (pre)	Ever attended a lifestyle change program, such as the diabetes prevention program, in order to improve your health or prevent diabetes?							X		X		X		X		X
Diabetes (pre)	Ever told by a doctor that you have prediabetes?		X	X	X			X		X		X		X		X
Disability	Limited in any way in any activities because of physical, mental or emotional problems?	X	X	X	X	X										
Disability	Have health problem that requires special equipment?	X	X	X	X	X										
Disability	Are you blind or do you have serious difficulty seeing, even when wearing glasses?			X	X	X	X	X	X	X	X	X	X	X	X	X
Disability	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?			X	X	X	X	X	X	X	X	X	X	X	X	X
Disability	Do you have serious difficulty walking or climbing stairs?			X	X	X	X	X	X	X	X	X	X	X	X	X
Disability	Do you have difficulty dressing or bathing?			X	X	X	X	X	X	X	X	X	X	X	X	X
Disability	Because of a physical, mental, or emotional condition, do you have difficulty doing errands along such as visiting a doctor's office or shopping?			X	X	X	X	X	X	X	X	X	X	X	X	X

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

X indicates inclusion on the survey

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Disability	Are you deaf or do you have serious difficulty hearing?						X	X	X	X	X	X	X	X	X	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			X		
Environmental Factors	What is the main source of water that comes into your home?									X	X	X	X		X	
Environmental Factors	What is the source of water you most often drink at home? (among those without public water system)									X	X	X	X			
Environmental Factors	When was the last time your private water was tested? (among those without public water system)									X	X	X	X			
Environmental Factors	When was the last time your private water was tested for arsenic? (among those without public water system)														X	
Environmental Factors	Why did you test your water? (among those without public water system, who do not drink treated tap water, and ever tested)									X						
Environmental Factors	In past 30 days, how often did you eat fish caught in Vermont waters?													X		
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	X	X
Exercise/Physical Activity	Type of physical activity or exercise participated in most? (Repeated addt'l activity)	X		X		X		X		X				X		
Exercise/Physical Activity	Times per week or month take part in this activity? (Repeated addt'l activity)	X		X		X		X		X				X		
Exercise/Physical Activity	When participated, for how many minutes or hours kept at it? (Repeated addt'l activity)	X		X		X		X		X				X		
Exercise/Physical Activity	During past month, times per week or month participated in activities to strengthen muscles (not aerobic activities)?	X		X		X		X		X				X		
Exercise/Physical Activity	Calculated: 150 minutes physical activity	X		X		X		X		X				X		
Exercise/Physical Activity	Calculated: 300 minutes of physical activity	X		X		X		X		X				X		
Exercise/Physical Activity	Calculated: No leisure time physical activity or exercise	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Exercise/Physical Activity	Calculated: Estimated activity intensity	X		X		X		X		X				X		
Exercise/Physical Activity	Calculated: Minutes of total physical activity per week	X		X		X		X		X				X		

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

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Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Exercise/Physical Activity	Calculated: Minutes of total vigorous physical activity per week	X		X		X		X		X				X		
Exercise/Physical Activity	Calculated: Minutes of vigorous physical activity per week	X		X		X		X		X				X		
Exercise/Physical Activity	Calculated: Physical Activity Categories	X		X		X		X		X				X		
Exercise/Physical Activity	Calculated: Physical Activity Index (met recs vs. not)	X		X		X		X		X				X		
Exercise/Physical Activity	Calculated: Muscle strengthening recommendation	X		X		X		X		X				X		
Exercise/Physical Activity	Calculated: Aerobic and Strengthening Guideline	X		X		X		X		X				X		
Exercise/Physical Activity	Calculated: 2-level aerobic and strengthening guideline	X		X		X		X		X				X		
Falls	Number of times injured in fall? (can refer to 3 or 12 months depending on year)		X		X		X		X		X			X		
Falls	In past 12 months, how many times fallen?		X		X		X		X		X			X		
Falls	In past 12 months, have you done things to reduce your chance of falling?								X							
Family Planning	In last 12 months, had sexual intercourse?												X		X	
Family Planning	Did you/partner do anything the last time you had sex to keep you from getting pregnant? <i>Note: 2016 - Women <45 yrs, not currently pregnant</i>		X	X			X									
Family Planning	Did you/partner do anything the last time you had sex (in past year) to keep you from getting pregnant?												X		X	
Family Planning	What did you/partner do the last time you had sex to keep you from getting pregnant?		X	X			X									
Family Planning	What did you/partner do the last time you had sex (in past year) to keep you from getting pregnant?												X		X	
Family Planning	Where did you get the [1st method] you used when you last had sex (in past year)?												X			
Family Planning	What else, if anything, did you or your partner do the last time you had sex (in past year) to keep you from getting pregnant?												X			
Family Planning	Main reason for not doing anything to prevent pregnancy the last time you had sex?		X	X			X									
Family Planning	Main reason for not doing anything to prevent pregnancy the last time you had sex (in past year)?												X		X	
Family Planning	If could use any birth control method, what method would you use?												X			

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

X indicates inclusion on the survey

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Family Planning	How do you feel about having child now or in the future?		X	X		X	X									
Family Planning	HCW ever talked with you about ways to prepare for a healthy pregnancy and baby?		X	X		X	X									
Family Planning	Ever been pregnant?		X	X			X									
Firearms	Any firearms now kept in or around your home?								X		X			X		X
Firearms	Any firearms now loaded?								X		X			X		X
Firearms	Any firearm in or around your home that is now unlocked?										X					X
Firearms	Are any of these unloaded firearms also unlocked?								X							
Firearms	Are any of these loaded firearms also unlocked?								X					X		
Firearms	Are any of these loaded firearms also unlocked?										X					X
Fit & Healthy Vermonters	Rate community as a safe place to walk	X						X		X				X		
Fit & Healthy Vermonters	Use walking trails, parks, playgrounds, sports fields in your community for physical activity?	X	X													
Fit & Healthy Vermonters	Weight perception: do you now consider yourself to be: obese, overweight, underweight, about the right weight?				X	X										
Folic Acid	How many times a week currently take multivitamin, prenatal vitamin, or folic acid vitamin?		X	X			X									
Fruits and Vegetables	How often drink fruit juices?	X		X				X		X		X				X
Fruits and Vegetables	Not counting juice, how often do you eat fruit?	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										
Fruits and Vegetables	How often eat orange-colored vegetables?	X		X		X										
Fruits and Vegetables	How often eat other vegetables (other than beans, dark green, and orange)?	X		X		X										
Fruits and Vegetables	How often green leafy or lettuce salad with or without other vegetables?							X		X		X				X
Fruits and Vegetables	How often eat any kind of fried potatoes including french fries, home fries, or hash browns?							X		X		X				X
Fruits and Vegetables	How often eat other kinds of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?							X		X		X				X
Fruits and Vegetables	Not including lettuce salads and potatoes, how of eat other vegetables?							X		X		X				X
Fruits and Vegetables	Calculated: Eat 2+ servings of fruit per day	X		X		X		X		X		X				X

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

X indicates inclusion on the survey

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Fruits and Vegetables	Calculated: Eat 3+ servings of vegetables per day	X		X		X		X		X		X				X
Fruits and Vegetables	Calculated: Fruits less than once per day	X		X		X		X		X		X				X
Fruits and Vegetables	Calculated: Vegetables less than once per day	X		X		X		X		X		X				X
Fruits and Vegetables	Calculated: Total fruits consumed daily	X		X		X		X		X		X				X
Fruits and Vegetables	Calculated: Total vegetables consumed daily	X		X		X		X		X		X				X
Fruits and Vegetables	Calculated: Consumed five or more fruits and vegetables per day	X		X		X		X		X		X				X
Health Care Access	Have any kind of health care coverage?	X	X	X	X	X	X	X	X	X	X					
Health Care Access	Do you have Medicare?			X	X											
Health Care Access	Are you currently covered by any of the following types of health insurance or health coverage plans? (multiple responses allowed)			X												
Health Care Access	What is the primary source of your health insurance?				X			X	X							
Health Care Access	What is the primary source of your health insurance?											X	X	X	X	X
Health Care Access	Have you delayed getting needed medical care for any of the following reasons in the past 12 months?			X	X											
Health Care Access	In past 12 months, was there any time you did not have health insurance OR COVERAGE?			X	X											
Health Care Access	About how long has it been since you last had health care coverage?			X	X											
Health Care Access	Have one person or a group of doctors that you think of as your personal health care provider?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Care Access	Time during last 12 months when you needed to see a doctor but couldn't because of cost?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Care Access	About how long has it been since you visited a doctor for a routine checkup?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Care Access	How many times have you been to a doctor, nurse, or other health professional in the past 12 months?			X	X											
Health Care Access	Was there a time in past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter medication.			X	X											
Health Care Access	In general, how satisfied are you with the health care you received?			X	X											
Health Care Access	Do you currently have any medical bills that are being paid over time?			X	X											
Health Care Access	Calculated: Have any health insurance											X	X	X	X	X

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

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Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Health Care Access	Calculated: Respondents aged 18-64 with health care coverage	X	X	X	X	X		X	X	X	X	X	X	X	X	X
Health Status	Would you say that in general your health is...	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Status	Now thinking about physical health, how many days in past 30 days was physical health not good?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Status	Now thinking about mental health, how many days in past 30 days was mental health not good?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Status	Past 30 days, how many days did poor physical or mental health keep you from doing usual activities?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Status	Calculated: Computed mental health status						X	X	X	X	X	X	X	X	X	X
Health Status	Calculated: Computed physical health status						X	X	X	X	X	X	X	X	X	X
Health Status	Calculated: General health status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HIV/AIDS and other STI	Ever been tested for HIV?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HIV/AIDS and other STI	Month and year of last HIV test	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HIV/AIDS and other STI	Main reason had last HIV test?		X													
HIV/AIDS and other STI	Where had last HIV test?		X	X	X	X										
HIV/AIDS and other STI	Calculated: Ever been tested for HIV	X		X	X	X	X	X	X	X	X	X	X	X	X	X
HIV/AIDS and other STI	Any of the following high risk behaviors apply to you in last year? IV Drug use, treated for STD/VD, money for sex, anal sex without a condom, four or more sex partners	X	X				X	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	X	X	X	X		X
Hypertension Awareness	Has a doctor or other health professional ever worked with you to create a self-management plan to help lower or control your blood pressure?								X	X	X	X				
Hypertension Awareness	Has your doctor, nurse, or other health professional ever advised you to take your blood pressure at home?									X	X	X				
Hypertension Awareness	Current taking medicine for your high blood pressure?	X		X		X		X		X	X	X		X		X
Hypertension Awareness	Calculated: High blood pressure risk factor	X		X		X		X		X		X		X		X
Immunization - Adult	In past 12 months, had flu vaccine?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunization - Adult	Month and year of most recent flu vaccine	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunization - Adult	What kind of place did you get last flu vaccine?	X	X			X			X			X			X	
Immunization - Adult	Ever had pneumonia vaccine?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunization - Adult	Currently work or volunteer in health care facility?	X														

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

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Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Immunization - Adult	Do you have direct face-to-face contact with patients in routine work?	X														
Immunization - Adult	Ever had shingles vaccine?		X		X	X		X			X			X		
Immunization - Adult	Calculated: Respondents aged 65+ that had flu vaccine in past year	X	X			X	X	X	X	X	X	X	X	X	X	X
Immunization - Adult	Calculated: Respondents aged 65+ that ever had pneumonia vaccine	X	X			X	X	X	X	X	X	X	X	X	X	X
Immunization - Adult	Since 2005, have you had a tetanus vaccine?			X	X		X									
Immunization - Adult	Have you received tetanus vaccine in past 10 years?		X													
Immunization - Adult	Have you received tetanus vaccine in past 10 years?									X			X			X
Immunization - Adult	Was most recent tetanus vaccine in 2005 or later?		X													
Immunization - Adult	Did your doctor say your recent tetanus vaccine included the pertussis or whooping cough vaccine?		X													
Intimate Partner Violence	In a safe place to answer these questions?				X			X				X				
Intimate Partner Violence	Has an intimate partner ever hit, slapped, punched, kicked, choked, or hurt you in any way?				X			X								
Intimate Partner Violence	Has an intimate partner ever hit, slapped, punched, kicked, choked, or hurt you in any way?											X				
Intimate Partner Violence	Has intimate partner ever tried to control your daily activities?				X			X								
Intimate Partner Violence	Has intimate partner ever tried to control your daily activities?											X				
Intimate Partner Violence	Have you ever been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?											X				
Intimate Partner Violence	Has intimate partner ever threatened you or made you feel unsafe in some way?				X			X								
Kidney Disease	Ever told by doctor that you have kidney disease?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Lung Cancer Screening	How old were you when you first started to smoke cigarettes regularly?							X		X			X		X	
Lung Cancer Screening	How old were you when you last smoked cigarettes regularly?							X		X			X		X	
Lung Cancer Screening	On average, when you smoke/smoked regularly, about how many cigarettes do/did you smoke each day?							X		X			X		X	
Lung Cancer Screening	In last 12 months, did you have a CT or CAT scan?							X		X						
Lung Cancer Screening	Ever had a CT or CAT scan of your chest area?												X		X	

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

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Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Lung Cancer Screening	Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?												X		X	
Lung Cancer Screening	When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer? <input type="checkbox"/>												X		X	
Lung Cancer Screening	Calculated: Number of years smoked cigarettes												X		X	
Lung Cancer Screening	Calculated: Number of packs of cigarettes smoked per day												X		X	
Lung Cancer Screening	Calculated: Years smoked reported packs per day												X		X	
Lung Cancer Screening	Calculated: Number of years since quit smoking cigarettes												X		X	
Lung Cancer Screening	Calculated: Smoking group												X		X	
Lung Cancer Screening	Calculated: Respondents 50-80 who meet USPSTF recommendations on lung cancer screening												X		X	
Menu Labeling	When calorie information is available in the restaurant, how often does this information help you decide what to order?		X													
Oral Health	How long since visited dentist for any reason?		X		X		X		X		X		X		X	
Oral Health	Number of permanent teeth removed because of tooth decay or gum disease?		X		X		X		X		X		X		X	
Oral Health	How long since had teeth cleaned?		X													
Oral Health	Reason did not get dental care in last year?		X													
Oral Health	What kind of dental care coverage do you use to pay for dental care?		X													
Oral Health	Do you have one place that you go for regular dental care?		X													
Oral Health	Calculated: Adults aged 65+ who have had all their teeth removed		X		X		X		X		X		X		X	
Oral Health	Calculated: Adults that have visited a dentist/dental hygienist/clinic		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	
Prescription Drugs	Ever used prescription drug without your own prescription from a doctor?	X	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								

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

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Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Prostate Cancer Screening	Has doctor, nurse, or other health professional ever talked with you about the advantages of the PSA test?		X		X		X		X		X					
Prostate Cancer Screening	Has doctor, nurse, or other health professional ever talked with you about the disadvantages of the PSA test?		X		X		X		X		X					
Prostate Cancer Screening	Has doctor, nurse, or other health professional ever recommended that you have a PSA test?		X		X		X		X		X					
Prostate Cancer Screening	Ever had a PSA test?		X		X		X		X		X				X	
Prostate Cancer Screening	How long since last PSA test?		X		X		X		X		X				X	
Prostate Cancer Screening	Main reason you had PSA test?		X		X		X		X		X				X	
Prostate Cancer Screening	Who first suggested PSA test?														X	
Prostate Cancer Screening	When met with doctor, nurse or other health care professional, did they talk about advantages, disadvantages or both of PSA test?														X	
Prostate Cancer Screening	Ever had digital rectal exam?		X													
Prostate Cancer Screening	How long since last digital rectal exam?		X													
Prostate Cancer Screening	Calculated: Men 40+ with PSA in past two years		X		X		X		X		X					
Random Child Selection	Child's sex at birth												X	X	X	
Random Child Selection	Birth month and year of [selected] child?	X		X	X	X	X	X	X	X	X	X	X	X	X	X
Random Child Selection	Child's gender: Is child boy or girl?	X		X	X	X	X	X	X	X	X	X	X	X	X	X
Random Child Selection	Child's ethnicity - Is child Hispanic or Latino?	X														
Random Child Selection	Child's ethnicity - Is child Hispanic or Latino?			X	X	X	X	X	X	X	X	X	X	X	X	X
Random Child Selection	VT Calculated: Child's ethnicity - Is child Hispanic or Latino? (multiple responses collapsed)			X	X	X	X	X	X	X	X	X	X	X	X	X
Random Child Selection	Child's race (multiple responses)	X		X	X	X	X	X	X	X	X	X		X	X	X
Random Child Selection	Child's race (multiple and preferred)			X	X	X	X	X	X	X	X	X	X	X	X	X
Random Child Selection	VT Calculated: Child's race (multiple responses collapsed)			X	X	X	X	X	X	X	X	X	X	X	X	X
Random Child Selection	Adult's (respondent) relationship to child?	X		X	X	X	X	X	X	X	X	X	X	X	X	X
Reactions to Race	How do other people usually classify you in this country?												X	X		
Reactions to Race	How often do you think about your race?												X	X		
Reactions to Race	In past 12 months, feel that in general you were treated worse than, the same as, or better than people of other races?												X	X		

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

X indicates inclusion on the survey

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Reactions to Race	In past 12 months at work, feel you were treated worse than, the same as, or better than people of other races?												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		
Reactions to Race	In past 30 days, experienced any physical symptoms, as a result of how you were treated based on your race?												X	X		
Seat Belt Use	How often use seatbelts when drive or ride in car?	X	X	X	X	X	X	X	X		X			X		
Seat Belt Use	Calculated variable: Always wear seat belt	X	X	X	X	X	X	X	X		X			X		
Seat Belt Use	Calculated variable: Always or nearly always wear seat belt	X	X	X	X	X	X	X	X		X			X		
Sexual Behavior	During past 12 months, how many people had sex with?		X													
Sexual Behavior	During past 12 months, had sex with only males, only females, or both males and females?		X													
Sexual Behavior	Last time had sex with main/casual partner, did you use a condom?		X													
Sexual Behavior	In past 12 months, had sex with someone who is not your main partner or whom you did not consider to be you main partner at the time?		X													
Sexual Orientation and Gender Identity	Do you consider yourself to be (Straight, Lesbian or Gay, Bisexual)				X		X	X	X	X	X	X	X	X		
Sexual Orientation and Gender Identity	Which of the following best represents your sexual orientation?														X	X
Sexual Orientation and Gender Identity	Do you consider yourself to be transgender?				X		X	X	X	X	X	X	X	X		
Sexual Orientation and Gender Identity	Do you consider yourself to be transgender?														X	X
Sexual Orientation and Gender Identity	How do you describe your gender identity?														X	X
Sexual Violence	In a safe place to answer these questions?					X						X				
Sexual Violence	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?											X				
Sexual Violence	In past 12 months, anyone exposed you to unwanted sexual situations not involving physical touching?					X						X				

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

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Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Sexual Violence	In past 12 months, anyone touched sexual parts of your body without your consent?					X										
Sexual Violence	In past 12 months, anyone had sex with you without your consent?					X										
Sexual Violence	Has anyone ever had sex with you without your consent?					X										
Skin Cancer Prevention	Past 12 months, number of sunburns lasting more than one day			X												
Skin Cancer Prevention	How many sunburns have you had in last 12 months?									X				X		
Sleep	On average, how many hours of sleep do you get in a 24-hour period?			X	X		X		X		X		X			X
Social Determinants of Health	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					
Social Determinants of Health	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		X	
Social Determinants of Health	During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?												X		X	
Social Determinants of Health	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		X	
Social Determinants of Health	During the last 12 months was there a time when an electric, gas, oil or water company threatened to shut off services?												X		X	
Social Determinants of Health	How often do you get the social and emotional support you need?		X		X		X		X		X		X		X	
Social Determinants of Health	How often do you feel socially isolated from others?												X			
Social Determinants of Health	How often do you feel lonely?														X	
Social Determinants of Health	In the past 12 months have you lost employment or had hours reduced?												X		X	
Social Determinants of Health	During the last 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?												X		X	

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

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Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Social Determinants of Health	Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?												X			
Social Determinants of Health	How satisfied are you with your life?												X		X	
Social Determinants of Health	How safe from crime do you consider your neighborhood to be?														X	
Sodium or Salt Related Behavior	Are you currently watching or reducing your sodium or salt intake?															X
Sodium or Salt Related Behavior	Has a doctor or other health professional ever advised you to reduce sodium or salt intake?															X
Sugar Sweetened Beverages	During past 30 days, how often drank regular soda or pop that contains sugar?			X				X								
Sugar Sweetened Beverages	During past 30 days, how often drank sugar-sweetened fruit drinks, sweet tea, and sports energy drinks?			X				X								
Suicide	Past 12 months, ever seriously considered attempting suicide?								X			X	X		X	
Suicide	Past 12 months, how many times actually attempted suicide?								X							
Tickborne Disease Prevention	In the past year have you gone in wooded or tall grassy areas?								X	X						
Tickborne Disease Prevention	During the past year, when in wooded or tall grassy areas, how often have you taken the following measures to protect yourself against tick bites? Wearing long pants tucked into socks?								X	X						
Tickborne Disease Prevention	During the past year, when in wooded or tall grassy areas, how often have you taken the following measures to protect yourself against tick bites? Looking for ticks on yourself and removing them?								X	X						
Tickborne Disease Prevention	During the past year, when in wooded or tall grassy areas, how often have you taken the following measures to protect yourself against tick bites? Using an insect repellent on your skin or clothes?								X	X						
Tobacco Use	Smoked at least 100 cigarettes in lifetime?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use	Now smoke everyday, some days, not at all?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

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Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Tobacco Use	How long since last smoked cigarettes regularly?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use	Past 12 months, quit for at least one day?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use	Currently use chewing tobacco, snuff or snus every day, some days or not at all?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?												X	X	X	X
Tobacco Use	Before today, have you heard of heated tobacco products?													X		
Tobacco Use	How often do you use nicotine pouches?															X
Tobacco Use	How often do you use cigars, cigarillos or little cigars?															X
Tobacco Use	Calculated: Current smoking status risk factor	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use	Calculated: Four level smoker status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use: E-Cigarettes	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?												X	X	X	X
Tobacco Use: E-Cigarettes	Do you now use e-cigarettes and other electronic vaping products every day, some days, or not at all?						X	X			X	X				
Tobacco Use: E-Cigarettes	Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?												X	X	X	X
Tobacco Use: E-Cigarettes	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in our entire life?						X	X			X					
Tobacco Use: E-Cigarettes	Calculated: 4-level e-cigarette user status						X	X								
Tobacco Use: E-Cigarettes	Calculated: Current e-cigarette user status						X	X				X	X	X	X	X
Traumatic Brain Injury (TBI)	In your lifetime, have you ever experienced a bump, blow, or jolt to the head that caused you to feel dazed, confused, or lose consciousness?										X					
Traumatic Brain Injury (TBI)	What events led to your most serious head injury?										X					
Vision Impairment	Do you have any trouble seeing, even when wearing glasses or contact lenses?	X	X													
Women's Health	Ever had mammogram?		X		X		X		X		X		X		X	
Women's Health	How long since last mammogram?		X		X		X		X		X		X		X	
Women's Health	Ever had clinical breast exam?		X		X											
Women's Health	How long since last breast exam?		X		X											
Women's Health	Had a hysterectomy?		X		X		X		X		X		X		X	
Women's Health	Ever had a Pap smear?		X		X		X		X		X					

Vermont BRFSS Core, Optional Module and State-Added Questions - 2011-2025

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Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Women's Health	How long since last Pap smear?		X		X		X		X		X					
Women's Health	Ever had a cervical cancer screening test?												X		X	
Women's Health	How long since last cervical cancer screening test?												X		X	
Women's Health	At most recent cervical cancer screening, did you have a Pap test?												X		X	
Women's Health	At most recent cervical cancer screening, did you have an HPV test?												X		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	Calculated: Women 50+ that have had mammogram in last two years		X		X											
Women's Health	Calculated: Women 50-74 that have had mammogram in past two years				X		X		X		X		X		X	
Women's Health	Calculated: Women 40+ that have had mammogram in past two years		X		X		X		X		X		X		X	
Women's Health	Calculated: Women 18+ that have had Pap test in past three years		X		X											
Women's Health	Calculated: Women 21-65 that have had Pap test in past three years				X				X		X					
Women's Health	Calculated: Women 21-65 meet cervical cancer screening recommendations (PAP and HPV)						X									