BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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									
Adverse Childhood Experience	Did you live with anyone who was a problem drinker or alcoholic?											X	X									
Adverse Childhood Experience	Did you live with anyone who used illegal street drugs or who abused prescription medications?											X	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	X									
Adverse Childhood Experience	Were your parents separated or divorced?											X	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	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	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	X									
Adverse Childhood Experience	How often did anyone at least 5 years older than you or an adult, ever touch you sexually?											X	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	X									
Adverse Childhood Experience	How often did anyone at least 5 years older than you or an adult, force you to have sex?											X	X									
Adverse Childhood Experience	Calculated: ACE Scale (1-8 adverse childhood experiences)											X	X									
Adverse Childhood Experience	Calculated: ACE Categories (Collapsed version of ACE Scale)											X	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	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	X	X	X	X	X	X
Alcohol Consumption	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	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	X
Alcohol Consumption	Calculated: Drink occasions per day						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Alcohol Consumption	Calculated: Number of alcohol drinks per week																X					
Alcohol Consumption	Calculated: Number of alcohol drinks per day		X	X	X	X	X	X	X	X	X	X	X	X	X	X						
Alcohol Consumption	Calculated: Number of alcohol drinks per month	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	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	X	X	X	X
Alcohol Consumption	Calculated: Heavy drinking among men risk factor			X	X	X	X	X	X	X	X	X	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	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	X	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
Alcohol Screening	At last checkup (limited to those with checkup in last year) were you asked in person or on a form if you drink alcohol?												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
Alternative Medicine (CAM)	In past 12 months, used any such alternative medicine or practice? (CAM)								X		X											
Alternative Medicine (CAM)	In past 12 months, taken high dose vitamins or herbal supplements?										X											
Alternative Medicine (CAM)	Discussed alternative health care or CAM with PCP?										X											
Antibiotic Overuse	When prescribed an antibiotic, do you take it until it is gone?															X	X					
Arthritis/Joint Pain	During past 12 months, had pain, aching, stiffness or swelling in or around a joint?	X	X																			
Arthritis/Joint Pain	These symptoms present on most days for at least a month?	X	X																			
Arthritis/Joint Pain	Joint symptoms first begin more than 3 months ago?			X	X		X		X													
Arthritis/Joint Pain	Now limited in any way in any activities because of joint symptoms?	X	X	X	X		X		X		X		X		X		X		X		X	
Arthritis/Joint Pain	Ever seen doctor for these joint symptoms?		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	X	X	X
Arthritis/Joint Pain	Currently being treated by doctor for arthritis?	X	X																			

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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		X		X		X	
Arthritis/Joint Pain	In past month, extent that arthritis or joint symptoms interfered with normal social activities?										X		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	Past 30 days, pain, aching, stiffness in or around joint?			X																		
Arthritis/Joint Pain	What type of arthritis did doctor say you have?	X																				
Arthritis/Joint Pain	How limiting is arthritis or joint symptoms, TODAY?				X																	
Arthritis/Joint Pain	Doctor ever suggested losing weight to help with arthritis or joint symptoms?				X																	
Arthritis/Joint Pain	Doctor ever suggested physical activity or exercise to help with arthritis or joint symptoms?				X																X	
Arthritis/Joint Pain	Ever taken educational course on how to manage problems related to arthritis or joint symptoms?				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	
Arthritis/Joint Pain	Calculated: Arthritis or joint symptoms affect interfered with normal social activities														X		X		X			
Arthritis/Joint Pain	Calculated: Arthritis or joint symptoms limit normal activities														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	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	X	X	X	X	X	X
Asthma-Adult	In past 12 months, doctor taught you to recognize early signs and symptoms of asthma attack?		X			X	X															
Asthma-Adult	In past 12 months, doctor gave you written asthma plan?		X			X	X															

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Asthma-Adult	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																
Asthma-Adult	In past 12 months, number of times visited ER or urgent care center because of asthma?		X	X	X	X	X															
Asthma-Adult	In past 12 months, had an asthma episode?			X	X	X	X															
Asthma-Adult	Age first told have asthma?				X	X	X															
Asthma-Adult	In past 12 months, number of times saw doctor for urgent treatment of your asthma?			X	X	X	X															
Asthma-Adult	In past 12 months, number of times saw doctor for routine visit for your asthma?			X	X	X	X															
Asthma-Adult	In past 12 months, number of days unable to work or carryout usual activities because of asthma?			X	X	X	X															
Asthma-Adult	During the past 30 days how often have you had any asthma symptoms?				X	X	X															
Asthma-Adult	During past 30 days how many days did asthma symptoms make it difficult to stay asleep?				X	X	X															
Asthma-Adult	During the past 30 days how often taken asthma medication prescribed by a doctor?			X	X	X	X															
Asthma-Adult	During past 30 days how often used prescription asthma inhaler during an asthma attack to stop it?						X															
Asthma-Adult	Doctor ever told you asthma related to any job ever had?					X	X															
Asthma-Adult	Ever told doctor asthma related to any job ever had?					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	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	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	X	X	X	X
Asthma-Child	Number of children in household diagnosed with asthma? (2001, 2003-2004) / Randomly selected child has asthma? (2005-2011, 2013-2018)		X		X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Asthma-Child	Number of children in household who still have asthma? (2001, 2003-2004) / Randomly selected child still has asthma? (2005-2011, 2013-2018)		X		X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
Asthma-Child	When was child diagnosed with asthma?/Randomly selected child still has asthma?						X															
Asthma-Child	In past 12 months, number of times child visited ER or urgent care because of asthma attack?						X															
Asthma-Child	In past 12 months, number of days child unable to attend school or participate in regular activities because of asthma?						X															
Asthma-Child	How long since child's parent/guardian last talked to doctor about child's asthma?				X																	
Asthma-Child	Doctor ever taught child or parent/guardian to recognize early signs and symptoms of asthma episode?				X		X															
Asthma-Child	Doctor ever taught child or parent/guardian what to do during asthma episode?				X		X															
Asthma-Child	Doctor ever taught child or parent/guardian how to monitor peak flow?				X																	
Asthma-Child	Doctor ever given child or parent/guardian written management plan?				X		X															
Asthma-Child	Respondent knowledgeable about medical care of child with asthma?				X																	
Blueprint	How much agree with: Confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health?								X	X	X											
Blueprint	How much agree with: I am the person responsible for managing my health								X	X	X											
Blueprint	How much agree with: I have been able to maintain the lifestyle changes for my health that I have made.								X	X	X											
Blueprint	Ever heard of HLW or community walking programs?								X	X	X											
Breast Cancer Risk	Ever had breast biopsy?					X	X															

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Breast Cancer Risk	Number of breast biopsies?					X	X															
Breast Cancer Risk	Any abnormal results from breast biopsies?					X	X															
Breast Cancer Risk	Mother, sister or daughter ever told by doctor have breast cancer?					X	X															
Breast Cancer Risk	How many of your mother, sisters or daughters have been told they have breast cancer?					X	X															
Breast Cancer Risk	Age when period or menstrual cycles started?					X	X															
Breast Cancer Risk	Ever given birth to live infant?					X	X															
Breast Cancer Risk	Age when first infant was born?					X	X															
Breast Cancer Risk	Considering all infants, how long would you say you breastfed in your lifetime?					X	X															
Cancer	Ever told by doctor that have cancer? (some years distinguishes last year vs. not)					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
Cancer	Ever told by doctor that you had any other type of cancer?												X	X	X	X	X	X	X	X	X	X
Cancer	Number of types of cancer had?										X			X								
Cancer	Age first told you had cancer?										X			X								
Cancer	What is most recent type of cancer you've had?										X			X								
Cancer	Was your cancer basal cell or squamous cell skin cancer?									X		X		X	X	X						
Cancer	Currently receiving treatment for cancer?										X			X								

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Cancer	What type of doctor do you think of as your personal HCP?										X			X								
Cancer	Any doctor ever give you written summary of all the treatments you received?										X			X								
Cancer	Ever received advice from doctor about where you should return or who you should see for routine cancer check-ups once treatment complete?										X			X								
Cancer	Was this advice written down or printed on paper for you?										X			X								
Cancer	With most recent diagnosis of cancer, have health insurance to pay some or all of cancer treatment?										X			X								
Cancer	Ever denied health or life insurance because of your cancer?										X			X								
Cancer	Participate in clinical trial as part of your cancer treatment?										X			X								
Cancer	Feel you have physical pain caused by your cancer or treatment?										X			X								
Cancer	Feel your pain is currently under control?										X			X								
Cardiovascular Disease Prevalence	Ever told had a heart attack, also called a myocardial infarction? (some years distinguishes last year vs. not)		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cardiovascular Disease Prevalence	Ever told had angina or coronary heart disease? (some years distinguishes last year vs. not)		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cardiovascular Disease Prevalence	Ever told had a stroke? (some years distinguishes last year vs. not)		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cardiovascular Disease Prevalence	Think sudden trouble seeing in one or both eyes is a symptom of a stroke?									X												
Cardiovascular Disease Prevalence	Think sudden chest pain is a symptom of a stroke?									X												
Cardiovascular Disease Prevalence	Think severe headache with no known cause is a symptom of a stroke?									X												
Cardiovascular Disease Prevalence	Calculated: Ever reported having coronary heart disease (CHD) or myocardial infarction (MI)																X					
Cardiovascular Disease Prevalence	If thought someone was having a heart attack or stroke, what is first thing you'd do?									X												

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Caregiving	There are situations where people provide regular care or assistance to a family member to a friend who is elderly or has a long-term illness/disability. During the past month, did you provide any such care or assistance?	X									X											
Caregiving	Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?	X																				
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													
Childhood Obesity	Doctor ever told you child is overweight?						X	X	X													
Cholesterol Awareness	Ever had your blood cholesterol checked?		X		X		X		X		X		X		X		X					
Cholesterol Awareness	How long since last had blood cholesterol checked?		X		X		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		X		X	
Cholesterol Awareness	In past 12 months, doctor ever told you to eat fewer high fat or high cholesterol foods?				X																	
Cholesterol Awareness	In past 12 months, doctor ever told you to eat more fruits and vegetables?				X																	
Cholesterol Awareness	In past 12 months, doctor ever told you be more physically active?				X																	
Cholesterol Awareness	Currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?																		X		X	
Cholesterol Awareness	Calculated: High cholesterol risk factor		X		X		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		X		X	
Citizenship	Moved to US as immigrant of refugee within past 10 years?		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

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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 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
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							X
Cognitive Impairment/Decline	Have you received treatment such as therapy or medications for confusion or memory loss?														X							
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								
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
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
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
Cognitive Impairment/Decline	Have you or anyone else discussed your confusion or memory loss with a health care professional?																	X				
Colorectal Cancer Screening	Doctor ever given you or immediate family member diagnosis of colon or rectal cancer?								X													
Colorectal Cancer Screening	Doctor ever advised you to get screened for colon or rectal cancer?							X														
Colorectal Cancer Screening	Ever had blood stool test using home kit?		X	X		X		X	X	X		X		X		X		X		X		X

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Colorectal Cancer Screening	How long since last blood stool test using home kit?		X	X		X		X	X	X		X		X		X		X		X		X
Colorectal Cancer Screening	Ever had sigmoidoscopy or colonoscopy?		X	X		X		X	X	X		X		X		X		X		X		X
Colorectal Cancer Screening	Was most recent exam sigmoidoscopy or colonoscopy?								X	X		X		X		X		X		X		
Colorectal Cancer Screening	How long since last sigmoidoscopy or colonoscopy?		X			X		X	X	X		X		X		X		X		X		X
Colorectal Cancer Screening	Another 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?																					X
Colorectal Cancer Screening	How long since last home bowel movement test?																					X
Colorectal Cancer Screening	For a virtual colonoscopy, 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 on your stomach. Have you ever had a virtual colonoscopy?																					X
Colorectal Cancer Screening	How long since last virtual colonoscopy?																					X
Colorectal Cancer Screening	Calculated: Respondents 50+ never had sigmoid/colonoscopy			X		X		X		X		X		X		X						
Colorectal Cancer Screening	Calculated: Respondents 50+ not had blood stool test in past two years			X		X		X		X		X		X		X						
Colorectal Cancer Screening	Calculated: Respondents 50-75 who have had a blood stool test in past year															X						
Colorectal Cancer Screening	Calculated: Respondents 50-75 who have had a colonoscopy in past 10 years																	X		X		X
Colorectal Cancer Screening	Calculated: Respondents 50-75 who have had a blood stool test in past 3 years and sigmoidoscopy in last 5 years																	X		X		X
Colorectal Cancer Screening	Calculated: Respondents 50-75 who have had a sigmoidoscopy in past 5 years																	X		X		X

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Colorectal Cancer Screening	Calculated: Respondents 50-75 who have had a blood stool test in past 3 years																	X		X		X
Colorectal Cancer Screening	Calculated: Respondents 50-75 who meet USPTF recommendations on colorectal cancer screening															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	X	X	X	X	X	X	X	X
Demographics	In what town is your primary care doctor's office?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Demographics	Age	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Race, no ethnicity indicated (2001-2012 - multiple and preferred races allowed, 2013 forward question changed to allow additional races)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Race, with ethnicity and multiple races indicated (2000 only one race allowed, 2001-2012 - multiple races allowed, 2013 forward question changed to allow additional races)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Race, detailed races, no ethnicity indicated (2013 forward question changed to allow additional races)														X	X	X	X	X	X	X	X

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Demographics	Race/ethnicity												X	X	X	X	X	X	X	X	X	X
Demographics	Ethnicity (in 2000 - Spanish or Hispanic, 2001-2012 - Hispanic or Latino)	X	X	X	X	X	X	X	X	X	X	X	X	X								
Demographics	2013 - Multiple Ethnicities Allowed														X	X	X	X	X	X	X	X
Demographics	Marital Status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Children in household, age groups <5, 5-12, 13-17	X				X																
Demographics	Children in household, total under 18		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Education level	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Employment status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	What kind of work do you do/did you do?															X					X	
Demographics	What kind of business or industry do you work in/did you work in?															X					X	

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Demographics	Household Income	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Calculated: Federal Povery Level (FPL)												X	X	X	X	X	X	X	X	X	X
Demographics	Ever served on active duty in US Armed Forces?	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Which of the following describes your service in US military?				X	X																
Demographics	Current military status?	X																				
Demographics	In past 12 months, received some or all of health care from VA facilities?	X			X	X																
Demographics	Weight without shoes?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	How much would you like to weigh?	X			X																	
Demographics	How much weighed a year ago?								X	X	X											
Demographics	Was change between current weight and that a year ago intentional?								X	X	X											
Demographics	About how tall without shoes?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	County of Residence?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Zip Code where live?/Zip code where currently live?						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Demographics	Town of Residence?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	More than one telephone number in household?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Number of residential telephone numbers?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Number of adults in household currently use cell phone for any purpose		X											X								
Demographics	Have cell phone for personal use?										X	X	X	X	X	X	X	X	X	X	X	X
Demographics	How many cell phones do you have for personal use?																				X	X
Demographics	Do you share a cell phone (at least 1/3 of the time) for personal use with other adults?										X	X	X									
Demographics	Do you usually share this cell phone (at least 1/3 of the time) with any other adults?										X	X	X									
Demographics	What percent, between 0 and 100, are received on your cell phone?										X	X	X	X	X							
Demographics	In past 12 months, household been without telephone service for 1 week or more?				X	X	X	X	X	X	X	X										
Demographics	Sex	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Currently pregnant?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Rent or own home?												X	X	X	X	X	X	X	X	X	X
Demographics	Have you used the internet in the past 30 days?														X	X	X	X	X	X		
Demographics	Calculated: Body Mass Index	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Calculated: Body Mass Index - (Prior to 2011) 3 levels/(2011 forward) 4 category	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Calculated: Risk factor for overweight or obese	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Calculated: Income categories					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics	Calculated: Level of education completed					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Demographics	Calculated: Preferred race category		X	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X
Demographics	Calculated: Preferred race category														X	X	X	X	X	X	X	X
Demographics	Calculated: Children in household					X	X	X	X	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
Depression	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															
Depression	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															
Depression	Have you felt depressed or sad much of the time in the past year?	X	X	X	X	X	X															
Depression	How much of time in past week did you feel depressed?	X	X	X	X	X	X															
Depression	In the past year, gotten professional counseling or treatment for sadness or depression?			X	X																	
Depression	In past 30 days, how many days felt blue, sad or depressed?				X	X	X															
Depression	In past 30 days, how many days felt worried, tense, or anxious?				X	X	X	X														
Depression	In past 30 days, how many days felt did not get enough rest or sleep?				X	X	X			X	X	X										
Depression	In past 30 days, how many days felt healthy and full of energy?				X	X	X															
Depression	In last two weeks, how many days had little interest or pleasure in doing things?							X		X		X										
Depression	In last two weeks, how many days felt down, depressed or hopeless?							X		X		X										
Depression	In last two weeks how many days had trouble falling asleep, staying asleep or sleeping too much?							X		X		X										
Depression	In last two weeks, how many days felt tired or had little energy?							X		X		X										

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Depression	In last two weeks, how many days have you had a poor appetite or eaten too much?							X		X		X										
Depression	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										
Depression	In last two weeks, how many days have you had trouble concentrating on things?							X		X		X										
Depression	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										
Depression	Calculated depression severity in last two weeks							X		X		X										
Depression	Calculated ever told have anxiety or depressive disorder							X		X		X										
Depression	Doctor ever told you that you have an anxiety disorder?							X		X		X										
Depression	In past 30 days, how often felt nervous?								X		X											
Depression	In past 30 days, how often felt hopeless?								X		X											
Depression	In past 30 days, how often felt restless?								X		X											
Depression	In past 30 days, how often felt so depressed that nothing could cheer you up?								X		X											
Depression	In past 30 days, how often did you feel everything was an effort?								X		X											
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											

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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
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
Diabetes	Now taking insulin?	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													
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
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
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			
Diabetes	Ever taken course in how to manage your diabetes?	X	X	X	X	X	X	X	X	X	X	X		X			X		X			X
Diabetes	First told have diabetes during pregnancy?		X	X	X	X	X															
Diabetes	Was there period of time after pregnancy when did not have diabetes?		X	X	X	X	X															
Diabetes	Ever tested for diabetes?		X																			
Diabetes	Had a test for high blood sugar or diabetes within the past 3 years?									X	X	X		X		X			X		X	X
Diabetes	Ever attended a lifestyle change program, such as the diabetes prevention program, in order to improve your health or prevent diabetes?																		X		X	X

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Diabetes	Ever told by a doctor that you have pre-diabetes?									X	X	X		X	X	X			X		X	X
Dietary Calcium	Number of servings of milk or milk products have per day/week/month or year	X																				
Disability	Limited in any way in any activities because of physical, mental or emotional problems?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
Disability	Have health problem that requires special equipment?		X	X	X	X	X	X	X	X	X	X	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
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
Disability	Do you have serious difficulty walking or climbing stairs?														X	X	X	X	X	X	X	X
Disability	Do you have difficulty dressing or bathing?														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
Disability	Are you deaf or do you have serious difficulty hearing?																	X	X	X	X	X
Disability	What is the major impairment or health problem that limits you activities?	X			X	X	X															
Disability	How long have activities been limited because of your major impairment or health problem?	X			X	X	X															
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														

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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			
E-Cigarettes	Calculated: 4-level E-cigarette user status																	X	X			
E-Cigarettes	Calculated: Current E-cigarette user status																	X	X			

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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	What is the main source of water that comes into your home?																				X	X
Environmental Factors	What is the source of water you most often drink at home?																				X	X
Environmental Factors	When was the last time your private water was tested?																				X	X
Environmental Factors	Why did you test your water?																				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	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	How far usually walk/run/jog/swim? (repeated addt'l activity)	X																				

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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	Another physical activity participated in during last month? (Repeated addt'l activities)	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	
Exercise/Physical Activity	Amount of physical activity at work		X		X		X	X	X		X											
Exercise/Physical Activity	In usual week, participate in moderate physical activities for at least 10 minutes at a time?		X		X		X	X	X		X											
Exercise/Physical Activity	Times per week do moderate activities for at least 10 minutes?		X		X		X	X	X		X											
Exercise/Physical Activity	On days do moderate activities, how much total time per day spend doing them?		X		X		X	X	X		X											
Exercise/Physical Activity	Meets moderate physical activity recommendations				X		X	X	X		X											
Exercise/Physical Activity	In usual week, participate in vigorous activities for at least 10 minutes at a time?		X		X		X	X	X		X											
Exercise/Physical Activity	Times per week do vigorous activities for at least 10 minutes?		X		X		X	X	X		X											
Exercise/Physical Activity	On days do vigorous activities, how much total time per day spend doing them?		X		X		X	X	X		X											
Exercise/Physical Activity	Meets vigorous physical activity recommendations				X		X	X	X		X											
Exercise/Physical Activity	Calculated: Minutes of moderate physical activity per week										X											
Exercise/Physical Activity	Calculated: Minutes of moderate physical activity per month	X		X		X	X	X		X	X											
Exercise/Physical Activity	Calculated: 150 minutes physical activity										X		X		X		X		X		X	

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Exercise/Physical Activity	Calculated: 300 minutes of physical activity										X		X		X		X		X		X	
Exercise/Physical Activity	Calculated: No physical activity or exercise risk factor			X		X		X			X											
Exercise/Physical Activity	Calculated: Moderate physical activity recommendations risk factor	X			X		X	X	X		X											
Exercise/Physical Activity	Calculated: No leisure time physical activity or exercise - calculated differently in 2011	X	X	X	X	X	X	X	X	X	X	X	X		X		X		X		X	
Exercise/Physical Activity	Calculated: Minutes of total physical activity per week										X	X										
Exercise/Physical Activity	Calculated: Minutes of vigorous physical activity per week										X											
Exercise/Physical Activity	Calculated: Minutes of vigorous physical activity per month		X		X		X	X	X		X											
Exercise/Physical Activity	Calculated: Recommended physical activity risk factor		X		X		X	X	X		X											
Exercise/Physical Activity	Calculated: Vigorous physical activity risk factor		X		X		X	X	X		X											
Exercise/Physical Activity	Calculated: Estimated activity intensity for first activity												X		X		X		X		X	
Exercise/Physical Activity	Calculated: Estimated intensity for second activity												X		X		X		X		X	
Exercise/Physical Activity	Calculated: Minutes of total physical activity per week												X		X		X		X		X	
Exercise/Physical Activity	Calculated: Minutes of total vigorous physical activity per week												X		X		X		X		X	
Exercise/Physical Activity	Calculated: Minutes of vigorous physical activity per week - first activity												X		X		X		X		X	
Exercise/Physical Activity	Calculated: Minutes of vigorous physical activity per week - second activity												X		X		X		X		X	
Exercise/Physical Activity	Calculated: Physical Activity Categories												X		X		X		X		X	

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Exercise/Physical Activity	Calculated: Physical Activity Index (met recs vs. not)												X		X		X		X		X	
Exercise/Physical Activity	Calculated: Muscle strengthening recommendation												X		X		X		X		X	
Exercise/Physical Activity	Calculated: Aerobic and Strengthening Guideline												X		X		X		X		X	
Exercise/Physical Activity	Calculated: 2-level aerobic and strengthening guideline												X		X		X		X		X	
Falls	In past 3 months, had a fall?				X			X		X	X	X										
Falls	Injured in fall? (can refer to 3 or 12 months depending on year)				X			X		X		X		X		X		X		X		X
Falls	In past 12 months, fallen to ground? (Limited 60+)		X	X	X	X	X	X	X													
Falls	In past 3 months, number of times fallen										X											
Falls	In past 12 months, how many times fallen?													X		X		X		X		X
Falls	In past 12 months, have you done things to reduce your chance of falling?																			X		
Family Planning	Pregnant in last 5 years?	X	X	X	X	X																
Family Planning	Any sex partners pregnant by you in last 5 years?	X	X	X	X	X	X															
Family Planning	Thinking of last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?	X	X	X	X	X																
Family Planning	Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?	X	X	X	X	X																

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Family Planning	Thinking back to the last pregnancy, just before your partner got pregnant, how did you feel about her becoming pregnant?	X	X	X	X	X	X															
Family Planning	You/Partner using any kind of birth control now?	X	X																			
Family Planning	Did you/partner use birth control last time you had sex?													X	X			X				
Family Planning	What kinds of birth control are you/partner using now?	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 are you/partner doing now to keep from getting pregnant?			X		X																

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Family Planning	What other method are you also using to prevent pregnancy?			X																		
Family Planning	Reasons for not using any birth control now?	X	X																			
Family Planning	Reasons for not doing anything the last time you had sex to keep you from getting pregnant?													X	X			X				

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Family Planning	Main reason for not doing anything to keep from getting pregnant?			X		X																
Family Planning	How do you feel about having child now or in the future?					X								X	X		X	X				
Family Planning	How soon would you want to have a child?					X																
Family Planning	HCW ever talked with your 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	Is there a firearm in or around your home that is now loaded and unlocked?		X																			
Firearms	Any firearms now loaded?			X		X														X		
FIrearms	Are any of these unloaded firearms also unlocked?																			X		
Firearms	Any any of these loaded firearms also unlocked?			X		X														X		
Fit & Healthy Vermonters	Rate community as a safe place to walk												X						X		X	

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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	Currently take vitamins or supplements?					X		X		X	X											
Folic Acid	Are any of these multivitamins?					X		X		X	X											
Folic Acid	Do any of the vitamins or supplements you take contain folic acid?					X		X		X	X											
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 last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?																			X		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	
Fruits and Vegetables	Not counting juice, how often do you eat fruit?	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											

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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					
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	
Fruits and Vegetables	How often eat any kind of fried potatoes including french fries, home fries, or hash browns?																		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	
Fruits and Vegetables	Not including lettuce salads and potatoes, how of eat other vegetables?																		X		X	
Fruits and Vegetables	Calculated: Eat 2+ servings of fruit per day						X		X				X		X		X		X		X	
Fruits and Vegetables	Calculated: Eat 3+ servings of vegetables per day						X		X				X		X		X		X		X	
Fruits and Vegetables	Calculated: Fruit and vegetable servings index	X		X	X		X		X		X											
Fruits and Vegetables	Calculated: Fruits less than once per day												X		X		X		X		X	
Fruits and Vegetables	Calculated: Vegetables less than once per day												X		X		X		X		X	
Fruits and Vegetables	Calculated: Total fruits consumed daily												X		X		X		X		X	

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Fruits and Vegetables	Calculated: Total vegetables consumed daily												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		X	
Gambling	Gambled for money in the last 12 months?									X												
Gambling	Has the money spent on gambling led to financial problems?									X												
Gambling	Has the time spent on gambling led to problems with family, work or personal life?									X												
Gastrointestinal Disease	In past 30 days, had diarrhea that began within the 30 days period?								X													
Gastrointestinal Disease	Visit doctor for this diarrheal illness?								X													
Gastrointestinal Disease	When visited health care provider, did you provide a stool sample?								X													
Health Care Access	Have any kind of health care coverage?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Care Access	Do you have Medicare?	X													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 type of health care coverage do you use to pay for most of your medical care?	X																				
Health Care Access	What is the primary source of your health care coverage? Is it…															X			X	X		

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Health Care Access	Have you delayed getting needed medical are for any of the following reasons in the past 12 months?														X	X						
Health Care Access	There are some types of coverage you may not have considered. Tell me if you have coverage through:	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	In past 12 months, was there a time you did not have health insurance?	X	X																			
Health Care Access	About how long has it been since you last had health care coverage?														X	X						
Health Care Access	About how long has it been since you had health care coverage?	X																				
Health Care Access	Have one person you think of as your personal doctor?		X	X	X	X	X	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 by couldn't because of the cost?	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Care Access	Time in past 12 months when you needed medical care but could not get it?			X																		

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Health Care Access	Main reason for not getting medical care?			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	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	When sick or need advice about health, which of the following places usually go?			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: Respondents aged 18-64 with health care coverage								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	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	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	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	X	X	X	X	X

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Health Status	Calculated: Computed mental health status																	X	X	X	X	X
Health Status	Calculated: Computed physical health status																	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	X	X
Healthy Aging	Have tooth or mouth problems that make it hard for you to eat?	X	X	X	X	X	X	X														
Healthy Aging	Take 3 or more different prescribed or OTC drugs a day?	X	X	X	X	X	X	X														
Healthy Aging	Without wanting to, have you lost or gained more than 10lbs without trying?	X	X	X	X	X	X	X														
Healthy Aging	Eat fruits and vegetables every day?	X																				
Healthy Aging	Drink at least 6-8 glasses of water, milk, fruit juice or uncaffeinated beverages each day?	X	X	X	X																	
Healthy Aging	Hours per month spend participating in volunteer activities?	X																				
HIV/AIDS and other STD/STI	What age think child should get education in school about HIV/AIDS?	X																				
HIV/AIDS and other STD/STI	If had sexually-active teenager, would you encourage them to use a condom?	X																				
HIV/AIDS and other STD/STI	What are your chances of getting infected with HIV?	X																				
HIV/AIDS and other STD/STI	T/F - pregnant women with HIV can get treatment to help reduce chances of transmission to her baby?		X	X	X	X																
HIV/AIDS and other STD/STI	T/F - are medical treatments available intended to help a person who is infected with HIV to live longer		X	X	X	X																
HIV/AIDS and other STD/STI	Effectiveness of treatments to help people with HIV live longer?		X																			
HIV/AIDS and other STD/STI	Importance of people to know their HIV status by getting tested?		X	X	X																	
HIV/AIDS and other STD/STI	Donated blood since March 1985?	X																				
HIV/AIDS and other STD/STI	Donated blood in last 12 months?	X																				
HIV/AIDS and other STD/STI	Ever been tested for HIV?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
HIV/AIDS and other STD/STI	Number of times tested for HIV in last 12 months					X																
HIV/AIDS and other STD/STI	Month and year of last HIV test		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HIV/AIDS and other STD/STI	Tested for HIV in last 12 months?	X																				
HIV/AIDS and other STD/STI	Main reason had last HIV test?	X	X	X	X	X		X	X		X	X		X								
HIV/AIDS and other STD/STI	Where had last HIV test?	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X					
HIV/AIDS and other STD/STI	Was last HIV test a rapid test?							X	X	X	X	X										
HIV/AIDS and other STD/STI	Type of clinic went to for last HIV Test					X																
HIV/AIDS and other STD/STI	Was HIV test done by nurse or other health worker, or with home testing kit?					X																
HIV/AIDS and other STD/STI	Received results of last HIV test?	X																				
HIV/AIDS and other STD/STI	Received counseling or talk with HCP about HIV test results?	X																				
HIV/AIDS and other STD/STI	Ever tested positive for HIV/AIDS?		X																			
HIV/AIDS and other STD/STI	Calculated: Ever been tested for HIV			X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
HIV/AIDS and other STD/STI	Calculated: Counseled in last 12 mo on prevention of STD's via condoms			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	X
Hypertension Awareness	A self-mangement plan documents a plan to change your eating habits, reduce salt intake, increase exercise, or reduce alcohol use. 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
Hypertension Awareness	Has your doctor, nurse, or other health professional ever advised you to take your blood pressure at home?																				X	X

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Hypertension Awareness	Current taking medicine for your high blood pressure?		X		X		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		X		X	X
Immunization - Adult	In past 12 month had flu shot?	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
Immunization - Adult	Month and year got most recent flu shot							X		X	X		X	X	X	X	X	X	X	X	X	X
Immunization - Adult	In past 12 months, had flu vaccine that was sprayed in your nose?					X	X	X	X	X	X		X	X								
Immunization - Adult	Month and year got most recent flu vaccine that was sprayed in nose										X		X	X								
Immunization - Adult	Where/What kind of place did you get last flu shot?			X		X	X						X	X			X			X		
Immunization - Adult	Main reason not gotten flu vaccination for current flu season?							X														
Immunization - Adult	Ever had pneumonia shot?	X	X	X	X	X		X	X	X	X		X	X	X	X	X	X	X	X	X	X
Immunization - Adult	Ever heard anything about pneumonia vaccine?									X												
Immunization - Adult	How did you hear about the pneumonia vaccine?									X												
Immunization - Adult	Has health care provider ever advised you to get a pneumonia vaccine?									X												
Immunization - Adult	Ever had hepatitis B vaccine?							X	X													

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Immunization - Adult	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													
Immunization - Adult	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														
Immunization - Adult	Do you still have any of the [above] problems?							X														
Immunization - Adult	Currently work or volunteer in health care facility?							X			X		X									
Immunization - Adult	Do you have direct face-to-face contact with patients in routine work?							X			X		X									
Immunization - Adult	Ever had shingles vaccine?										X			X		X	X		X			X
Immunization - Adult	Calculated: Respondents aged 65+ that had flu shot in past year			X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X
Immunization - Adult	Calculated: Respondents aged 65+ that ever had pneumonia vaccination			X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X
Immunization - Adult	Since 2005, have you had a tetanus shot?														X	X		X				
Immunization - Adult	Have you received tetanus shot in past 10 years?										X			X							X	
Immunization - Adult	Was most recent tetanus shot given in 2005 or later?										X			X								
Immunization - Adult	Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?										X			X								

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Immunization - Child	In past 12 months, has child had a flu shot? (wording different in 2006)						X	X	X	X												
Immunization - Child	In past 12 months, has child had flu vaccine sprayed in their nose?						X		X	X												
Immunization - Child	Month and year child got most recent flu vaccination?							X														
Immunization - Child	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														
Immunization - Child	Does child still have any of the [above] problems?							X														
Immunization - Child	Main reason child not had flu vaccination for the current flu season?							X														
Intimate Partner Violence	In a safe place to answer these questions?										X					X			X			
Intimate Partner Violence	Has intimate partner ever threatened you with physical violence?						X															
Intimate Partner Violence	Has intimate partner ever threatened you or made you feel unsafe in some way?										X					X			X			
Intimate Partner Violence	Has intimate partner ever hit, slapped, pushed, kicked, or physically hurt you in any way?						X				X					X			X			
Intimate Partner Violence	Has intimate partner ever tried to control your daily activities?										X					X			X			
Intimate Partner Violence	Has intimate partner ever attempted physical violence against you?						X															
Intimate Partner Violence	Ever experienced unwanted sex by current or former intimate partner?						X															
Intimate Partner Violence	In past 12 months, experienced any physical violence or had unwanted sex with an intimate partner?						X															
Intimate Partner Violence	In past 12 months, had any injuries, as result of this physical violence or unwanted sex?						X															

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Intimate Partner Violence	At time of most recent incident, what was relationship to intimate partner who was physically violent or had unwanted sex with you?						X															
Kidney Disease	Ever told by doctor that you have kidney disease?												X	X	X	X	X	X	X	X	X	X
Lead Poisoning	Can small amounts of lead have an effect on a young child's health?									X												
Lead Poisoning	When was building in which you live built?									X	X											
Lead Poisoning	Currently rent or own the building you live in?									X												
Lead Poisoning	Ever checked your home for chipping, peeling or deteriorated paint?									X												
Lead Poisoning	In past 12 months, have you or a contractor dry sanded or dry scraped paint, used a heat gun to remove paint, or machine sanded, sandblasted or pressure washed paint in or on your home?										X											
Lead Poisoning	Do any of the following for chipping, peeling or deteriorated paint - dray sanded/scraped, blocked access to the area, wet sanded/scraped, used heat gun to remove, contact landlord?									X												
Lung Cancer Screening	How old were you when you first started to smoke cigarettes regularly?																		X		X	
Lung Cancer Screening	How old were you when you last smoked cigarettes regularly?																		X		X	
Lung Cancer Screening	On average, when you smoke/smoked regularly, about how many cigarettes do/did you smoke each day?																		X		X	
Lung Cancer Screening	In last 12 months, did you have a CT or CAT scan?																		X		X	
Marijuana	Ever used marijuana?								X	X	X	X	X									
Marijuana	In past 30 days, how many days used marijuana?								X	X	X	X	X	X	X		X	X	X	X	X	X
Marijuana	In past 30 days, in which way did you usually use marijuana or hashish?																		X	X	X	X
Marijuana	In past 30 days, how many times drove car within 3 hours of using marijuana?																	X	X	X	X	X
Marijuana	In past 30 days, how many times drove car when using marijuana								X	X	X	X		X	X		X					

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Marijuana	In the past 30 days, why did you usually use marijuana?																					X
Menu Labeling	When calorie information is available in the restaurant, how often does this information help you decide what to order?													X								
Multiple Sclerosis	Doctor ever told you have MS? (some years distinguishes last year vs. not)		X		X	X																
Oral Health	How long since visited dentist for any reason?	X		X		X		X		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		X		X		X		X
Oral Health	How long since had teeth cleaned?	X		X		X		X		X		X		X								
Oral Health	Main reason not visited dentist last year?	X																				
Oral Health	Have any insurance that covers some or all of your routine dental care?	X																				

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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		X		X		X
Oral Health	Calculated: Adults that have visited a dentist/dental hygienist/clinic			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
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										

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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			
Prescription Drugs	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																	
Preventive Counseling	Doctor ever talked with you about physical activity or exercise?				X																	
Preventive Counseling	Doctor ever talked with you about alcohol use?				X																	
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		X		X		X		X		X
Prostate Cancer Screening	How long since last PSA test?		X	X		X		X		X		X		X		X		X		X		X
Prostate Cancer Screening	Main reason you had this PSA test?													X		X		X		X		X

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Prostate Cancer Screening	Ever had digital rectal exam?		X	X		X		X		X		X		X								
Prostate Cancer Screening	How long since last digital rectal exam?		X	X		X		X		X		X		X								
Prostate Cancer Screening	Ever told by doctor that you have prostate cancer?		X	X		X		X		X		X										
Prostate Cancer Screening	Father, brother, son or grandfather ever told by doctor have prostate cancer?		X																			
Prostate Cancer Screening	Doctor ever discussed benefits and risks of prostate cancer screening and/or treatment?											X										
Prostate Cancer Screening	Calculated: Men 40+ with PSA in past two years					X		X		X		X		X		X		X		X		X
Prostate Cancer Screening	Calculated: Men 40+ no PSA test in past two years			X																		
Radon	Household air ever tested for radon gas?			X	X	X					X											
Radon	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		X	X	X	X	X	X	X	X
Random Child Selection	Is child boy or girl?						X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
Random Child Selection	(Prior to 2013) Is child Hispanic or Latino?						X	X	X	X	X	X	X									
Random Child Selection	(2013 forward) Is child Hispanic or Latino?														X	X	X	X	X	X	X	X
Random Child Selection	(Prior to 2013) Child's race (multiple and preferred)?						X	X	X	X	X	X	X									

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Random Child Selection	(2013 forward) Child's race (multiple and preferred)?														X	X	X	X	X	X	X	X
Random Child Selection	Child's race (recoded)?														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	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 ad physical symptoms, as a result of how you were treated based on your race?									X	X											

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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	X	X	X	X	X	X	X	X		X
Seat Belts	Calculated variable: Always wear seat belt			X				X		X		X	X	X	X	X	X	X	X	X		X
Seat Belts	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, had sex?	X																				
Sexual Behavior	During past 12 months, how many people had sex with?	X	X	X	X	X	X			X	X	X		X								
Sexual Behavior	During past 12 months, had sex with only males, only females, or both males and females?	X	X	X	X	X	X			X				X								
Sexual Behavior	Was that person male or female?		X	X	X	X	X															
Sexual Behavior	In past 12 months had sex with someone you consider to be your main sex partner?	X	X	X	X	X	X															
Sexual Behavior	If had one main partner in past 12 months, think of main partner you last had sex with. Was person male or female?	X																				
Sexual Behavior	Last time had sex, you or partner used plastic or latex barrier? (asked of main and non-main partners)	X	X	X	X	X	X			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	X	X	X	X	X							X								

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Sexual Behavior	Last time had sex with someone who is/was not your main sex partner, person was man or woman?	X																				
Sexual Orientation/Gender Identity	Do you consider yourself to be (Heterosexual, Homosexual, Bisexual, Other)	X	X	X																		
Sexual Orientation/Gender Identity	Do you consider yourself to be (Straight, Lesbian or Gay, Bisexual)															X		X	X	X	X	X
Sexual Orientation/Gender Identity	Do you consider yourself to be transgender?	X	X			X										X		X	X	X	X	X
STD/STI and High Risk Behaviors	In past 12 months, doctor talked with you about preventing sexually transmitted diseases through condom use?		X	X	X	X																
STD/STI and High Risk Behaviors	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				X	X		X	X
STD/STI and High Risk Behaviors	Any of the following high risk behaviors apply to you in last year? IV Drug use, treated for STD/VD, money for sex, tested positive for HIV/AIDS, had more than one sex partner in last year	X																				
STD/STI and High Risk Behaviors	In past year, treated for STD or VD?		X																			
STD/STI and High Risk Behaviors	In past 12 months, doctor talked to you about STIs?										X	X										
STD/STI and High Risk Behaviors	In past year, used non-prescribed IV drugs? (distinguishes between those that used and shared needles vs. those that did not share needles)		X			X	X															
STD/STI and High Risk Behaviors	In past year, given or received money or drugs for sex?		X																			
Sexual Violence	In past 12 months, anyone exposed you to unwanted sexual situations not involving physical touching?						X										X					
Sexual Violence	In past 12 months, anyone touched sexual parts of your body without your consent?						X										X					
Sexual Violence	In past 12 months, anyone attempted to have sex with you without your consent, but sex did not occur?						X															
Sexual Violence	In past 12 months, anyone had sex with you without your consent?						X										X					

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Sexual Violence	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															
Sexual Violence	Was person who did this male or female?						X															
Sexual Violence	Has anyone ever attempted to have sex with you without your consent, but sex did not occur?						X															
Sexual Violence	Has anyone ever had sex with you without your consent?						X										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														
Skin Cancer Prevention	Past 12 months, number of sunburns lasting more than one day														X							
Skin Cancer Prevention	Had sunburn in last 12 months?				X	X																
Skin Cancer Prevention	How many sunburns have you had in last 12 months?				X	X															X	
Skin Cancer Prevention	Used tanning booth in last 12 months?		X					X														
Sleep	During past 30 days, for about how many days have you felt you did not get enough rest or sleep?				X	X	X			X	X	X										
Sleep	On average, how many hours of sleep do you get in a 24-hour period?														X	X		X		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	X		X		X		X		X		X
Social Support	How satisfied are you with your life?						X	X	X	X	X	X										

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Sugar Sweetened Beverages	During past 30 days, how often drank regular soda or pop that contains sugar?																		X			
Sugar Sweetened Beverages	During past 30 days, how often drank sugar-sweetened fruit drinks, sweet tea, and sports energy drinks?																		X			
Suicide	Past 12 months, ever seriously considered attempting suicide?		X	X	X	X	X	X												X		
Suicide	Past 12 months, how many times actually attempted suicide?		X	X	X	X	X	X												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 or tucking pants in 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? Checking for ticks on your clothing																			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																			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	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	X	X	X	X	X	X
Tobacco Use	On average, number of cigarettes smoke per day?	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	X	X	X	X	X	X
Tobacco Use	How long since last smoked cigarettes regularly?	X									X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use	Currently use chew every day, some days or not at all?									X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use	In past 30 days, has anyone, including self, smoked anywhere inside your home?	X	X	X																		
Tobacco Use	Doctor ever advised you to quit smoking?	X	X	X	X																	

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
Tobacco Use	Dentist ever advised you to quit smoking?			X																		
Tobacco Use	Ever tried smokeless tobacco products?									X												
Tobacco Use	Now smoke cigars every day, some days or not at all?										X											
Tobacco Use	In past 30 days, on how many days smoked cigarettes?										X											
Tobacco Use	Calculated: Current smoking status risk factor	X	X	X	X	X	X	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	X	X	X	X	X	X
Vision Impairment	Do you have any trouble seeing, even when wearing glasses or contact lenses?												X	X								
Weight Control	Now trying to lose weight?	X			X	X	X			X												
Weight Control	Now trying to maintain weight?	X			X	X	X			X												
Weight Control	Eating fewer calories to lose weight or keep from gaining weight?	X			X	X	X			X												
Weight Control	Using physical activity to lose weight or keep from gaining weight?	X			X	X	X			X												
Weight Control	In past 12 months, doctor given you advice about your weight?	X			X	X	X			X												
Women's Health	Ever had mammogram?	X		X	X	X	X	X		X		X		X		X		X		X		X
Women's Health	How long since last mammogram?	X		X	X	X	X	X		X		X		X		X		X		X		X
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						

BRFSS Core and Optional (including state-added) Questions - 2000-2020

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
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	Ever had a Pap smear?	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	Had a hysterectomy?	X		X	X	X		X		X		X		X		X		X		X		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
Women's Health	Calculated: Women 40+ no mammogram in past two years			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		X						
Women's Health	Calculated: Women 21-65 No pap test in past three years															X		X		X		X
Women's Health	Calculated: Women 21-65 meet cervical cancer screening recommendations (PAP and HPV)																	X		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		X