

Appendix B: BRFSS Questions Used in This Report

GENERAL HEALTH STATUS

Would you say that in general your health is:

Please Read

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor

Do not read these responses 7 Don't know/Not sure
9 Refused

DIABETES

Have you ever been told by a doctor that you have diabetes?

- If "Yes" and female, ask "Was this only when you were pregnant?"**
- 1 Yes
 - 2 Yes, but female told only during pregnancy
 - 3 No
 - 7 Don't know/Not sure
 - 9 Refused

HEALTH CARE INSURANCE COVERAGE

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

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

There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through: Coverage Code — —

Please Read

- If more than one, ask "Which type do you use to pay for most of your medical care?"**
- 01 Your employer
 - 02 Someone else's employer
 - 03 A plan that you or someone else buys on your own
 - 04 Medicare
 - 05 Medicaid or Medical Assistance [or substitute state program name]
 - 06 The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]
 - 07 The Indian Health Service [or the Alaska Native Health Service], or
 - 08 Some other source
 - 88 None
 - 77 Don't know/Not sure
 - 99 Refused
- Do not read these responses**

ROUTINE DENTAL HEALTH CARE

How long has it been since you last visited a dentist or a dental clinic for any reason?

Read Only if Necessary

- Include visits to dental specialists, such as orthodontists**
- 1 Within the past year (Anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year to less than 2 years ago)
 - 3 Within the past 5 years (2 years to less than 5 years ago)
 - 4 5 or more years ago
 - 7 Don't know/Not sure
 - 8 Never
 - 9 Refused

SCREENING MAMMOGRAPHY

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

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

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

Read only if Necessary

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 3 years (2 to 3 years ago)
- 4 Within the past 5 years (3 to 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

- 1 Routine checkup
- 2 Breast problem other than cancer
- 3 Had breast cancer
- 7 Don't know/Not sure
- 9 Refused

Appendix B: BRFSS Questions Used in This Report

CLINICAL BREAST EXAMINATION

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

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

How long has it been since your last breast exam?

Read Only if Necessary

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 3 years (2 to 3 years ago)
- 4 Within the past 5 years (3 to 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

- 1 Routine Checkup
- 2 Breast problem other than cancer
- 3 Had breast cancer
- 7 Don't know/Not sure
- 9 Refused

PAP TEST

A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

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

How long has it been since you had your last Pap smear?

Read Only if Necessary

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 3 years (2 to 3 years ago)
- 4 Within the past 5 years (3 to 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?

- 1 Routine exam
- 2 Check current or previous problem
- 3 Other
- 7 Don't know/Not sure
- 9 Refused

Have you had a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb)

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

SIGMOIDOSCOPY OR COLONOSCOPY

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?

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

How long has it been since you had your last sigmoidoscopy or colonoscopy?

Read Only if Necessary

- 1 Within the past year (Anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Appendix B: BRFSS Questions Used in This Report

BLOOD PRESSURE SCREENING

How long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

- 1 Within the past 6 months (1 to 6 months ago)
- 2 Within the past year (6 to 12 months ago)
- 3 Within the past 2 years (1 to 2 years ago)
- 4 Within the past 5 years (2 to 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 8 Never
- 9 Refused

CHOLESTEROL SCREENING

Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

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

About how long has it been since you last had your blood cholesterol checked?

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

INFLUENZA VACCINATION

During the past 12 months, have you had a flu shot?

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

PNEUMOCOCCAL VACCINATION

Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

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

PHYSICAL INACTIVITY

During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

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

REGULAR PHYSICAL ACTIVITY

What type of physical activity or exercise did you spend the most time doing during the past month?

- Activity [specify]:
See coding list A
99 Refused

How far did you usually walk/run/jog/swim? (This question is only asked of respondents who answered running, jogging, walking or swimming to the previous question)

- See coding list B if response is not in miles and tenths** Miles and tenths ___ : ___
777 Don't know/Not sure
999 Refused

How many times per week or per month did you take part in this activity during the past month?

- Times per week 1 ___
Times per month 2 ___
777 Don't know/Not sure
999 Refused

And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- Hours and minutes: ___ : ___
777 Don't know/Not sure
999 Refused

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Was there another physical activity or exercise that you participated in during the last month?

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

What other type of physical activity gave you the next most exercise during the past month?

- Activity [specify]:
See coding list A
 99 Refused

How far did you usually walk/run/jog/swim? (Only ask if respondent answered running, jogging, walking or swimming to previous question)

- See coding list B if response is not in miles and tenths** Miles and tenths __ __ : __ __
 777 Don't know/Not sure
 999 Refused

How many times per week or per month did you take part in this activity?

- Times per week 1 __ __
- Times per month 2 __ __
- 777 Don't know/Not sure
- 999 Refused

And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- Hours and minutes: __ : __
 777 Don't know/Not sure
 999 Refused

5 a DAY

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

How often do you drink fruit juices such as orange, grapefruit, or tomato?

- Per day 1 __ __
- Per week 2 __ __
- Per month 3 __ __
- Per year 4 __ __
- 555 Never
- 777 Don't know/Not sure
- 999 Refused

Not counting juice, how often do you eat fruit?

- Per day 1 __ __
- Per week 2 __ __
- Per month 3 __ __
- Per year 4 __ __
- 555 Never
- 777 Don't know/Not sure
- 999 Refused

How often do you eat green salad?

- Per day 1 __ __
- Per week 2 __ __
- Per month 3 __ __
- Per year 4 __ __
- 555 Never
- 777 Don't know/Not sure
- 999 Refused

How often do you eat potatoes not including french fries, fried potatoes, or potato chips?

- Per day 1 __ __
- Per week 2 __ __
- Per month 3 __ __
- Per year 4 __ __
- 555 Never
- 777 Don't know/Not sure
- 999 Refused

How often do you eat carrots?

- Per day 1 __ __
- Per week 2 __ __
- Per month 3 __ __
- Per year 4 __ __
- 555 Never
- 777 Don't know/Not sure
- 999 Refused

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: a serving of vegetables at both lunch and dinner would be two servings)

- Per day 1 __ __
- Per week 2 __ __
- Per month 3 __ __
- Per year 4 __ __
- 555 Never
- 777 Don't know/Not sure
- 999 Refused

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OVERWEIGHT OR OBESE

About how much do you weigh without shoes?

Round ___ ___ Weight
fractions up pounds
 7 7 7 Don't know/Not sure
 9 9 9 Refused

About how tall are you without shoes?

Round ___/___ ___ Height
fractions ft/inches
down 7 7 7 Don't know/Not sure
 9 9 9 Refused

On the days when you drank, about how many drinks did you drink on the average?

___ ___ Number of drinks
 7 7 Don't know/Not sure
 9 9 Refused

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

___ ___ Number of times
 8 8 None
 7 7 Don't know/Not sure
 9 9 Refused

CURRENT CIGARETTE SMOKING

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

5 packs 1 Yes
= 100 2 No
cigarettes 7 Don't know/Not sure
 9 Refused

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

1 Every day
 2 Some days
 3 Not at all
 9 Refused

SEATBELT USE

How often do you use seatbelts when you drive or ride in a car? Would you say:

1 Always
 2 Nearly Always
 3 Sometimes
 4 Seldom
 5 Never
 7 Don't know/Not sure
 8 Never drive or ride in a car
 9 Refused

QUIT ATTEMPT

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

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

BINGE DRINKING AND CHRONIC DRINKING

A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage?

1 ___ ___ Days per week
 2 ___ ___ Days in past 30
 8 8 8 No drinks in past 30 days
 7 7 7 Don't know/Not sure
 9 9 9 Refused