

# Appendix B: BRFSS Questions Used in This Report

The data for this report came from different questionnaires used from 1999-2001. The following question text includes questions from those years.







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### 1. GENERAL HEALTH STATUS:

1.1 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

### 2. PHYSICAL HEALTH PAST 30 DAYS:

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- \_\_\_\_\_ Number of days
- 88 None
- 77 Don't know/Not sure
- 99 Refused

### 3. MENTAL HEALTH PAST 30 DAYS:

3.1 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- \_\_\_\_\_ Number of days
- 88 None
- 77 Don't know/Not sure
- 99 Refused

### 4. DIABETES:

4.1 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

### 5. ASTHMA:

5.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

5.2 Do you still have asthma?

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

### 6. ARTHRITIS:

6.1 During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?

- 1 Yes
- 2 No **Go to Q6.3**
- 7 Don't know/Not sure **Go to Q6.3**
- 9 Refused **Go to Q6.3**

6.2 Were these symptoms present on most days for at least one month?

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

6.3 Have you ever been told by a doctor that you have arthritis?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

### 7. HIGH CHOLESTEROL AWARENESS:

7.1. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

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

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### 8. HIGH BLOOD PRESSURE AWARENESS:

8.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

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

### 9. HEALTH CARE COVERAGE:

9.1 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

### 10. UNABLE TO GET NEEDED CARE DUE TO COST:

10.1 Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

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

### 11. DENTAL CARE COVERAGE:

11.1 Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

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

### 12. ROUTINE DENTAL CARE:

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

- Read Only if Necessary**
- 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

### 13. MAMMOGRAPHY (asked only of women):

13.1 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

13.2 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

13.3 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



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### 14. PAP TEST (asked only of women):

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

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

14.2 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

14.3 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

14.4 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

### 15. PROSTATE-SPECIFIC ANTIGEN SCREENING (asked only of men ages 40 and older):

15.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't Know/not Sure **Go to next section**
- 9 Refused **Go to next section**

15.2 How long has it been since you had your last PSA test?

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

### 16. SIGMOIDOSCOPY OR COLONOSCOPY (asked only of adults ages 50 and older):

16.1 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

16.2 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

### 17. CHOLESTEROL SCREENING:

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

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

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17.2 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

**18. SUNSCREEN USE:**

18.1 The next questions are about what you do to protect your skin when you go outside. When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sunblock?

Would you say: **Please read**

- |                         |   |   |
|-------------------------|---|---|
| <b>Summer means</b>     | 1 | Always  |
| <b>June, July,</b>      | 2 | Nearly always                                 |
| <b>and August.</b>      | 3 | Sometimes                                     |
| <b>Sunny is what</b>    | 4 | Seldom  |
| <b>respondent</b>       | 5 | Never <b>Go to next section</b>               |
| <b>considers sunny.</b> |   |   |
| <b>Do not</b>           | 8 | Don't stay out more than an hour              |
| <b>read</b>             |   | <b>Go to next section</b>                     |
| <b>these</b>            | 7 | Don't know/Not sure <b>Go to next section</b> |
| <b>responses</b>        | 9 | Refused <b>Go to next section</b>             |

18.2 What is the Sun Protection Factor or SPF of the sunscreen you use most often?

- |     |                     |
|-----|---------------------|
| ___ | Number              |
| 77  | Don't know/Not sure |
| 99  | Refused             |

**19. INFLUENZA VACCINATION:**

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

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

**20. PNEUMOCOCCAL VACCINATION:**

20.1 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

**21. FOLIC ACID CONSUMPTION (asked only of women ages 18-44):**

21.1 Do you currently take any vitamin pills or supplements?

- |                    |   |   |
|--------------------|---|---|
| <b>Include</b>     | 1 | Yes   |
| <b>liquid</b>      | 2 | No <b>Go to next section</b>                  |
| <b>supplements</b> | 7 | Don't know/Not sure <b>Go to next section</b> |
|                    | 9 | Refused <b>Go to next section</b>             |

21.2 Are any of these a multivitamin?

- 1 Yes **Go to Q21.4**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

21.3 Do any of the vitamin pills or supplements you take contain folic acid?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

21.4 How often do you take this vitamin pill or supplement?

- 1 \_\_\_ Times per day
- 2 \_\_\_ Times per week
- 3 \_\_\_ Times per month
- 777 Don't know/Not sure
- 999 Refused



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### 22. HIV TEST (asked only of adults ages 18-64):

22.1 As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

- Include** 1 Yes  
**saliva** 2 No **Go to next section**  
**tests** 7 Don't know/Not sure **Go to next section**  
 9 Refused **Go to next section**

### 23. CURRENT CIGARETTE SMOKING:

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

- 5 packs = 100** 1 Yes  
**cigarettes** 2 No **Go to next section**  
 7 Don't know/Not sure **Go to next section**  
 9 Refused **Go to next section**

23.2 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

### 24. QUIT SMOKING ATTEMPT (asked only of current smokers):

24.1 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

### 25. CHRONIC DRINKING:

25.1 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  
 888 No drinks in past 30 days **Go to next section**  
 777 Don't know/Not sure **Go to next section**  
 999 Refused **Go to next section**

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

- \_\_\_ Number of drinks  
 77 Don't know/Not sure  
 99 Refused

### 26. BINGE DRINKING:

26.1 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  
 88 None  
 77 Don't know/Not sure  
 99 Refused

### 27. DAILY VEGETABLE CONSUMPTION:

27.1 How often do you eat green salad?

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

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

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

27.3 How often do you eat carrots?

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

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27.4 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)

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

### 28. DAILY FRUIT CONSUMPTION:

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

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

28.2 Not counting juice, how often do you eat fruit?

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

### 29. PHYSICAL INACTIVITY:

29.1 The next few questions are about exercise, recreation, or physical activities other than your regular job duties. 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

### 30. REGULAR PHYSICAL ACTIVITY:

30.1 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

30.2 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

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

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

30.4 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

30.5 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

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

Activity [specify]: \_\_\_\_\_  
**See coding list A**  
 99 Refused

30.7 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



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

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

30.9 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

### 31. OVERWEIGHT OR OBESE:

31.1 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

31.2. 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