Appendix G:

BRFSS Questions Used in This Report

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The data for this report came from different questions asked on the annual Utah BRFSS questionnaires from 2001–2005. The following text includes questions from those years that were used to create the measures analyzed for this report. For each measure in bold text, the years enclosed in bolded parentheses directly following the measure indicate when a question or set of questions was asked. If a particular question changed in the years reported, all versions of the question are included following the measure, and the years are indicated in parentheses after the specific question text.

1. FAIR OR POOR HEALTH (2001–2005):

1.1 Would you say that in general your health is:

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
7 Don't know/Not sure
9 Refused

2. POOR PHYSICAL HEALTH (2001–2005):

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
8 8 None
7 7 Don't know/Not sure
9 9 Refused

3. POOR MENTAL HEALTH (2001–2005):

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
8 8 None
7 7 Don't know/Not sure
9 9 Refused

4. DOCTOR-DIAGNOSED DIABETES (2001–2005):

4.1 Have you ever been told by a doctor that you have diabetes?
(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?") (2001–2003)

1 Yes
2 Yes, but female told only during pregnancy
3 No
7 Don't know/Not sure
9 Refused

4.1 Have you ever been told by a doctor that you have diabetes? (2004, 2005)
(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")
(If Respondent says pre-diabetes or borderline diabetes, use response code 4.)

1 Yes
2 Yes, but female told only during pregnancy
3 No
4 No, pre-diabetes or borderline diabetes
7 Don't know/Not sure
9 Refused

5. CURRENT DOCTOR-DIAGNOSED ASTHMA (2001–2005):

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. DOCTOR-DIAGNOSEED ARTHRITIS (2001-2003, 2005):

6.1 Have you ever been told by a doctor that you have arthritis? (2001)

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

6.1 Have you **EVER** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (2002, 2003, 2005)

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

7. DOCTOR-DIAGNOSED HIGH BLOOD PRESSURE (2001, 2003, 2005):

7.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (2001)

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

7.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (2003)

1 Yes
2 Yes, but female told only during pregnancy
3 No
7 Don't know/Not sure
9 Refused

7.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (2005)

1 Yes
2 Yes, but female told only during pregnancy
3 No
4 Told borderline high or pre-hypertensive
7 Don't know/Not sure
9 Refused

8. DOCTOR-DIAGNOSED HIGH CHOLESTEROL (2001, 2003, 2005):

8.1 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

9. ACTIVITY LIMITATION (2001–2005):

9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

10. HEALTH CARE COVERAGE (2001–2005):

10.1 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

11. PRIMARY CARE PROVIDER (2001–2005):

11.1 Do you have one person you think of as your personal doctor or health care provider? (If "No," ask: "Is there more than one or is there no person who you think of?")

1 Yes, only one
2 More than one
3 No
7 Don't know/Not sure
9 Refused

12. HIV TESTING (asked only of adults ages 18-64) (2001–2005):

12.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (2001–2004)

Include saliva tests

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

12.1 Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. **Include test using fluid from your mouth.** (2005)

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

13. SIGMOIDOSCOPY OR COLONOSCOPY (asked only of adults ages 50 and older) (2001-2005):

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

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

13.2 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

14. CURRENT CIGARETTE SMOKING (2001–2005):

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

5 packs = 100 cigarettes

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 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

15. BINGE DRINKING (2001–2005):

15.1 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
8 8 None
7 7 Don't know/Not sure
9 9 Refused

16. CHRONIC DRINKING (2001–2005):

16.1 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? (2001)

1 __ __ Days per week
2 __ __ Days in past 30
8 8 8 No drinks in past 30 days ⇨(**Go to next section**)
7 7 7 Don't know/Not sure ⇨(**Go to next section**)
9 9 9 Refused ⇨(**Go to next section**)

16.1 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 many days per week or per month did you have at least 1 drink of any alcoholic beverage? (2002–2004)

1 __ __ Days per week
2 __ __ Days in past 30
8 8 8 No drinks in past 30 days ⇨(**Go to next section**)
7 7 7 Don't know/Not sure ⇨(**Go to next section**)
9 9 9 Refused ⇨(**Go to next section**)

16.2 On the days when you drank, about how many drinks did you drink on the average? (2001–2004)

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

16.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (2005)

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

16.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (2005)

1 __ __ Days per week
2 __ __ Days in past 30
8 8 8 No drinks in past 30 days ⇨**(Go to next section)**
7 7 7 Don't know/Not sure ⇨**(Go to next section)**
9 9 9 Refused ⇨**(Go to next section)**

16.3 One drink is equivalent to a 12 ounce beer, a 4 ounce glass of wine, or a drink with one shot of liquor. On the days when you drank, during the past 30 days, about how many did you drink on average? (2005)

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

17. PHYSICAL INACTIVITY (2001–2005):

17.1 During the past month, other than your regular job, 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

18. RECOMMENDED PHYSICAL ACTIVITY (2001, 2003, 2005):

18.1 When you are at work, which of the following best describes what you do? Would you say? (Ask only of respondents who are employed for wages or self-employed.)

Note: If respondent has multiple jobs, include all jobs.

Please read
1 Mostly sitting or standing
2 Mostly walking
3 Mostly heavy labor or physically demanding work

DO NOT READ
7 Don't know/Not sure
9 Refused

Please read
We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

18.2 Now, thinking about the moderate activities you do [**fill in "when you are not working" if "employed" or self-employed"**] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

1 Yes
2 No ⇨(**Go to Q18.5**)
7 Don't know/Not sure ⇨(**Go to Q18.5**)
9 Refused ⇨(**Go to Q18.5**)

18.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

__ __ Days per week
8 8 Do not do any moderate physical activity for at least 10 minutes at a time ⇨(**Go to Q18.5**)
7 7 Don't know/Not sure ⇨(**Go to Q18.5**)
9 9 Refused ⇨(**Go to Q18.5**)

18.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

__:__ __ Hours and minutes per day
7 7 7 Don't know/Not sure
9 9 9 Refused

18.5 Now, thinking about the vigorous activities you do [**fill in "when you are not working" if "employed" or "self-employed"**] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

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

18.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

__ __ Days per week
8 8 Do not do any vigorous physical activity for at least 10 minutes at a time ⇨(**Go to next section**)
7 7 Don't know/Not sure ⇨(**Go to next section**)
9 9 Refused ⇨(**Go to next section**)

18.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

__:__ __ Hours and minutes per day
7 7 7 Don't know/Not sure
9 9 9 Refused

19. OVERWEIGHT OR OBESE (2001–2005):

19.1 About how much do you weigh without shoes?

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

19.2 About how tall are you without shoes?

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

Reported height and weight are used to calculate BMI. Overweight or Obese is defined as BMI >=25.

20. OBESE (2001–2005):

20.1 About how much do you weigh without shoes?

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

20.2 About how tall are you without shoes?

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

Reported height and weight are used to calculate BMI. Obese is defined as BMI >=30.

21. TWO OR MORE FRUITS PER DAY (2002, 2003, 2005):

21.1 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

21.2 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

22. THREE OR MORE VEGETABLES PER DAY (2002, 2003, 2005):

22.1 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

22.2 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

22.3 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

22.4 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)

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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DEMOGRAPHICS (2001–2005):

D.1 What is your age?

__ __	Code age in years
0 7	Don't know/Not sure
0 9	Refused

D.2 Are you Hispanic or Latino?

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

D.3 Which one or more of the following would you say is your race?

(Check all that apply)

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaska Native
6 Other [specify]_____
8 No additional choices
7 Don't know/Not sure
9 Refused

Note: If more than one response to question 3, continue. Otherwise⇨**(Go to D.5)**

D.4 Which one of these groups would you say best represents your race?

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaska Native
6 Other [specify]_____
8 No additional choices
7 Don't know/Not sure
9 Refused

D.5 Are you…?

1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married
6 A member of an unmarried couple
9 Refused

D.6 How many children less than 18 years of age live in your household?

__ __	Number of children
8 8	None
9 9	Refused

D.7 What is the highest grade or year of school you completed?

1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)
9 Refused

D.8 Are you currently…?

1 Employed for wages
2 Self-employed
3 Out of work for more than 1 year
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired
8 Unable to work
9 Refused

D.9 Is your annual household income from all sources—

If respondent refuses at ANY income level, code '99' (Refused)

01 Less than $10,000
02 $10,000 to less than $15,000
03 $15,000 to less than $20,000
04 $20,000 to less than $25,000
05 $25,000 to less than $35,000
06 $35,000 to less than $50,000
07 $50,000 to less than $75,000
08 $75,000 or more

77 Don't know/Not sure
09 Refused

D.10 About how much do you weigh without shoes?

Round fractions up

__ __ __ pounds	Weight
7 7 7	Don't know/Not sure
9 9 9	Refused

D.11 About how tall are you without shoes?

Round fractions down

__/__ __ ft/inches	Height
7 7 7	Don't know/Not sure
9 9 9	Refused

D.12 What county do you live in?

__ __ __	FIPS county code
7 7 7	Don't know/Not sure
9 9 9	Refused

D.13 What is your ZIP Code where you live?

_ _ _ _ _	FIPS county code
7 7 7 7 7	Don't know/Not sure
9 9 9 9 9	Refused