

BRFSS Core and Optional (including state-added) Questions - 2000-2016

X indicates included on the survey

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
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					

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
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
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
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
Alcohol Consumption	How many times had 4 or more drinks on an occasion? (women only)				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
Alcohol Consumption	Doctor or other HCP ever talked with your about alcohol use?												X					
Alcohol Consumption	Calculated: Drink occasions per day						X	X	X	X	X	X	X	X	X	X	X	X
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
Alcohol Consumption	Calculated: Heavy drinking risk factor			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Consumption	Calculated: Heavy drinking among men risk factor			X	X	X	X	X	X	X	X	X	X	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
Alcohol Consumption	Calculated: Risk factor binge drinking		X	X	X	X	X	X	X	X	X	X	X	X	X	X	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
Alcohol Screening	Were you offered advice about what level of drinking is harmful or risky for your health?															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							

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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	
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
Arthritis/Joint Pain	Currently being treated by doctor for arthritis?	X	X															
Arthritis/Joint Pain	Arthritis or joint symptoms affect whether you work, type of work do, or amount of work do?			X	X		X				X		X		X		X	
Arthritis/Joint Pain	In past month, extent that arthritis or joint symptoms interfered with normal social activities?										X		X		X		X	
Arthritis/Joint Pain	In past month, how bad was joint pain on average?										X		X		X		X	
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													
Arthritis/Joint Pain	Ever taken educational course on how to manage problems related to arthritis or joint symptoms?				X													
Arthritis/Joint Pain	Calculated: Arthritis or joint symptoms affect whether you work, type of work do, or amount of work do?														X		X	
Arthritis/Joint Pain	Calculated: Arthritis or joint symptoms affect interfered with normal social activities														X		X	
Arthritis/Joint Pain	Calculated: Arthritis or joint symptoms limit normal activities														X		X	
Arthritis/Joint Pain	Calculated: Respondent diagnosed with arthritis						X		X		X		X	X	X	X	X	

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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
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						
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							

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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
Exercise/Physical Activity	Type of physical activity or exercise participated in most? (Repeated addt'l activity)	X											X		X		X	
Exercise/Physical Activity	How far usually walk/run/jog/swim? (repeated addt'l activity)	X																
Exercise/Physical Activity	Times per week or month take part in this activity? (Repeated addt'l activity)	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	
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	
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	O		X	X							
Exercise/Physical Activity	Calculated: 150 minutes physical activity										X		X		X		X	
Exercise/Physical Activity	Calculated: 300 minutes of physical activity										X		X		X		X	

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Exercise/Physical Activity	Calculated: No physical activity or exercise risk factor			X		X		O			X							
Exercise/Physical Activity	Calculated: Moderate physical activity recommendations risk factor	X			X		X	O	X		X							
Exercise/Physical Activity	Calculated: No leisure time physical activity or exercise - calculated differently in 2011	X	X	X	X	X	X	O	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	O	X		X							
Exercise/Physical Activity	Calculated: Recommended physical activity risk factor		X		X		X	O	X		X							
Exercise/Physical Activity	Calculated: Vigorous physical activity risk factor		X		X		X	O	X		X							
Exercise/Physical Activity	Calculated: Estimated activity intensity for first activity												X		X		X	
Exercise/Physical Activity	Calculated: Estimated intensity for second activity												X		X		X	
Exercise/Physical Activity	Calculated: Minutes of total physical activity per week												X		X		X	
Exercise/Physical Activity	Calculated: Minutes of total vigorous physical activity per week												X		X		X	
Exercise/Physical Activity	Calculated: Minutes of vigorous physical activity per week - first activity												X		X		X	
Exercise/Physical Activity	Calculated: Minutes of vigorous physical activity per week - second activity												X		X		X	
Exercise/Physical Activity	Calculated: Physical Activity Categories												X		X		X	
Exercise/Physical Activity	Calculated: Physical Activity Index (met recs vs. not)												X		X		X	
Exercise/Physical Activity	Calculated: Muscle strengthening recommendation												X		X		X	
Exercise/Physical Activity	Calculated: Aerobic and Strengthening Guideline												X		X		X	
Exercise/Physical Activity	Calculated: 2-level aerobic and strengthening guideline												X		X		X	

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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
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
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												
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												
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
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												
Firearms	Is there a firearm in or around your home that is now loaded and unlocked?		X															
Firearms	Any firearms now loaded?			X		X												
Firearms	Any firearms also unlocked?			X		X												
Fit & Healthy Vermonters	Rate community as a safe place to walk												X					
Fit & Healthy Vermonters	Use walking trails, parks, playgrounds, sports fields in your community for physical activity?												X					
Fit & Healthy Vermonters	Weight perception: do you now consider yourself to be: obese, overweight, underweight, about the right weight?															X	X	

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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
Fruits and Vegetables	How often drink fruit juices?	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			
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							
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	Calculated: Eat 2+ servings of fruit per day							X	X				X		X		X	
Fruits and Vegetables	Calculated: Eat 3+ servings of vegetables per day							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	
Fruits and Vegetables	Calculated: Vegetables less than once per day												X		X		X	

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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
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		
Health Care Access	Have you delayed getting needed medical care for any of the following reasons in the past 12 months?														X	X		
Health Care Access	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
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
Health Care Access	Time in past 12 months when you needed medical care but could not get it?			X														
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
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		

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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
Immunization - Adult	Month and year got most recent flu shot							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	
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
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									
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	
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
Immunization - Adult	Calculated: Respondents aged 65+ that ever had pneumonia vaccination			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				
Immunization - Adult	Was most recent tetanus shot given in 2005 or later?										X			X				

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Immunization - Adult	Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?										X			X				
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		
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		
Intimate Partner Violence	Has intimate partner ever hit, slapped, pushed, kicked, or physically hurt you in any way?						X				X					X		
Intimate Partner Violence	Has intimate partner ever tried to control your daily activities?										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											
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

BRFSS Core and Optional (including state-added) Questions - 2000-2016

X indicates included on the survey

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Prostate Cancer Screening	Has doctor, nurse, or other health professional ever talked with you about the advantages of the PSA test?													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
Prostate Cancer Screening	Has doctor, nurse, or other health professional ever recommended that you have a PSA test?													X		X		X
Prostate Cancer Screening	Ever had a PSA test?		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
Prostate Cancer Screening	Main reason you had this PSA test?													X		X		X
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+ no PSA test in past two years			X		X		X		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
Random Child Selection	Is child boy or girl?							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					
Random Child Selection	(2013 forward) Is child Hispanic or Latino?														X	X	X	X
Random Child Selection	Child's race (multiple and preferred)?							X	X	X	X	X	X					
Random Child Selection	Child's race (multiple and preferred)?														X	X	X	X
Random Child Selection	Child's race (recoded)?														X	X	X	X

BRFSS Core and Optional (including state-added) Questions - 2000-2016

X indicates included on the survey

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
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												
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
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
Social Support	How satisfied are you with your life?						X	X	X	X	X	X						
Suicide	Past 12 months, ever seriously considered attempting suicide?		X	X	X	X	X	X										
Suicide	Past 12 months, how many times actually attempted suicide?		X	X	X	X	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
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
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
Tobacco Use	How long since last smoked cigarettes regularly?	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
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													
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
Tobacco Use	Calculated: Four level smoker status	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				

