BRFSS QUESTIONS

Table 3: Arthritis
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?

Table 4: Asthma
Have you EVER been told by a doctor, nurse, or other health professional that you had asthma? Do you still have asthma?

Table 5: Coronary Heart Disease
Has a doctor, nurse, or other health professional EVER told you that you had angina or coronary heart disease?

Table 6: Heart Attack
Has a doctor, nurse, or other health professional EVER told you that you had a heart attack, also called a myocardial infarction?

Table 7: Major Depression
Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? Over the last 2 weeks, how many days have you felt down, depressed or hopeless? Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? Over the last 2 weeks, how many days have you felt tired or had little energy? Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

Table 8: Diabetes
Have you ever been told by a doctor that you have diabetes?

Table 9: High Blood Pressure
Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

Table 10: High Cholesterol
Have you EVER been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

Table 11: Stroke
Has a doctor, nurse, or other health professional EVER told you that you had a stroke?
**Table 23: Physical Activity**
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. Now, thinking about the moderate activities you do in a usual week [when you are not working], 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? How many days per week do you do these moderate activities for at least 10 minutes at a time? 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? Now, thinking about the vigorous activities you do [when you are not working] 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? How many days per week do you do these vigorous activities for at least 10 minutes at a time? 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?

**Table 24: Nutrition**
How often do you drink fruit juices such as orange, grapefruit, or tomato? Not counting juice, how often do you eat fruit? How often do you eat green salad? How often do you eat potatoes not including French fries, fried potatoes, or potato chips? How often do you eat carrots? 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.)

**Table 25: Healthy Weight**
How much do you weigh without shoes? About how tall are you without shoes? (BMI is calculated by dividing the weight by height squared.)

**Table 26: Current Smoker**
Have you ever smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days, or not at all?

**Table 27: General Health Status**
Would you say that in general your health is excellent, very good, good, fair, or poor?

**Table 28: Frequent Mental Distress**
Now thinking about your mental health, which includes stress, depressions, and problems with emotions, for how many days during the past 30 days was your mental health not good?

**Table 29: Any Disabilities**
Are you limited in any way in any activities because of physical, mental, or emotional problems? Or, do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

**Table 30: Breast Cancer Screening, Mammogram**
A mammogram is an x-ray of each breast to look for breast cancer. Have you EVER had a mammogram? If yes, how long has it been since you had your last mammogram?
**Table 31: Breast Cancer Screening, Clinical Breast Exam**
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? How long has it been since your last breast exam?

**Table 32: Cervical Cancer Screening, Pap Smear**
A Pap test is a test for cancer of the cervix. Have you EVER had a Pap test? How long has it been since your last Pap test?

**Table 33: Cholesterol Screening**
Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

**Table 34: Colorectal Cancer Screening, Blood Stool Test**
A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? How long has it been since you had your last blood stool test using a home kit?

**Table 35: Colorectal Cancer Screening, Colonoscopy or Sigmoidoscopy**
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? How long has it been since you had your last sigmoidoscopy or colonoscopy?

**Table 36: Pneumococcal Vaccination**
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

**Table 37: Influenza Vaccination**
A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?

**Table 38: Medical Care Provider Access**
Do you have one person you think of as your personal doctor or health care provider?

**Table 39: Medical Care Coverage**
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?