

Behavioral Risk Factor Surveillance Survey
Health Care Coverage, 2007-present
Data Collection Tool

Center for Community Health,
Division of Chronic Disease Prevention
Bureau of Chronic Disease, Evaluation and Research

Behavioral Risk Factor Surveillance Survey, Health Care Coverage, 2007-present

Data on health care coverage and the various demographic categories were collected using the BRFSS questionnaires for 2007-present.

BRFSS questionnaires for 2009 to present are available for download at NYS Department of Health's Open Data NY website (<https://health.data.ny.gov/>). Questionnaires for earlier years are available upon request from the BRFSS coordinator. For inquiries or requests regarding the BRFSS questionnaires, contact the BRFSS coordinator at (518)473-0673 or BRFSS@health.state.ny.us

As an example, the questions from the 2012 BRFSS questionnaire that were the basis for these datasets are provided below. Questionnaires from previous years used the same questions, possibly with minor wording changes.

Section 2: Healthy Days — Health-Related Quality of Life

2.2 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? (76–77)

– –	Number of days	
8 8	None	[If Q2.1 and Q2.2 = 88 (None), go to next section]
7 7	Don't know / Not sure	
9 9	Refused	

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (80)

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

Section 7: Demographics

7.1 What is your age? (100-101)

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

- 7.2** Are you Hispanic or Latino? (102)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 7.3** Which one or more of the following would you say is your race? (103 -108)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify]_____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q7.3; continue. Otherwise, go to Q7.5.

- 7.4** Which one of these groups would you say best represents your race? (109)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify]_____

Do not read:

- 7 Don't know / Not sure
- 9 Refused

7.8

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

(114)

Read only if necessary:

- 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)

Do not read:

- 9 Refused

7.9

Are you currently...?

(115)

Please read:

- 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

Or

- 8 Unable to work

Do not read:

- 9 Refused

7.10

Is your annual household income from all sources—

(116-117)

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

Read only if necessary:

0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)

0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 If "no," code 02

0 5 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

7.13

What county do you live in?

(126-128)

— — — — ANSI County Code (formerly FIPS county code)

7 7 7 Don't know / Not sure

9 9 9 Refused

7.14

What is the ZIP Code where you live?

(129-133)

— — — — ZIP Code

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

7.20 Indicate sex of respondent. **Ask only if necessary.** (141)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

Section 8: Disability

The following questions are about health problems or impairments you may have.

8.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (143)

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

8.2 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? (144)

Include occasional use or use in certain circumstances.

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