

Attachment 13d: Listing Of Changes in Wording For
2018 BRFSS Field Test by Section and Module

Section/ Module	Old Wording	New Wording	Reason for change
<p>Rotating Module: Healthcare Access</p>	<p>1. Do you have Medicare?</p> <p>2. What is the primary source of your health care coverage?</p> <p>3. Have you delayed getting needed medical care for any of the following reasons in the past 12 months?</p> <p>4a. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?</p> <p>4b. About how long has it been since you last had health care coverage?</p> <p>5. How many times have you been to a doctor, nurse, or other health professional in the past 12 months?</p> <p>6. Not including over-the-counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?</p> <p>7. In general, how satisfied are you with the health care you received?</p> <p>8. Do you currently have any health care bills that are being paid off over time?</p>	<p>1. What is the primary source of your health care coverage?</p>	<p>The Healthcare Access Module has been administered with 8 questions. The CDC program has requested that in alternating years only one of the eight questions be administered in order to meet budgetary restrictions. The question itself has not changed wording, but the remaining questions have been deleted. In 2020, the full set of questions will again be used.</p>

Section/ Module	Old Wording	New Wording	Reason for change
<p>Rotating Core: Arthritis</p>	<p>1. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?</p> <p>2. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?</p> <p>3. During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?</p> <p>4. During the past 30 days, how bad was your joint pain on average?</p>	<p>1. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? 1 Yes 2 No 7 Don't know / Not sure 9 Refused</p> <p>2. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?</p> <p>3. During the past 30 days, how bad was your joint pain on average?</p> <p>4. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?</p> <p>5. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?</p>	<p>This change removes the original question 3 and adds two questions (new questions 4, 5) which are taken from the previously approved Arthritis Burden Module. With this change in the rotating core, the Arthritis Burden Module will be eliminated. No wording changes have been made to the questions, but the location of the questions in the questionnaire has changed.</p>
<p>Rotating Core: Hypertension Awareness</p>	<p>1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?</p> <p>2. Are you currently taking medicine for your high blood pressure?</p>	<p>1. When was the last time you had your blood pressure checked by a doctor, nurse or other health professional?</p> <p>2. Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?</p>	<p>Addition of question captures previously missing information on hypertension screening. Deletion of old question 1 did not result in loss of information. Additional</p>

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		<p>3. Do you currently have a prescription medicine for your high blood pressure?</p> <p>4. Would you say that you take it as directed, you sometimes take it as directed, you do not take the prescribed medication, or medication was not prescribed?</p>	<p>information is aligned with Healthy People 2020 objectives.</p>
<p>Rotating Core: Cholesterol Awareness</p>	<p>1 About how long has it been since you last had your blood cholesterol checked?</p> <p>2. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?</p> <p>3. Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?</p>	<p>1. When was the last time you had your blood cholesterol checked?</p> <p>2. Have you ever been told by a doctor, nurse or other health professional that blood cholesterol is high?</p> <p>3. Do you currently have a prescription medicine for your blood cholesterol?</p> <p>4. Would you say that you take it as directed, you sometimes take it as directed, you do not take the prescribed medication, or medication was not prescribed?</p>	<p>Modifications to the cholesterol questions allow for measuring the Healthy People 2020 metrics and the new USPSTF and ACC/AHA cholesterol management guidelines. The questions are aligned with the Hypertension awareness questions.</p>
<p>Module: Aspirin for CVD Prevention</p>	<p>1 Do you take aspirin daily or every other day?</p> <p>2 Do you have a health problem or condition that makes taking aspirin unsafe for you?</p> <p>3 Do you take aspirin to relieve pain?</p> <p>4 Do you take aspirin to reduce the chance of a heart attack?</p> <p>5 Do you take aspirin to reduce the chance of a stroke?</p>	<p>1. How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say you take it daily, some days, you used to take it but had to stop due to side effects, or you do not take it?</p>	<p>The aspirin questions have been reduced in number and are specific to asking about the cause of taking aspirin for CVD.</p>

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Module: Home/ Self Measured Blood Pressure	N/A	<p>1 Has your healthcare provider recommended you check your blood pressure out of the office?</p> <p>2 Do you regularly check your blood pressure outside of your healthcare provider’s office?</p> <p>3 Where do you check your blood pressure outside of your healthcare provider? Is it mostly at home, mostly on a free machine at a pharmacy, grocery or similar location or you do not check it.</p>	This is a new module to provide information on self-care, an important metric to assess performance in state level interventions. It also includes information for the Million Hearts Program.
Module: Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome	N/A	<p>1 Have you ever been told by a doctor or other health professional that you had Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME)?</p> <p>2 Do you still have Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME)?</p> <p>3 Thinking about your CFS or ME, during the past 6 months, how many hours a week on average have you been able to work at a job or business for pay?</p>	ME/CFS affects about 2.5 million US residents annually. To date there are no state-level estimates of this condition. These questions have been adapted from multiple BRFSS state added questions and have undergone a series of cognitive tests to ensure validity.
Module: Food Stamps (SNAP)	N/A	<p>1 In the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?</p>	Information on SNAP is useful to assess access to healthy food and data will be used to review the NWS-4 goal of Healthy People 2020. For purposes of testing the module question has been inserted into the Demographics Core Section. In 2019, states which adopt the module will be permitted to insert it

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Module: Caregiving	<p>1 During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?</p> <p>2 What is his or her relationship to you?</p> <p>3 For how long have you provided care for that person?</p> <p>4 In an average week, how many hours do you provide care or assistance?</p> <p>5 What is the main health problem, long-term illness, or disability that the person you care for has?</p> <p>6 In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?</p> <p>7 In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?</p> <p>8 Of the following support services, which one do you most need, that you are not currently getting?</p> <p>9 In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?</p>	<p>1 During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?</p> <p>2 What is his or her relationship to you?</p> <p>3 For how long have you provided care for that person?</p> <p>4 In an average week, how many hours do you provide care or assistance?</p> <p>5 What is the main health problem, long-term illness, or disability that the person you care for has?</p> <p>6 Does the person you care for also have Alzheimer’s disease, dementia or other cognitive impairment disorder?</p> <p>7 In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?</p> <p>8 In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?</p> <p>9 In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?</p>	<p>into the core.</p> <p>The old question 8 has been deleted. In its place a new question (#6) will be included. The new question specifically focuses on conditions of cognitive decline.</p>

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Module: Hepatitis Treatment and Vaccination	N/A	<p>1 Have you ever been told by a doctor or other health professional that you had Hepatitis C?</p> <p>2 Were you treated for Hepatitis C in 2015 or after?</p> <p>3 Were you treated for Hepatitis C prior to 2015? Do you still have Hepatitis C?</p> <p>4 Has a doctor, nurse, or other health professional ever told you that you had hepatitis B?</p> <p>5 Are you currently taking medicine to treat hepatitis B?</p> <p>6 Have you ever received the Hepatitis B vaccine?</p> <p>7 Have you ever received the Hepatitis A vaccine?</p>	This is a new module that focuses on all forms of Hepatitis. The module provides more detail than is currently available on the NHIS. The information on the adult vaccine rates will be used for the Healthy People 2020 metrics.
Module: Family Planning	<p>1 Did you or your partner do anything the last time you had vaginal sex in the past year to keep you from getting pregnant?</p> <p>2 What did you or your partner do the last time you had sex in the past year to keep you from getting pregnant?</p> <p>3 The last time you had sex in the past year, did you and your partner use a condom in addition to the method you just mentioned?</p> <p>4 Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or</p>	<p>1 The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?</p> <p>2 The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?</p> <p>3 Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?</p>	The family planning module has changed some wording to limit the information for women who are engaging in sexual behavior that could result in pregnancy. Therefore the wording has been changed from to reflect having “sex with a man” rather than “sexual partner.” In addition old question #3 has been eliminated, thereby reducing the total number of questions to 3.

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	not thinking that you can get pregnant. What was your main reason for not doing anything the last time you had sex in the past year to keep you from getting pregnant?		