

## **Change Request**

### **Proposed Changes to the 2024 Behavioral Risk Factor Surveillance System (BRFSS)**

(OMB No. 0920-1061 Exp. Date 3/31/2025)

November 14, 2023

#### **Summary**

We request the following: OMB approval of revisions to the 2024 BRFSS Questionnaire and Data Collectors' Protocol for use in the 2024 BRFSS. Specifically, we request the following:

1. Approval for minor changes in the 2024 Core Questionnaire, including changes in wording (Landline Introduction, Cell Phone Introduction, Health Care Access).
2. Approval for changes in optional modules, including minor changes in wording and/or response options and adding new questions (Caregiver, Arthritis/Healthy Aging, Family Planning, Social Determinants and Health Equity).
3. Approval of changes to the 2024 Calling Protocol and Dispositions.

#### **Attachments**

Attachment 5a-2024 BRFSS Questionnaire

Attachment 10a-2024 Calling Protocol and Dispositions

#### **Background and Justification**

The Behavioral Risk Factor Surveillance System (BRFSS) consists of landline and cell phone interviews in each of the 50 states, Washington DC, and several US territories ("states" or "BRFSS partners"). In addition, personal interviews are conducted in one territory where phone lines are unavailable. The currently approved survey instrument is based on modular design principles, consisting of a standardized core questionnaire administered by all states, and topic-specific optional modules that may be appended to the standardized core, at each state's discretion. The modular design allows each state to customize the BRFSS questionnaire to address state-specific needs. To ensure that BRFSS content is relevant to the current needs of BRFSS partners, CDC updates selected items in the core questionnaire and/or the optional modules on an annual basis. Information collection needs and priorities for 2024 were discussed internally in the various state health departments as well as during the annual questionnaire meeting in 2023. The 2024 questionnaire includes 15 core sections and 26 optional modules. The number of optional modules has decreased from 2023 (there were 32 offered in 2023). The number of core sections has reduced by one (there were 16 offered in 2023). This is due in part to a continued effort to reduce the length of the core over time thereby reducing respondent burden and decreasing break off interviews. There are only a few minor changes to the questionnaire to be approved in this change request. The table below lists all sections of the 2024 BRFSS core sections and optional modules where questionnaire changes have been made. All other items on the questionnaire have been previously reviewed and approved.

**Table 1 List of Changes to the BRFSS Questionnaire for 2024**

<b>Section</b>	<b>Previously Approved Text</b>	<b>New Text</b>	<b>Changes in skip patterns or interviewer notes</b>	<b>Reason For Change</b>
<b>Landline Introduction</b>	<p>Are you?</p> <p>Response:            1 Male            2 Female            3 Unspecified or another gender identity</p> <p>Do not read:            7 Don't know/Not sure            9 Refused</p>	<p>Are you?</p> <p>Response:            1 Female            2 Male            3 Transgender, non-binary, or another gender</p> <p>Do not read:            7 Don't know/Not sure            9 Refused</p>		Question wording revised.
<b>Cell Phone Introduction</b>	<p>Are you?</p> <p>Response:            1 Male            2 Female            3 Unspecified or another gender identity</p> <p>Do not read:            7 Don't know/Not sure            9 Refused</p>	<p>Are you?</p> <p>Response:            1 Female            2 Male            3 Transgender, non-binary, or another gender</p> <p>Do not read:            7 Don't know/Not sure            9 Refused</p>		Question wording revised.
<b>Health Care Access</b>	<p>What is the current source of your primary health insurance?</p>	<p>What is the current primary source of your health care coverage?</p>		Question wording revised: To provide a term that allows for a broader range of responses, including those who have health care coverage, but not health insurance.
<b>Caregiver Module</b>	<p><i>Introduction:</i>            People may provide regular</p>			Introduction removed.

	care or assistance to a friend or family member who has a health problem or disability.			
	<i>Interviewer Instructions:</i> If caregiving recipient has died in the past 30 days, say “I’m so sorry to hear of your loss.” and code 4.	<i>Interviewer Instructions:</i> If caregiving recipient has died in the past 30 days, say “I’m so sorry for your loss.” and code 4.		Interviewer instructions revised to sound more empathetic.
	<p>What is his or her relationship to you? For example is he or she your (mother or daughter or father or son)?</p> <p>Interviewer Note: If more than one person, say: “Please refer to the person to whom you caregiving the most care.”</p> <p>Interviewer Instruction: Do not read; code response using these categories.</p> <ol style="list-style-type: none"> <li>1) Mother</li> <li>2) Father</li> <li>3) Mother-in-law</li> <li>4) Father-in-law</li> <li>5) Child</li> <li>6) Husband</li> <li>7) Wife</li> </ol>	<p>What is their relationship to you?</p> <p>Interviewer Note: If respondent provides care for more than one person, say: “Please refer to the person whom you are providing the most care.” Read selections if necessary or unable to code.</p> <ol style="list-style-type: none"> <li>1) Parent, stepparent, or parent-in-law</li> <li>2) Grandparent, step grandparent or grandparent-in-law</li> <li>3) Spouse or partner</li> <li>4) Child or stepchild</li> <li>5) Grandchild or step grandchild</li> <li>6) Sibling, stepsibling, or sibling-in-law</li> <li>7) Other relative</li> <li>8) Friend or non-relative</li> </ol>		Question wording revised.

	8) Same-sex partner 9) Brother or brother-in-law 10) Sister or sister-in-law 11) Grandmother 12) Grandfather 13) Grandchild 14) Other relative 15) Non-relative/Family friend 16) Unmarried partner 17) Don't know/Not sure 18) Refused	9) Don't know 10) Refused		
	For how long have you provided care for that person?			Question removed.
	What is the main health problem, long-term illness, or disability that the person you care for has?  1) Arthritis/rheumatism 2) Asthma 3) Cancer 4) Chronic respiratory conditions such as emphysema or COPD 5) Alzheimer's disease, dementia or other cognitive impairment disorder 6) Developmental disabilities such as autism,	What is the main health problem or disability that the person you care for has?  1) Alzheimer's disease, dementia, or other cognitive impairment 2) Heart disease, hypertension, or stroke 3) Cancer 4) Diabetes 5) Injuries including broken bones or traumatic brain injury 6) Mental illness such as depression, anxiety, or schizophrenia 7) Developmental disorders such as autism, Down syndrome, or spina bifida 8) Respiratory		Question wording and responses revised: Based on cognitive testing, the question responses were revised to include more health related problems/illnesses.

	<p>Down's Syndrome, and spina bifida  7) Diabetes  8) Heart disease, hypertension, stroke  9) Human Immunodeficiency Virus Infection (H.I.V.)  10) Mental illnesses, such as anxiety, depression, or schizophrenia  11) Other organ failure or diseases such as kidney or liver problems  12) Substance abuse or addiction disorders  13) Injuries, including broken bones  14) Old age/ infirmity/frailty  15) Other  77) Don't know/Not sure  99) Refused</p>	<p>conditions such as asthma, emphysema, or chronic obstructive pulmonary disease  9) Arthritis/rheumatism  10) Hearing or vision loss  11) Movement disorders such as Parkinson's, spinal cord injury, multiple sclerosis or cerebral palsy  12) Old age, infirmity, or frailty  13) Other  77) Don't know/Not sure  99) Refused</p>		
		<p>In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?</p>		<p>New question.</p>
	<p>In the past 30 days, did you provide care for this person by managing</p>	<p>In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting</p>		<p>Question wording revised.</p>

	personal care such as giving medications, feeding, dressing, or bathing?	to the bathroom, or helping to eat?		
	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?	In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money?		Question wording revised.
	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?			Question removed: Data were not routinely used in research or to inform state programmatic activities.
	In an average week, how many hours do you provide care or assistance?  1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more Do not read: 7 Don't know/Not sure 9 Refused	In an average week, how many hours do you provide regular care or assistance? Would you say...  1) Less than 20 hours per week (19 hours or less) 2) Less than 40 hours per week (more than 19 hours, but less than 40 hours) 3) 40 hours or more per week		Question wording revised.
	In an average week, how many hours do you provide care or	In an average week, how many hours do you provide regular care or assistance?		Question wording revised.

	<p>assistance?</p> <p>1 Up to 8 hours per week  2 9 to 19 hours per week  3 20 to 39 hours per week  4 40 hours or more</p> <p>Do not read:  7 Don't know/Not sure  9 Refused</p>	<p>Would you say...</p> <p>1) Less than 20 hours per week (19 hours or less)  2) Less than 40 hours per week (more than 19 hours, but less than 40 hours)  3) 40 hours or more per week</p>		
	<p>For how long have you provided care for that person?  Would you say...</p> <p>Please read:</p> <p>1) Less than 30 days  2) 1 month to less than 6 months  3) 6 months to less than 2 years  4) 2 years to less than 5 years  5) More than 5 years</p> <p>Do not read:  6) Don't Know/Not Sure  Refused</p>	<p>For how long have you provided regular care to this person?</p> <p><i>Interviewer Note: Read if necessary</i></p> <p>1) Within the past 30 days (anytime less than 30 days ago)  2) Within the past 2 years (more than 30 days but less than 2 years ago)  3) Within the past 5 years (more than 2 years but less than 5 years ago)  4) 5 years or more</p>		<p>Question wording and responses revised.</p>
<p><b>Arthritis/  Healthy  Aging  Optional  Module</b></p>	<p>Has a doctor or other health professional ever suggested physical activity or exercise, including physical therapy, to help your arthritis or joint symptoms?</p>			<p>Propose a 1-item optional arthritis module using an existing, unmodified question from the approved full Arthritis Module. The wording will not change.</p>

	<p>1 Yes  2 No  7 Don't know/Not sure  9 Refused</p>			<p>Capturing this data will enable the Arthritis Program to have baseline, mid-point and end-point data for the awardees to be funded under the DP-23-0001 NOFO, "State Public Health Approaches to Addressing Arthritis."</p>
<b>Family Planning Optional Module</b>	<p>The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant?</p>	<p>The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant?</p>		<p>Questions removed: Due to limited funding.</p>
	<p>Where did you get the [response from Q3] you used when you last had sexual intercourse?</p>	<p>Where did you get the [response from Q3] you used when you last had sexual intercourse?</p>		<p>Questions removed: Due to limited funding.</p>
	<p>If you could use any birth control method you wanted, what method would you use?</p>	<p>If you could use any birth control method you wanted, what method would you use?</p>		<p>Questions removed: Due to limited funding.</p>
<b>Social Determinants and Health Equity</b>	<p>Stress means a situation in which a person feels tense, restless, nervous or is unable to sleep at night because their mind is troubled all the</p>			<p>Question removed.</p>



	<p>time. Within the last 30 days, how often have you felt this kind of stress? Was it...</p> <p>1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused</p>			
		<p>How safe from crime do you consider your neighborhood to be? Would you say...</p> <p>1 Extremely safe 2 Safe 3 Unsafe 4 Extremely unsafe Do not read: 7 Don't know/Not sure 9 Refused</p>		<p>New question: This question measures built environment along with economic stability, transportation availability, housing and food security, access to healthcare, and the social and community context.</p>

**Effect of Proposed Changes on the Burden Estimate**

No increases are anticipated in burden estimate, as provided in the 2023 OMB review, and presented below in Table 2. Given the number of core questions and questions from optional modules provided for state use, it is likely that respondent burden will be lower than anticipated by preapproved estimates.

<p>Table 2</p> <p>Estimated Annual Burden (Hours) to Respondents</p>
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Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs)	Total Burden (in hrs)
U.S. General Population	Landline Screener	175,000	1	1/60	2,917
	Cell Phone Screener	430,000	1	1/60	7,167
	Field Test Screener	900	1	1/60	15
Annual Survey Respondents (Adults >18 Years)	BRFSS Core Survey	480,000	1	15/60	120,000
	BRFSS Optional Modules	440,000	1	15/60	110,000
Field Test Respondents (Adults >18 Years)	2022 Field Test Survey	500	1	45/60	375
Total					0

### Effect of Proposed Changes on Currently Approved Instruments and Attachments

The following table describes those attachments which have been updated as a result of changes in the questions or screener language of the BRFSS. All updates are provided in red text in each attachment.

Previous Attachment Title	Change Request Attachment Title
5a - 2023 BRFSS Questionnaire	5a - 2024 BRFSS Questionnaire
10a - 2023 Calling Protocol and Dispositions	10a - 2024 Calling Protocol and Dispositions