

**BRFSS
STATE AND TERRITORY
QUESTIONS CONCERNING
DISABILITY AND
ACTIVITY LIMITATION
2005-2008**



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BRFSS STATE AND TERRITORY QUESTIONS CONCERNING DISABILITY AND ACTIVITY LIMITATION 2005-2008

This insert is a continuation of the original report "BRFSS State and Territory Questions Concerning Disability and Activity Limitation 1999-2005" and follows the same format, continuing up to 2008 and including the most current information available from each state.

States whose BRFSS questionnaires reveal no added questions concerning disability and activity limitation during 2005-2008 include: Alabama, Alaska, Arizona, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Pennsylvania, Puerto Rico, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virgin Islands, Virginia, West Virginia, Wisconsin, and Wyoming.

Listing by State

Arkansas

1. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 2005, 2006, 2007
2. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2005, 2006, 2007
3. Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 2005, 2006, 2007
4. In the past 30 days, how many days have you not been able to do what you wanted because of physical barriers in your environment like sidewalks, buildings, or houses that are too hard to get around in? **Year(s) Used:** 2005, 2006, 2007

California

No Added Questions 2007

1. Are you blind or deaf, or do you have a severe vision or hearing problem? **Year(s) Used:** 2006

2. Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? **Year(s) Used:** 2006
3. Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following: Any difficulty learning, remembering, or concentrating? **Year(s) Used:** 2006
4. Any difficulty dressing, bathing, or getting around inside the home? **Year(s) Used:** 2006
5. Any difficulty going outside the home alone to shop or visit a doctor's office? **Year(s) Used:** 2006
6. During the past year, have you had problems getting out and going where you want to because of physical barriers in your environment, such as buildings that are too hard to get around in? **Year(s) Used:** 2005
7. How big a problem was it for you? Was it a very big problem, a moderate problem, not a very big problem or not a problem? **Year(s) Used:** 2005
8. Thinking back over your lifetime, have you ever had a diagnosed mental health condition? **Year(s) Used:** 2005
9. Thinking over your lifetime, did you ever receive help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor? **Year(s) Used:** 2005

Iowa

1. What is your main health condition or disability that limits your activity?
Would you say it is a... **Year(s) Used:** 2008
 - a. Physical impairment or disability
 - b. Learning or intellectual disability
 - c. Memory or cognitive disability
 - d. Emotional problems, such as depression, bipolar disorder or schizophrenia
 - e. Hearing disability
 - f. Blindness
 - g. Speech impairment
 - h. don't know/not sure
 - i. Refused
2. How long have your activities been limited due to this condition or impairment? **Year(s) Used:** 2008
3. Have you had difficulty finding a health care provider who understands your health condition or impairment? **Year(s) Used:** 2008

Kansas

No Added Questions 2005

1. Because of an impairment or health problem do you have problems with any of the following: **Year(s) Used:** 2006
 - a. thinking, remembering or controlling emotions?
 - b. seeing, hearing or communicating?
 - c. heart, blood pressure or breathing?

- d. digestive system?
 - e. nerves, muscles or joints?
 - f. other bodily functions which are affected?
2. Does your impairment or health problem affect your ability with any of the following: **Year(s) Used:** 2006
 - a. go to school or work?
 - b. perform personal care activities including bathing, dressing, grooming, using the toilet or getting in and out of bed?
 - c. perform household activities including paying bills, shopping, cooking, or cleaning the house?
 - d. participate in physical activity?
 - e. move around including walking, using stairs, lifting or carrying objects?
 3. Is your ability to move around due to any of the following: **Year(s) Used:** 2006
 - a. paralysis?

Note: If asked "Paralysis is defined as loss of function or feeling that affects the ability to move your arms or legs but does not include amputation or missing limbs"
 - b. amputation or missing limb?
 - c. a chronic disease such as diabetes or arthritis?
 - d. something else?
 4. Are you restricted in any way to services you need such as doctor, counseling, case management, or financial? **Year(s) Used:** 2006
 5. Is this restriction due to any of the following? **Year(s) Used:** 2006
 - a. lack of transportation?
 - b. cost of services?
 - c. physical access to buildings, offices or tools needed?
 - d. restriction by another person such as a personal attendant or family member?
 - e. lack of communication aids such as interpreters or alternate formats?

Massachusetts

No Added Questions 2005

1. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 2006, 2007
2. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 2006, 2007
3. A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind? **Year(s) Used:** 2006, 2007
4. What is the major impairment or health problem that limits your activities or causes your disability? **Year(s) Used:** 2006, 2007
5. For how long have your activities been limited because of your major impairment, health problem or disability? **Year(s) Used:** 2006, 2007
6. Because of any impairment, health problem or disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2006, 2007

7. Because of any impairment, health problem or disability, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 2006, 2007

Montana

1. Have you ever had a brain injury that limited you for more than a week in any way in any activities? **Year(s) Used:** 2008
2. What was the cause of your brain injury? **Year(s) Used:** 2008
Read only if necessary:
- a. Assault (violence inflicted by others, including gunshot)
 - b. Bicycle accident
 - c. Equestrian accident
 - d. Fall
 - e. Motorcycle accident
 - f. Motor vehicle accident (e.g., car, truck)
 - g. Recreational vehicle accident (e.g., ATV, snowmobile)
 - h. Recreation-related event
 - i. Sports-related event
 - j. Struck by/against event (other than those listed above)
 - k. Health problem, like a tumor, stroke or aneurysm
 - l. Lack of oxygen to the brain (as in near drowning, drug overdose, heart attack/failure, electrical shock, etc)
- Do not read:**
- m. Don't know / Not sure
 - n. Other cause or multiple causes
 - o. Refused
3. Thinking about the adults aged 18 and older who live in your household—how many are currently limited in any way in any activities because of a brain injury? **Year(s) Used:** 2008
4. Many people with brain injuries receive help to get better or to do things that they cannot do by themselves. The next question is about unmet need. **Year(s) Used:** 2008
Do any of the adults in your who have limitations because of a brain injury need help that they currently cannot get?
5. What one or two kinds of help are most critically needed? **Year(s) Used:** 2008
Read Only if Necessary
- a. Personal care (help with activities of daily living like bathing, dressing and grocery shopping)
 - b. Medical care (physician or other medical services)
 - c. Transportation (getting to places you/they need to go)
 - d. Case management or counseling (help finding needed services or developing ways to deal with issues related to the brain injury, such as memory loss, stress, and temper control)
 - e. Other people with brain injuries to talk to (support group, mentor, etc)
 - f. Help finding affordable housing
 - g. Help finding and keeping a job or improving job skills
 - h. Other (**specify**)
- Do not read**
- i. Don't know / Not sure
 - j. None – no help needed
 - k. Refused

No Added Questions 2006

1. Because of an impairment or health problem, do you have any trouble learning, remembering or concentrating? **Year(s) Used:** 2005
2. On at least one of the three prior questions, you reported an impairment or problem that limited you in some way or required you to use special equipment. Have you had at least one such impairment or problem for more than six months? **Year(s) Used:** 2005
3. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? **Year(s) Used:** 2005
4. Have you ever been told by a doctor, nurse, or other health professional that you have Parkinson's Disease? **Year(s) Used:** 2005
5. Have you ever been told by a doctor, nurse, or other health professional that you had Multiple Sclerosis or MS? **Year(s) Used:** 2005
6. {The child is the same child selected in Module 10.}
I have another question about this child:
Has this child ever been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)? **Year(s) Used:** 2005

New York

1. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2005, 2006, 2007
2. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 2005, 2006, 2007

North Carolina

1. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? **Year(s) Used:** 2005, 2006, 2007
2. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 2005, 2006, 2007

North Dakota

No Added Questions 2006

1. During the past 12 months was there any time when you needed treatment for a drug or alcohol problem but didn't get it because you couldn't afford it? **Year(s) Used:** 2005
2. During the past 12 months was there any time when you needed mental health care or counseling but didn't get it because you couldn't afford it? **Year(s) Used:** 2005
3. In the past 12 months, did you ever seriously consider attempting suicide? **Year(s) Used:** 2005

Oregon

1. In the last two weeks, how many days have you had thoughts that you would be better off dead or hurting yourself in some way? **Year(s) Used:** 2005, 2006
2. In the past two years, have you felt depressed or sad most days, even if you felt okay sometimes? **Year(s) Used:** 2005, 2006
3. If you are experiencing any of the problems just mentioned, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people? **Year(s) Used:** 2005, 2006
4. Have you ever received treatment for depression from a counselor, therapist, or doctor for depression? **Year(s) Used:** 2005, 2006
5. When did you begin to receive treatment for your most recent episode of depression? **Year(s) Used:** 2005, 2006
6. Are you still receiving treatment from a counselor, therapist, or doctor for depression? **Year(s) Used:** 2005, 2006
7. Are you currently taking medication prescribed by a doctor or health provider for your depression? **Year(s) Used:** 2005, 2006
8. In the last two weeks, have you noticed moving or speaking so slowly that other people could have noticed? **Year(s) Used:** 2005
9. In the last 12 months, have you been told by a doctor or other health professional that you have depression? **Year(s) Used:** 2005

Rhode Island

No Added Questions 2008

1. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 2005, 2006, 2007

Utah

1. What is your major impairment or health problem? **Year(s) Used:** 2005, 2007
2. How long have your activities been limited? **Year(s) Used:** 2005, 2007
3. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 2005, 2007
4. Over the last 2 weeks, how often have you had thoughts that you would be better off dead or of hurting yourself in some way? **Year(s) Used:** 2006
5. We realize that this topic may bring up experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free National Crisis Hotline you can call. The number is 1-800-784-2433. Do you want this number? **Year(s) Used:** 2006

Washington

No Added Questions 2005

1. You mentioned that there **[CATI insert: has been a day/have been some days]** when you have had little interest in things or have felt down or depressed. There is a hotline service near you if you would like to talk with someone. If you would like to write this number down, it is _____." **Year(s) Used:** 2006

Listing by Category, Arranged Alphabetically

Access

1. In the past 30 days, how many days have you not been able to do what you wanted because of physical barriers in your environment like sidewalks, buildings, or houses that are too hard to get around in? **AR:** 2005, 2006, 2007
2. Any difficulty going outside the home alone to shop or visit a doctor's office? **CA:** 2006
3. During the past year, have you had problems getting out and going where you want to because of physical barriers in your environment, such as buildings that are too hard to get around in? **CA:** 2005
4. How big a problem was it for you? Was it a very big problem, a moderate problem, not a very big problem or not a problem? **CA:** 2005
5. Have you had difficulty finding a health care provider who understands your health condition or impairment? **IA:** 2008
6. Are you restricted in any way to services you need such as doctor, counseling, case management, or financial? **KS:** 2006
7. Is this restriction due to any of the following? **KS:** 2006
 - a. lack of transportation?
 - b. cost of services?
 - c. physical access to buildings, offices or tools needed?
 - d. restriction by another person such as a personal attendant or family member?
 - e. lack of communication aids such as interpreters or alternate formats?
8. Many people with brain injuries receive help to get better or to do things that they cannot do by themselves. The next question is about unmet need. **MT:** 2008
Do any of the adults in your who have limitations because of a brain injury need help that they currently cannot get?
9. During the past 12 months was there any time when you needed treatment for a drug or alcohol problem but didn't get it because you couldn't afford it? **ND:** 2005
10. During the past 12 months was there any time when you needed mental health care or counseling but didn't get it because you couldn't afford it? **ND:** 2005

Activity Limitations

1. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **AR:** 2005, 2006, 2007 **MA:** 2006, 2007
2. Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? **CA:** 2006
3. Any difficulty dressing, bathing, or getting around inside the home? **CA:** 2006
4. What is your main health condition or disability that limits your activity?
Would you say it is a... **IA:** 2008
 - a. Physical impairment or disability
 - b. Learning or intellectual disability
 - c. Memory or cognitive disability
 - d. Emotional problems, such as depression, bipolar disorder or schizophrenia
 - e. Hearing disability
 - f. Blindness
 - g. Speech impairment
 - h. don't know/not sure
 - i. Refused
5. Does your impairment or health problem affect your ability with any of the following: **KS:** 2006
 - a. go to school or work?
 - b. perform personal care activities including bathing, dressing, grooming, using the toilet or getting in and out of bed?
 - c. perform household activities including paying bills, shopping, cooking, or cleaning the house?
 - d. participate in physical activity?
 - e. move around including walking, using stairs, lifting or carrying objects?
6. What is the major impairment or health problem that limits your activities or causes your disability? **MA:** 2006, 2007
7. Have you ever had a brain injury that limited you for more than a week in any way in any activities? **MT:** 2008
8. Thinking about the adults aged 18 and older who live in your household—how many are currently limited in any way in any activities because of a brain injury? **MT:** 2008
9. How long have your activities been limited due to this condition or impairment? **IA:** 2008
10. For how long have your activities been limited because of your major impairment, health problem or disability? **MA:** 2006, 2007
11. How long have your activities been limited? **UT:** 2005, 2007

Assistive Equipment

1. On at least one of the three prior questions, you reported an impairment or problem that limited you in some way or required you to use special equipment. Have you had at least one such impairment or problem for more than six months? **MT:** 2005

Nature of Disability

1. What is your major impairment or health problem? **UT:** 2005, 2007
2. Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following: Any difficulty learning, remembering, or concentrating? **CA:** 2006
3. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **MA:** 2006, 2007 **MT:** 2005 **NC:** 2005, 2006, 2007 **RI:** 2005, 2006, 2007
4. A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind? **MA:** 2006, 2007
5. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? **MT:** 2005 **NC:** 2005, 2006, 2007
6. Are you blind or deaf, or do you have a severe vision or hearing problem? **CA:** 2006
7. Thinking back over your lifetime, have you ever had a diagnosed mental health condition? **CA:** 2005
8. Thinking over your lifetime, did you ever receive help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor? **CA:** 2005
9. Because of an impairment or health problem do you have problems with any of the following: **KS:** 2006
 - a. thinking, remembering or controlling emotions?
 - b. seeing, hearing or communicating?
 - c. heart, blood pressure or breathing?
 - d. digestive system?
 - e. nerves, muscles or joints?
 - f. other bodily functions which are affected?
10. Is your ability to move around due to any of the following: **KS:** 2006
 - a. paralysis?
Note: If asked "Paralysis is defined as loss of function or feeling that affects the ability to move your arms or legs but does not include amputation or missing limbs"
 - b. amputation or missing limb?
 - c. a chronic disease such as diabetes or arthritis?
 - d. something else?
11. What was the cause of your brain injury? **MT:** 2008
Read only if necessary:
 - a. Assault (violence inflicted by others, including gunshot)
 - b. Bicycle accident
 - c. Equestrian accident
 - d. Fall
 - e. Motorcycle accident
 - f. Motor vehicle accident (e.g., car, truck)
 - g. Recreational vehicle accident (e.g., ATV, snowmobile)
 - h. Recreation-related event
 - i. Sports-related event
 - j. Struck by/against event (other than those listed above)
 - k. Health problem, like a tumor, stroke or aneurysm

- l. Lack of oxygen to the brain (as in near drowning, drug overdose, heart attack/failure, electrical shock, etc)
Do not read:
 m. Don't know / Not sure
 n. Other cause or multiple causes
 o. Refused
12. Have you ever been told by a doctor, nurse, or other health professional that you have Parkinson's Disease? **MT:** 2005
 13. Have you ever been told by a doctor, nurse, or other health professional that you had Multiple Sclerosis or MS? **MT:** 2005
 14. {The child is the same child selected in Module 10.}
 I have another question about this child:
 Has this child ever been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)? **MT:** 2005
 15. In the past 12 months, did you ever seriously consider attempting suicide? **ND:** 2005
 16. In the last two weeks, how many days have you had thoughts that you would be better off dead or hurting yourself in some way? **OR:** 2005, 2006
 17. Over the last 2 weeks, how often have you had thoughts that you would be better off dead or of hurting yourself in some way? **UT:** 2006
 18. In the past two years, have you felt depressed or sad most days, even if you felt okay sometimes? **OR:** 2005, 2006
 19. If you are experiencing any of the problems just mentioned, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people? **OR:** 2005, 2006
 20. Have you ever received treatment for depression from a counselor, therapist, or doctor for depression? **OR:** 2005, 2006
 21. When did you begin to receive treatment for your most recent episode of depression? **OR:** 2005, 2006
 22. Are you still receiving treatment from a counselor, therapist, or doctor for depression? **OR:** 2005, 2006
 23. Are you currently taking medication prescribed by a doctor or health provider for your depression? **OR:** 2005, 2006
 24. In the last two weeks, have you noticed moving or speaking so slowly that other people could have noticed? **OR:** 2005
 25. In the last 12 months, have you been told by a doctor or other health professional that you have depression? **OR:** 2005
 26. We realize that this topic may bring up experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free National Crisis Hotline you can call. The number is 1-800-784-2433. Do you want this number? **UT:** 2006

27. You mentioned that there **[CATI insert: has been a day/have been some days]** when you have had little interest in things or have felt down or depressed. There is a hotline service near you if you would like to talk with someone. If you would like to write this number down, it is _____." **WA:** 2006

Personal Assistance

1. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house? **AR:** 2005, 2006, 2007 **MA:** 2006, 2007 **NY:** 2005, 2006, 2007
2. Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **AR:** 2005, 2006, 2007 **NY:** 2005, 2006, 2007 **UT:** 2005, 2007
3. Because of any impairment, health problem or disability, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **MA:** 2006, 2007
4. What one or two kinds of help are most critically needed? **MT:** 2008
Read Only if Necessary
 - a. Personal care (help with activities of daily living like bathing, dressing and grocery shopping)
 - b. Medical care (physician or other medical services)
 - c. Transportation (getting to places you/they need to go)
 - d. Case management or counseling (help finding needed services or developing ways to deal with issues related to the brain injury, such as memory loss, stress, and temper control)
 - e. Other people with brain injuries to talk to (support group, mentor, etc)
 - f. Help finding affordable housing
 - g. Help finding and keeping a job or improving job skills
 - h. Other (**specify**)**Do not read**
 - i. Don't know / Not sure
 - j. None – no help needed
 - k. Refused