

Illinois County Behavioral Risk Factor Surveys Round 6 (2015-2019)

Cook County – Suburban

Prepared by:



Illinois Department of Public Health
Office of Policy Planning & Statistics

Table of Contents

About the Illinois County Behavioral Risk Factor Surveys	2
Demographics	3
Health Status	5
Health Care Access & Utilization	6
Dental Care Coverage & Utilization	7
Hypertension	8
Cholesterol	9
Cardiovascular	10
Chronic Health Condition (Asthma, COPD, Cancer, Arthritis, Depression)	11
Diabetes/ Pre-Diabetes	12
Obesity	13
Disability (Quality of Life)	14
Disability (Functional)	15
Tobacco & E-Cigarettes	16
Alcohol	17
Immunization (Flu & Pneumonia)	18
Cognitive Decline	19
HIV/STD/Sexual Behavior	20
Exercise	21
Definitions	22
Survey Collection Years by County	23
Round 6 Questionnaire	24

The Illinois County Behavioral Risk Factor Surveys (ICBRFS) is a statewide telephone survey that collects county level health data on health-related risk behaviors, chronic health conditions, health care access, and use of preventative services. The project provides local health planners with useful data to document need for interventions, direct limited public resources to population groups with the greatest risk, evaluate previous efforts to promote health, and support policy initiatives. The ICBRFS uses a standardized questionnaire and procedures established by the Centers for Disease Control and Prevention (CDC) and used for the nationwide program known as Behavioral Risk Factor Surveillance System (BRFSS).

This is the sixth time county level surveys have been conducted in Illinois. The interviews are conducted over a period of years and are referred to as a round. Round 6 started in 2015 with counties at the southernmost portion of the state and progressed north to the top of the state, completing all counties of Illinois in 2019. Previous rounds of surveys include Round 1 1996-2000, Round 2 2001-2003, Round 3 2004-2006, Round 4 2007-2009, and Round 5 2010-2014. In total, Round 6 included approximately 37,000 surveys across the state.

Because the ICBRFS respondents are randomly selected, measures of prevalence are subject to random sample errors. Each measure listed in the data tables includes the number of respondents (unweighted count), the estimated percent (weighted percentage), the 95% confidence interval (upper and lower limits), and the estimated population (weighted count).

Calculations are intentionally suppressed to reduce the possibility of making statements about the findings when the data is not strong enough to support any statistical conclusions. To provide high quality health information, prevalence estimates are suppressed when any of the following criteria are met: fewer than 6 respondents in the numerator (i.e. the number of respondents associated with the response categories, e.g. "Yes-No"), there are fewer than 50 respondents in the denominator (i.e. the total number of respondents to a question), the half-width of the confidence interval for the prevalence estimate is greater than 10. Additionally, not all survey questions are able to be analyzed for each county.

Weighted data are used in all calculations, so percentages shown in tables cannot be derived exactly from the numbers presented. ICBRFS data are weighted for the probability of selection of a telephone number, the number of adults in a household, and the number of phones in a household. The data is adjusted to reflect the demographic distribution of the county's adult population (ages 18 and older).

It is advised not to compare county data to state rates from the BRFSS due to the difference in the methodology to weigh the data. Additionally, comparisons to other Illinois counties should be made with caution as ICBRFS completes counties on a rotating basis and counties will be surveyed during different timeframes within the survey rotation.

Demographics

Demograpinos		Estimated	Weighted	Number of
ICBRFS - Suburban Cook County		Population	Percent	Respondents
County	Suburban Cook	1,783,103		513
•				
AGE	18-24	177,450	10.0%	33
	25-44	582,802	32.7%	111
	45-64	629,283	35.3%	187
	65+	393,568	22.1%	182
GENDER	Male	815,644	45.7%	238
	Female	967,459	54.3%	275
RACE/ETHNICITY	White, Non-Hispanic	1,144,717	66.0%	338
	Black, Non-Hispanic	236,066	13.6%	66
	Other, Non-Hispanic	84,310	4.9%	27
	Hispanic, All Races	268,126	15.5%	74
SEXUAL ORIENTATION	Straight	1,603,846	94.0%	469
SEXUAL ORIENTATION	Lesbian/Gay/Bisexual	101,715	6.0%	15
	Lesbian/Gay/bisexual	101,715	6.0%	15
MARITAL STATUS	Married	921,790	51.7%	266
	Widowed	143,641	8.1%	57
	Divorced/Separated	214,482	12.0%	78
	Never Married	486,348	27.3%	106
	Unmarried Couple	16,842	0.9%	6

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

Although the ICBRFS weighting methodology is to produce data that represents the population, users are cautioned not to use the demographic data to describe the characteristics of the population that was studied.

Data obtained directly from the census would be better for describing the population.

^{*}Indicates data does not meet standards of reliability and has been suppressed.

Demographics (continued)

	·	Estimated	Weighted	Number of
ICBRFS - Suburban Cook County		Population	Percent	Respondents
INCOME	Less than \$35,000	373,718	23.5%	115
	\$35,000 - \$75,000	408,949	25.7%	130
	\$75,000 or More	806,054	50.7%	220
EMPLOYMENT	Employed	1,110,658	62.3%	284
	Out of Work	81,387	4.6%	23
	Homemaker/Student	205,730	11.5%	39
	Retired	322,902	18.1%	143
	Unable to Work	62,426	3.5%	24
EDUCATION	Less than High School	74,581	4.2%	29
	High School Grad/GED	320,367	18.0%	89
	Some Post High School	385,952	21.6%	116
	College Graduate	1,002,202	56.2%	279
HOME	Own Home	1,189,655	66.9%	381
	Rent Home	431,159	24.2%	106
	Other Arrangement	158,131	8.9%	25

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

Although the ICBRFS weighting methodology is to produce data that represents the population, users are cautioned not to use the demographic data to describe the characteristics of the population that was studied.

Data obtained directly from the census would be better for describing the population.

^{*}Indicates data does not meet standards of reliability and has been suppressed.

Health Status

				95%	
		Estimated	Weighted	Confidence	Number of
ICBRFS - Suburban Cook Cou	unty	Population	Percent	Interval	Respondents
GENERAL HEALTH STATUS	Excellent	348,863	19.6%	14.1%-26.6%	86
	Very Good	605,592	34.0%	28.2%-40.2%	173
	Good	516,959	29.0%	24.2%-34.3%	168
	Fair	232,732	13.1%	8.7%-19.1%	61
	Poor	78,957	4.4%	2.3%-8.3%	25
GENERAL HEALTH	Good/Very Good/Excellent	1,471,414	82.5%	76.2%-87.4%	427
	Fair/Poor	311,689	17.5%	12.6%-23.8%	86
NUMBER OF DAYS	None	1,071,194	60.2%	53.6%-66.4%	308
PHYSICAL HEALTH NOT	1-7 Days	478,792	26.9%	21.5%-33.0%	134
GOOD	8-30 Days	230,119	12.9%	9.0%-18.3%	69
NUMBER OF DAYS MENTAL	None	1,075,619	60.7%	54.3%-66.8%	317
HEALTH NOT GOOD	1-7 Days	423,625	23.9%	18.7%-30.1%	108
	8-30 Days	272,482	15.4%	12.0%-19.5%	83
NUMBER OF DAYS	None	1,356,307	76.1%	70.0%-81.2%	392
PHYSICAL/MENTAL HEALTH	1-7 Days	234,502	13.2%	9.1%-18.7%	63
AFFECTED ACTIVITIES ¹	8-30 Days	192,294	10.8%	7.6%-15.1%	58

^{*}Indicates data does not meet standards of reliability and has been suppressed.

^{1.} Respondents reporting 0 days with mental and physical health problems in the past month were not asked this question, but are included as 0 days.

Health Care Coverage & Utilization

	overage a oth				
				95%	
		Estimated	Weighted	Confidence	Number of
ICBRFS - Suburban Co	ok County	Population	Percent	Interval	Respondents
HAVE HEALTH CARE	No	172,372	9.7%	6.2%-14.9%	39
COVERAGE	Yes	1,603,737	90.3%	85.1%-93.8%	473
HAVE MEDICARE	No	1,313,549	74.7%	69.4%-79.3%	320
	Yes	445,863	25.3%	20.7%-30.6%	187
HAVE PERSONAL	No	253,510	14.2%	10.9%-18.4%	78
DOCTOR	Yes	1,527,402	85.8%	81.6%-89.1%	434
UNABLE TO VISIT	No	1,588,024	90.6%	85.9%-93.9%	470
DOCTOR DUE TO	Yes	164,706	9.4%	6.1%-14.1%	41
COST					
LAST ROUTINE	Past Year	1,372,243	77.0%	69.8%-82.8%	408
CHECKUP	Past 2 Years	266,195	14.9%	9.6%-22.5%	60
	(>1yr, <2yrs)				
	More than 2 Years	144,664	8.1%	5.6%-11.7%	45
COULD NOT FILL	No	1,603,387	89.9%	84.6%-93.5%	468
PRESCRIPTION DUE	Yes	179,715	10.1%	6.5%-15.4%	45
TO COST					

^{*}Indicates data does not meet standards of reliability and has been suppressed.

Dental Care Coverage & Utilization

Dental Gale G	Tronuge a Cun				
		Estimated	Weighted	95% Confidence	Number of
ICBRFS - Suburban Co	ook County	Population	Percent	Interval	Respondents
LAST DENTAL VISIT	Past Year	1,356,656	76.1%	70.4%-81.0%	399
	Past 2 Years	131,558	7.4%	5.2%-10.4%	39
	(>1yr, <2yrs)				
	More than 2 Years	294,888	16.5%	12.2%-22.0%	75
HAVE DENTAL	Yes	1,306,988	73.6%	68.4%-78.2%	337
INSURANCE	No	468,031	26.4%	21.8%-31.6%	172
COVERAGE					
COULD NOT VISIT	Yes	217,733	12.3%	8.7%-16.9%	62
DENTIST DUE TO	No	1,559,611	87.7%	83.1%-91.3%	448
COST					

^{*}Indicates data does not meet standards of reliability and has been suppressed.

Hypertension

		Estimated	Weighted	95% Confidence	Number of
ICBRFS - Suburban Cook	County	Population	Percent	Interval	Respondents
EVER TOLD HAVE HIGH	No	1,167,766	65.5%	59.6%-71.0%	306
BLOOD PRESSURE ¹	Yes	615,336	34.5%	29.0%-40.4%	207

^{*}Indicates data does not meet standards of reliability and has been suppressed.

^{1.} Respondents reporting yes but only during pregnancy OR told borderline/pre hypertensive are included as No.

Cholesterol

ICBRFS - Suburban Coo	ok County	Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondent s
EVER HAD	Yes	1,577,320	90.2%	85.5%-93.6%	460
CHOLESTROL CHECKED	No	170,625	9.8%	6.4%-14.5%	43
LAST CHOLESTEROL	Past Year	1,161,697	66.8%	59.6%-73.4%	365
TEST ¹	Past 5 Years (>1yr, <5yrs)	347,169	20.0%	14.2%-27.4%	79
	More Than 5 Years	59,012	3.4%	1.6%-7.1%	12
	Never	170,625	9.8%	6.5%-14.6%	43
EVER TOLD	Yes	638,856	40.6%	34.2%-47.3%	199
CHOLESTEROL HIGH ²	No	935,807	59.4%	52.7%-65.8%	260

^{*}Indicates data does not meet standards of reliability and has been suppressed.

^{1.} Asked only of those who report ever having cholesterol checked, respondents reporting No to having cholesterol checked included as Never.

^{2.} Asked only of those who report ever having cholesterol checked.

Cardiovascular Disease

ICBRFS - Suburban Cook	County	Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
EVER TOLD HAVE	No	1,721,397	97.1%	95.5%-98.2%	486
CORONARY HEART DISEASE	Yes	51,193	2.9%	1.8%-4.5%	23
EVER TOLD HAD HEART	No	1,732,601	97.2%	95.6%-98.2%	488
ATTACK	Yes	50,502	2.8%	1.8%-4.4%	25
EVER TOLD HAD	No	1,748,080	98.1%	96.5%-99.0%	498
STROKE	Yes	33,964	1.9%	1.0%-3.5%	14
HISTORY OF CVD1	No	1,672,481	94.2%	92.0%-95.9%	464
	Yes	102,683	5.8%	4.1%-8.0%	47

^{*}Indicates data does not meet standards of reliability and has been suppressed.

^{1.} History of CVD calculated when respondent answers yes to any cardiovascular disease history questions.

Chronic Diseases

				95%	
		Estimated	Weighted	Confidence	Number of
ICBRFS - Suburban Coo	k County	Population	Percent	Interval	Respondents
HAS ASTHMA NOW	Yes	219,676	12.4%	8.2%-18.4%	50
	No	1,548,283	87.6%	81.6%-91.8%	459
EVER TOLD COPD	Yes	135,287	7.6%	4.7%-12.2%	43
	No	1,638,110	92.4%	87.8%-95.3%	469
EVER TOLD CANCER	Yes	217,875	12.2%	9.1%-16.3%	85
	No	1,565,227	87.8%	83.7%-90.9%	428
EVER TOLD ARTHRITIS	Yes	488,997	27.5%	22.6%-33.1%	175
	No	1,286,855	72.5%	66.9%-77.4%	335
ARTHRITIS/JOINT	Yes	304,905	17.2%	12.8%-22.8%	94
SYMPTOMS: LIMITS ACTIVITIES	No	1,464,779	82.8%	77.2%-87.2%	416
EVER TOLD	Yes	391,114	22.0%	16.7%-28.5%	99
DEPRESSIVE DISORDER	No	1,384,928	78.0%	71.5%-83.3%	412
TOLD HAVE DIABETES	No	1,606,423	90.1%	87.0%-92.5%	447
TOLD TINVE DINGLIES	Yes	176,680	9.9%	7.5%-13.0%	66
CHRONIC HEALTH	No Chronic Disease	773,798	44.6%	38.0%-51.3%	197
CONDITIONS ¹	1 Chronic Disease	533,262	30.7%	25.0%-37.1%	157
	2+ Chronic Diseases	428,944	24.7%	19.6%-30.6%	147

^{*}Indicates data does not meet standards of reliability and has been suppressed.

^{1.} Chronic Health Conditions calculated from heart disease (heart attack/stoke/angina), current asthma, cancer, COPD, arthritis, depression and diabetes questions.

Diabetes

ICBRFS - Suburban Cook	County	Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
TOLD HAVE DIABETES ¹	No	1,606,423	90.1%	87.0%-92.5%	447
	Yes	176,680	9.9%	7.5%-13.0%	66
PAST THREE YEARS -	Yes	1,013,430	65.8%	58.9%-72.1%	287
HAD A HIGH BLOOD	No	526,712	34.2%	27.9%-41.1%	147
SUGAR/DIABETES TEST ²					
EVER TOLD BY HEALTH	Yes	194,569	12.1%	9.0%-16.2%	62
PROFESSIONAL YOU	No	1,410,397	87.9%	83.8%-91.0%	384
HAVE PRE/BORDERLINE					
DIABETES ³					

- 1. Respondents reporting yes but only during pregnancy OR told borderline/pre hypertensive are included as No.
- 2. Asked only of respondents who did not report ever being told they have diabetes.
- 3. Asked only of respondents who did not report ever being told they have diabetes or borderline/pre-diabetes.

^{*}Indicates data does not meet standards of reliability and has been suppressed.

Obesity

				95%	
		Estimated	Weighted	Confidence	Number of
ICBRFS - Suburban Co	ok County	Population	Percent	Interval	Respondents
BODY MASS INDEX	Normal or	551,834	31.9%	25.6%-38.9%	159
	Underweight				1
	Overweight	658,856	38.0%	31.7%-44.8%	180
	Obese	521,712	30.1%	24.9%-35.9%	156
OVERWEIGHT OR	No	551,834	31.9%	25.6%-38.9%	159
OBESE	Yes	1,180,567	68.1%	61.1%-74.4%	336

^{*}Indicates data does not meet standards of reliability and has been suppressed.

^{1.} BMI calculated from reported height and weight. BMI Categories: Underweight <18.5, Normal >=18.5 and <30, Overweight >=30 and <70, Obese >=70.

Disability/Impairment (Quality of Life)

210aioty/					-
				95%	
		Estimated	Weighted	Confidence	Number of
ICBRFS - Suburban Cook County		Population	Percent	Interval	Respondents
ACTIVITIES LIMITED BY	Yes	418,878	24.2%	18.7%-30.7%	118
IMPAIRMENT	No	1,314,730	75.8%	69.3%-81.3%	384
USE SPECIAL	Yes	192,768	11.0%	7.5%-15.8%	59
EQUIPMENT DUE TO	No	1,560,902	89.0%	84.2%-92.5%	446
IMPAIRMENT					
DISABILITY STATUS ¹	No Disability	1,265,443	72.1%	65.3%-78.0%	375
	Disability	489,742	27.9%	22.0%-34.7%	131

^{*}Indicates data does not meet standards of reliability and has been suppressed.

^{1.} Disability status defined by responses to the need for special equipment and/or having an activity limitation due to physical, mental, or emotional problems.

Disability/Impairment (Functional)

r	(1 311				
				95%	
		Estimated	Weighted	Confidence	Number of
ICBRFS - Suburban Cook	County	Population	Percent	Interval	Respondents
BLIND OR SIGHT	Yes	62,728	3.6%	2.2%-5.6%	24
IMPAIRED	No	1,690,943	96.4%	94.4%-97.8%	481
DEAF OR SEVERE	Yes	80,696	4.6%	3.0%-6.9%	31
DIFFICULTY HEARING	No	1,671,787	95.4%	93.1%-97.0%	473
SERIOUS DIFFICULTY	Yes	156,380	8.9%	5.7%-13.6%	41
CONCENTRATING,	No	1,597,290	91.1%	86.4%-94.3%	464
REMEMBERING OR					
MAKING DECISIONS					
DIFFICULTY WALKING	Yes	212,323	12.1%	8.9%-16.3%	75
OR CLIMBING STAIRS	No	1,541,347	87.9%	83.7%-91.1%	430
DIFFICULTY BATHING	Yes	51,994	3.0%	1.8%-4.7%	21
OR DRESSING	No	1,701,676	97.0%	95.3%-98.2%	484
DIFFICULTY DOING	Yes	97,961	5.6%	3.0%-10.2%	31
ERRANDS ALONE	No	1,654,194	94.4%	89.8%-97.0%	473
FUNCTIONAL	No Disability	1,316,918	75.1%	69.4%-80.0%	365
DISABILITY ¹	1 Disability	289,352	16.5%	12.7%-21.2%	91
	2+ Disabilities	147,400	8.4%	5.4%-12.9%	49

^{*}Indicates data does not meet standards of reliability and has been suppressed.

^{1.} Functional disability status defined by responses to the six functional disability questions (sight, hearing, decisions, walking/climbing stairs, bathing/dressing, doing errands).

Tobacco & E-Cigarettes

ICBRFS - Suburban Coo	k County	Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
CALCULATED	Smoker	129,973	7.5%	4.9%-11.1%	40
SMOKING STATUS ¹	Former Smoker	440,551	25.3%	20.4%-30.9%	145
	Never Smoked	1,172,648	67.3%	61.2%-72.8%	317
QUIT SMOKING	Past Year	47,486	10.8%	6.2%-18.1%	15
(FORMER SMOKERS)	More than 1 Year Ago	393,065	89.2%	81.9%-93.8%	130
USE SMOKELESS	No	1,720,615	99.0%	97.6%-99.6%	496
TOBACCO ³	Yes	18,144	1.0%	0.4%-2.4%	6
CALCULATED E-	Current User	39,809	2.3%	1.3%-3.8%	15
CIGARETTE STATUS⁴	Not Currently Using	244,378	14.0%	8.7%-21.8%	52
	Never Used	1,456,604	83.7%	76.2%-89.1%	436

- 1. Calculated smoking status from tobacco questions.
- 2. Asked only if respondent reported smoking 100+ cigarettes and reported frequency is not at all.
- 3. Smokeless tobacco includes cigarettes, chewing tobacco, snuff, or snus.
- 4. Calculated e-cigarette status from e-cigarette questions.

^{*}Indicates data does not meet standards of reliability and has been suppressed.

Alcohol

ICBRFS - Suburban Cook County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
BINGE DRINKING	Not At Risk	1,473,335	84.8%	80.8%-88.2%	423
(CALCULATED) ¹	At Risk	263,553	15.2%	11.8%-19.2%	78
HEAVY DRINKING	Not At Risk	1,631,571	94.2%	91.5%-96.1%	465
(CALCULATED) ²	At Risk	99,985	5.8%	3.9%-8.5%	34

- 1. Calculated at risk for men having 5+ drinks on one occasion and women having 4+ drinks on one occasion.
- 2. Calculated at risk for men having >2 drinks per day and women having >1 drink per day.

^{*}Indicates data does not meet standards of reliability and has been suppressed.

Immunization (Flu and Pneumonia)

ICBRFS - Suburban Cook	County	Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
HAD INFLUENZA VACCINATION PAST 12 MONTHS	Yes	714,306	42.1%	35.8%-48.6%	217
	No	983,775	57.9%	51.4%-64.2%	280
EVER HAD PNEUMONIA VACCINATION	Yes	682,751	43.9%	36.9%-51.1%	219
	No	873,052	56.1%	48.9%-63.1%	240

^{*}Indicates data does not meet standards of reliability and has been suppressed.

Cognitive Decline

				95%	
		Estimated	Weighted	Confidence	Number of
ICBRFS - Suburban Cook	County	Population	Percent	Interval	Respondents
EXPERIENCED	Yes	78,712	7.8%	5.3%-11.4%	32
CONFUSION/MEMORY	No	926,876	92.2%	88.6%-94.7%	329
LOSS PAST 12 MONTHS					
(AGE 45+)					

^{*}Indicates data does not meet standards of reliability and has been suppressed.

HIV/STD/Sexual Behavior

		Estimated	Weighted	95% Confidence	Number of
ICBRFS - Suburban Cook County		Population	Percent	Interval	Respondents
EVER HAD HIV TEST	Yes	556,854	33.9%	28.0%-40.3%	154
	No	1,085,982	66.1%	59.7%-72.0%	329
TREATED FOR STD	Yes	14,927	0.9%	0.4%-2.2%	5
PAST YEAR	No	1,675,904	99.1%	97.8%-99.6%	491
NUMBER OF SEXUAL	None	491,071	30.3%	24.9%-36.2%	179
PARTNERS PAST 12	1 Partner	929,655	57.3%	50.4%-63.9%	258
MONTHS	2-3 Partners	182,807	11.3%	6.3%-19.4%	37
	4+ Partners	19,111	1.2%	0.5%-2.8%	6

^{*}Indicates data does not meet standards of reliability and has been suppressed.

Physical Activities

				95%	
		Estimated	Weighted	Confidence	Number of
ICBRFS - Suburban Cook	County	Population	Percent	Interval	Respondents
ANY PHYSICAL ACTIVITY	Yes	1,236,966	71.4%	64.7%-77.3%	371
PAST 30 DAYS	No	495,162	28.6%	22.7%-35.3%	129
MEETS PHYSICAL	Yes	718,651	46.2%	39.1%-53.4%	222
ACTIVITY GUIDELINES	No	838,350	53.8%	46.6%-60.9%	222

^{*}Indicates data does not meet standards of reliability and has been suppressed.

Definitions

Binge Drinking Respondents who report they did drink in the past 30 days and had

five or more drinks for males or four or more drinks for females on

one or more occasions in the past month.

Body Mass Index (BMI) The calculation used to determine obesity status. BMI is calculated

from a person's weight and height using the formula; weight in kilograms divided by height in meters squared (weight I height2).

Cardiovascular Disease

History (CVD)

Respondents who reported having a history of heart attack, coronary

heart disease, or stroke.

Chronic Health Conditions Respondents who report having any of the chronic diseases in the

survey. Includes heart disease (heart attack/stoke/angina), current asthma, cancer, cancer, COPD, arthritis, depression, kidney disease

and diabetes.

Current Smoker Respondents who have smoked at least 100 cigarettes in their lifetime

and now smoke some days or every day.

Disability Defined by responses to the need for special equipment and/or

having an activity limitation due to physical, mental, or emotional

problems.

E-Cigarette Status Respondents who have tried e-cigarettes and smoke e-cigarettes

somedays or every day are current users. Not currently using status includes respondents who have tried e-cigarettes but respond "not at all" to how often they now smoke e-cigarettes. Respondents who answer no to have ever trying e-cigarettes are indicated with a never

used status.

Functional Disability Functional disability status defined by responses to the six functional

disability questions (sight, hearing, decisions, walking/climbing stairs,

bathing/dressing, doing errands).

Good Mental Health Respondents who reported poor mental health for 13 days or less in

the past 30 days.

Good Physical Health Respondents who reported poor physical health for 13 days or less in

the past 30 days.

Good General Health Respondents who reported Good, Very Good, or Excellent general

health status.

Heavy Drinking Respondents reported having MORE than 2 drinks/day for MALES

and MORE than 1 drink/day for FEMALES.

Obese BMI greater than or equal to 30.

Overweight BMI between 25 and less than 30.

Underweight/Normal BMI less than 25.

Survey Collection Years By County

GROUP 2015 2016 2017 2018 2019 Adams X X X X X Bond X X X X X Brown-Schuyler X			ΥFΔR	COLLE	CTED	
Adams	COUNTY OR	2015	1			2010
Bond		2013			2010	2013
Boone				^		
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			х			
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COUNTY OR		YEAR	COLLE	CTED	
GROUP	2015	2016	2017	2018	2019
Kane				Х	Х
Kankakee				Х	Х
Kendall				Х	Х
Knox				Х	
Lake				Х	Х
LaSalle				Х	
Lawrence	Х	Х			
Lee				Х	Х
Livingston			Х	Х	
Logan		Х	Х	Х	
McDonough			Х	Х	
McHenry				Х	Х
McLean			Х	Х	
Macon		Х	Х		
Macoupin	Х	Х			
Madison	Х				
Marion	Х				
Mason			Х	Х	
Menard		Х	Х	Х	
Mercer				Х	
Monroe	Х				
Montgomery	Х	Х			
Morgan		Х			
Moultrie		Х	Х	Х	
Ogle				Х	Х
Peoria				Х	
Perry	Х				
Pike		Х			
Randolph	Х				
Richland	Х	Х			
Rock Island				Х	Х
St. Clair	Х				
Sangamon		Х	Х		
Shelby		Х	Х		
Southern Seven	х				
Stephenson					Х
Tazewell			Х	х	
Vermilion		х	х	х	
Washington	Х				
Wayne	Х	Х			
Whiteside				х	х
Will				Х	
Winnebago				х	х
Woodford				Х	

Illinois County Behavioral Risk Factor Survey Questionnaire

Round 6 (2015-2019)

HEALTH STATUS

	Would you sa	y that in general	your health is—
--	--------------	-------------------	-----------------

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

__ _ Number of days

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many <u>days</u> during the past 30 days was your mental health not good?

__ _ Number of days

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Number of days

HEALTHCARE

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?

1 Yes 2 No

Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

1 Yes 2 No

Do you have one person you think of as your personal doctor or health care provider?

- 1 Yes, only one
- 2 More than one
- 3 No

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

1 Yes 2 No

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1 Within the past year (anytime < 12 months ago)
- 2 Within the past 2 years (1 year but < 2 years ago)
- Within the past 5 years (2 years but < 5 years ago)
- 4 5 or more years ago
 - 8 Never

Was there a time during the last 12 months when you needed to fill a prescription for medication, but could not because of the cost?

1 Yes 2 No

ORAL HEALTH

About how long has it been since you last visited a dentist or a dental clinic for any reason?

- 1 Within the past year (anytime < 12 months ago)
- Within the past 2 years(1 year but < 2 years ago)
- 3 Within the past 5 years (2 years but < 5 years ago)
- 4 5 or more years ago
- 8 Never

Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

1 Yes 2 No

Was there a time during the last 12 months when you needed to see a dentist, but could not because of the cost?

1 Yes 2 No

HYPERTENSION

Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

- 1 Yes
- Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline high or pre-

hypertensive

Are you currently taking medicine for your high blood pressure?

1 Yes 2 No

CHOLESTEROL

Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

1 Yes 2 No

About how long has it been since you last had your blood cholesterol checked?

1 Within the past year

(anytime < 12 months ago)

2 Within the past 2 years

(1 year but < 2 years ago)

3 Within the past 5 years

(2 years but < 5 years ago)

4 5 or more years ago

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

1 Yes 2 No

CHRONIC HEALTH CONDITIONS

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

(Ever told) you that you had a heart attack also called a myocardial infarction?

(Ever told) you had angina or coronary heart disease?

(Ever told) you had a stroke?

(Ever told) you had asthma?

Do you still have asthma?

(Ever told) you had any type of cancer?

(Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

(Ever told) you have diabetes? "NOTE: If 'YES' and respondent is female ask Was this only when you were pregnant? If Respondent says pre-diabetes or borderline diabetes Code 4.

- 1 Yes
- 2 Yes, but female only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline

Have you had a	a test for	high blo	od sugar o	ı
diabetes within	the past	three ye	ars?	
1	Yes	2	No	

Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? NOTE: If 'Yes' and respondent is female, ask: Was this only when you were pregnant?

- 1 Yes
- 2 Yes, during pregnancy
 - 3 No

How old were you when you were told you have diabetes?

__Enter Age in Years

Are you now taking insulin?

1 Yes 2 No

About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

1 _ _ Times per day
2 _ _ Times per week
3 _ _ Times per month
4 _ _ Times per year

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

1 _ _ Times per day
2 _ _ Times per week
3 _ _ Times per month
4 _ _ Times per year
5 5 5 No feet

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

_ _ Number of times

A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

Number of times

Have you ever taken a course or class in how to manage your diabetes yourself?

1 Yes 2 No

DEMOGRAPHICS				6 College 4 years or more (College graduate)						
	ex of respond		Гата	Davie			مسمطين	-0		
1 Male 2 Female		Do you		or rent you	ur nom	e:				
What is your ago?			1	Own						
What is your age?			2	Rent						
	Code a	ge in y	rears		3	Other	arrang	ement		
Are you H	lispanic, Latino	o/a, or	Spanish origin?	What	county	do you liv ANSI/				
1	Mexican, Mex	(ican A	merican,							
Chicano/a			What i	What is the ZIP Code where you live?						
2	Puerto Rican				ZIP Code					
3	Cuban									
4	Another Hispa	anic, L	atino/a, or Spanish							
origin			Do yo	Do you have more than one telephone numbe						
	No				r house					
				,	1	Yes	2	No		
Which one	e or more of th	ne follo	wing would you							
			say: White, Black	How n	nanv of	these tel	ephone	e numbers a	re	
			n Indian or Alaska			mbers?				
	sian or Pacific				1	One				
, , , , ,					2	Two				
Which one of these groups would you say best represents your race?			3	Three						
			4	Four						
.ор.ооо	o your race.				5	Five				
Are youmarried, divorced, widowed,			6	Six or	more					
separated, never married or a member of an			Ü	Oix oi						
unmarried		,a 0, a	mombor or an	Do you	ı have	a cell nho	ne for	nersonal us	۵2	
1	Married	1		Do you have a cell phone for persona Please include cell phones used for b				٠.		
2					business and personal use.					
3				busine	1	Yes	2	No		
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What is th	a highest grad	de or v	ear of school you		4			: 1 year		
completed		ac or y	car or sorroor you		5		nemake			
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4						# OI CI	maren			
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5			r to 3 years							
school)	(2011)e	conege	e or technical							
SCHOOL										

ls your annual I	nouseho	ld income from all	DISABILITY					
sources—	01 02 03	< \$10,000 < \$15,000 < \$20,000	Are you limited in any way in any action because or physical, mental, or emot					
	03 04 05	< \$25,000 < \$25,000 < \$35,000	problems?	1	Yes	2	No	
	06 07 08	< \$50,000 < \$50,000 < \$75,000 \$75,000 or more	Do you now hat requires you to a cane, a wheetelephone?	use spe	cial equ	ipment,	such as	
About how much do you weigh without shoes?			telepriorie:	1	Yes	2	No	
		Weight kg or lbs	Are you blind or do you have serious difficuseeing, even when wearing glasses?					
About how tall a	are you v	vithout shoes? Height ft/in/m/cm		1	Yes	2	No	
To your knowledge, are you now pregnant?		· ·	Are you deaf or do you have serious difficulty hearing?					
•	1 Yes	2 No	ŭ	1	Yes	2	No	
Do you consider yourself to be: 1 Heterosexual or Straight 2 Lesbian or gay 3 Bisexual		Heterosexual or Straight	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?					
	Ü	Diooxdar	dolloror.	1	Yes	2	No	
			Do you have serious difficulty walkin climbing stairs?				g or	
			Climbing Stairs	1	Yes	2	No	
			Do you have difficulty dressing or bathing? 1 Yes 2 No					
			Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or aborning?					
			shopping?	1	Yes	2	No	

TOBACCO

Have you smoked at least 100 cigarettes in your entire life? NOTE: For cigarettes, do not include: electronic cigarettes (e-cigaretttes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

5 packs = 100 cigarettes

.

Do you now smoke cigarettes every day, some days, or not at all?

Every day
 Some days
 Not at all

Yes

2

No

How long has it been since you last smoked a cigarette, even one or two puffs?

Within the past month 01 (< 1 month ago) 02 Within the past 3 months (1 month but < 3 months ago) 03 Within the past 6 months (3 months but < 6 months ago) 04 Within the past year (6 months but < 1 year ago) 05 Within the past 5 years (1 year but < 5 years ago) Within the past 10 years 06 (5 years but < 10 years ago) 07 10 years or more 80 Never smoked regularly

Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Every day
 Some days
 Not at all

E-CIGARETTES

Have you ever tried electronic cigarettes or Ecigarettes such as BLU or NJOY even just one time in your entire life?

1 Yes 2 No

Do you now smoke E-cigarettes every day, some days or not at all?

Every day
 Some days
 Not at all

ALCOHOL

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1 __ Days per week
2 __ Days in past 30 days

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

_ _ Number of drinks

Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 for men, 4 for women] or more drinks on an occasion?

_ _ Number of times

During the past 30 days, what is the largest number of drinks you had on any occasion?

Number of drinks

PHYSICAL ACTIVITY

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1 Yes 2 No

What type of physical activity or exercise did you spend the most time doing during the past month?

[See Physical Activity Coding List]

How many times per week or per month did you take part in this activity during the past month?

1__ Times per week

2__ Times per month

And when you took part in this activity, for how many minutes or hours did you usually keep at it?

: Hours and minutes

What other type of physical activity gave you the next most exercise during the past month?

[See Physical Activity Coding List]

How many times per week or per month did you take part in this activity during the past month?

1__ Times per week

2__ Times per month

And when you took part in this activity, for how many minutes or hours did you usually keep at it?

: _ Hours and minutes

IMMUNIZATION

There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

1 Yes 2 No

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?

1 Yes 2 No

BREAST & CERVICAL CANCER SCREENING

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

1 Yes 2 No

How long has it been since you had your last mammogram?

- 1 Within the past year (anytime < 12 months ago)
- 2 Within the past 2 years (1 year but < 2 years ago)
- Within the past 3 years (2 years but < 3 years ago)
- Within the past 5 years (3 years but < 5 years ago)
- 5 or more years ago

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

1 Yes 2 No

How long has it been since you had your last Pap test?

- 1 Within the past year (anytime < 12 months ago)
- 2 Within the past 2 years (1 year but < 2 years ago)
- 3 Within the past 3 years (2 years but < 3 years ago)
- Within the past 5 years
 (3 years but < 5 years ago)
- 5 5 or more years ago

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

1 Yes 2 No

How long has it been since your last breast exam?

- 1 Within the past year (anytime < 12 months ago)
- Within the past 2 years (1 year but < 2 years ago)
- Within the past 3 years (2 years but < 3 years ago)

- Within the past 5 years (3 years but < 5 years ago)
- 5 5 or more years ago

COLORECTAL CANCER SCREENING

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?

1 Yes 2 No

For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

- 1. Sigmoidoscopy
- Colonoscopy

How long has it been since you had your last sigmoidoscopy or colonoscopy?

- 1 Within the past year (anytime < 12 months ago)
- 2 Within the past 2 years (1 year but < 2 years ago)
- Within the past 3 years (2 years but < 3 years ago)
- Within the past 10 years (3 years but < 10 years ago)
- 5 10 or more years ago

PROSTATE CANCER SCREENING

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you EVER HAD a PSA test?

1 Yes 2 No

COGNITIVE IMPAIRMENT

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

1 Yes 2 No

During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

When you need help with these day-to-day activities, how often are you able to get the help that you need?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Have you or anyone else discussed your confusion or memory loss with a health care professional?

1 Yes 2 No

HIV/STD/SEXUAL BEHAVIOR

Please remember that your answers are strictly confidential and you don't have to answer a question if you don't want to. Although we will ask about tests you may have had we will not ask about the results of any tests.

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

1 Yes 2 No

In the past year, have you been treated for a sexually transmitted or venereal disease?

1 Yes 2 No

During the past 12 months, with how many people have you had sexual intercourse?

_ _ Number of Sexual Partners

For questions or comments please contact:

Illinois Department of Public Health
Office of Policy Planning & Statistics
525 W. Jefferson Floor 2
Springfield, IL 62761

DPH.BRFSS@illinois.gov 217-785-2040