

Michigan Behavioral Risk Factor Surveillance System (BRFSS)

Frequently Asked Questions (FAQs) for Survey Respondents

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1. What is the Behavioral Risk Factor Surveillance System (BRFSS)?

The BRFSS is a state-based telephone survey conducted in collaboration with the [Centers for Disease Control and Prevention](#) (CDC) that gathers information about health, health risk behaviors, preventive practices, and health care access from adults aged 18 and older. The BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year across the nation, making it the largest continuously conducted health survey system in the world.

2. How is the survey conducted?

The BRFSS is conducted by state health departments with technical and methodological assistance provided by the CDC. The survey is conducted using Random Digit Dialing techniques on both landlines and cell phones. It is administered continuously throughout the year and targeted at non-institutionalized adults 18 years of age and older.

3. Who collects BRFSS data in Michigan?

The Michigan Department of Health and Human Services (MDHHS) contracts with ICF Macro Inc. to conduct the interviews and manage BRFSS data collection.

4. Why am I getting calls from a 517-272-8006 number?

Your household has been selected to participate in the Michigan Behavioral Risk Factor Surveillance System (BRFSS) survey. MDHHS currently contracts with the ICF Macro Inc. to conduct the Michigan BRFSS interviews. The phone number associated with the Michigan BRFSS survey is 517-272-8006. If you have been contacted by ICF for the Michigan BRFSS survey and you wish to participate, you can simply wait for another call from our call center or call the toll-free number, 1-844-403-3937, to set up an appointment for an interview.

5. How can I know I am being asked to participate in a legitimate survey?

The Michigan Department of Health and Human Services (MDHHS) has been conducting this survey among Michigan adults annually since 1989 for the purpose of collecting data on health-related risk behaviors, chronic health conditions, and preventive services practice. Our interviewers will state that they are calling on the behalf of MDHHS. All interviewers have been trained according to the protocols specified by the Centers for Disease Control and Prevention. The survey coordinator's email (MIBRFSS@michigan.gov) and number (517-335-8144) are provided if potential participants are hesitant when they receive a phone call.

6. Do I have to participate in the survey?

Participation by those randomly selected for the survey is very important to accurately represent all types of adults in Michigan, regardless of health status. Survey participation is voluntary; however, we cannot select anyone else to replace you if you were selected and do not participate, which may mean that adults like you are underrepresented in statewide estimates. By participating, you perform a valuable public service for your family, community, and state.

7. Who takes part in the BRFSS survey? Are they compensated?

Adults 18 years or older who live in a private residence or a college housing unit are asked to take part in the survey. Only one adult per household is randomly selected to be interviewed once the telephone number is verified as a private working phone number. Cell phone numbers are also sampled allowing adults who receive at least 90% of their calls on their cell phone to be included in the sample. Participants are not compensated monetarily but should know that they are taking part in a rewarding endeavor that helps improve the health of Michigan residents.

8. What do you do with the interview information?

In Michigan, BRFSS information is used to identify emerging health problems, establish and track health objectives, develop, implement, and evaluate a broad array of disease prevention activities and support health-related policy decisions. From the Michigan BRFSS website at <http://www.michigan.gov/brfs>, you will find a rich variety of reports and publications in the Results section. The [CDC BRFSS website](#) provides detailed technical information, data quality reports, results from other state's BRFSS, and public use data sets which can be downloaded.

9. How did Michigan BRFSS get my phone number?

A set of computer-generated random phone numbers (with Michigan prefixes) are produced at least four times per year. The phone numbers are first called to verify if they are residential or business phone numbers. If residential, a randomly selected adult from all the adults in the household is asked to participate in the survey.

10. Can I call you to do the survey at my convenience?

Yes, our call center has a toll-free number, 1-844-403-3937, that you can call anytime during calling hours from 8 am to 8 pm (EST).

11. Are responses to interview questions confidential?

The information collected during all BRFSS interviews is confidential, and the survey is conducted according to strict CDC protocol. Before answering any of the health-related questions, participants are informed that they will not be asked for their name, address, or other personal information that can identify them, and that all information they provide will be confidential. The phone numbers called as part of the BRFSS are randomly generated with no personal information connected to them.

12. Another adult in my household was selected for the survey but does not want to participate; can I answer the survey for them?

No. We must talk to the randomly selected adult in order to do the interview. “Proxy” interviews are not allowed because you may not be able to answer all the questions with certainty.

13. How long will it take to complete the survey?

The survey takes around 25 minutes to complete but can run a little shorter or longer depending on the number of questions asked and how long you take to answer each question. If it gets too long to complete at one time, you can always schedule a call back at a convenient time for you.

14. Why did I receive a call in the evening, after normal business hours?

The interviewers who make the phone calls are told to call at various times of the day to increase the chances that someone will be home to answer the phone. Therefore, some of the phone calls are made in the evening. The interviewers also are told to call a certain number of times, so you may receive several calls until someone at your home either completes the survey or tells the interviewer that your household does not want to participate.

15. What if my cell phone number is listed in a state I do not live in anymore?

Since 2011, interviews have been completed using both landline and cell phones. If an individual is called on their cell phone by a state they do not live in, their responses to all core questions will be coded to the correct state before the database is finalized at the end of the year.

16. What if I do not want to participate in the survey?

If you do not wish to participate in the survey, please tell the interviewer this. You may be contacted one more time to confirm that you do not want to take the survey. If you do not say that you do not want to participate, you will probably continue to receive calls. If you say you do not want to participate but you continue to receive calls, contact us at MIBRFSS@michigan.gov or 517-335-8144 and ask for your number to be removed from the survey. You do not need to leave your name, but please leave the number being called so that the study coordinator can remove it from the computer's call list.

17. Why do you keep calling me after I told you I do not want to participate?

Sometimes people refuse because our initial attempt occurs at an inconvenient time. Other times we do not get the opportunity to talk to the randomly selected respondent. It is important to verify that the randomly selected adult does not want to participate.

Frequently Asked Questions (FAQs) for Data Users

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1. What are the components of the BRFSS questionnaire?

Each state uses a standardized core questionnaire, where some core questions are asked every year (fixed core) and others are asked every other year (rotating core). BRFSS also has included space for as many as four emerging core questions for high-priority topics such as vaccine shortage, and influenza-like illness. All states must ask all core questions. Each state then has the option to include more questions on the questionnaire by adding optional modules (questions that CDC makes available for states to choose as part of their questionnaire) or state-added questions (questions that are not part of the CDC questionnaire, but states feel are important and choose to ask). In Michigan, a variety of optional questions are asked each year. These questions are selected based on the interests and needs of state programs and external public health stakeholders.

2. Where can I obtain a copy of the BRFSS questionnaire?

Copies of BRFSS questionnaires can be obtained on the CDC BRFSS website and on the Michigan DHHS website. On the CDC website, annual questionnaires dating back to 1984 are available under the BRFSS Questionnaires link at the following website www.cdc.gov/brfss. On the Michigan DHHS website, Michigan questionnaires for years 2010-present are available under the Michigan BRFSS Annual Questionnaires link at the following website <http://www.michigan.gov/brfs>.

3. How are BRFSS data weighted? What variables are used when weighting BRFSS data?

From the 1980s to 2010, CDC used a statistical method called post stratification to weight BRFSS survey data to known proportions of age, race and ethnicity, sex, and geographic region within a population. In 2011, the BRFSS moved to a new weighting methodology known as iterative proportional fitting or raking. Raking has several advantages over post stratification. First, it allows the introduction of more demographic variables, such as education level, marital status, and home ownership, into the statistical weighting process than would have been possible

with post stratification. This advantage reduces the potential for bias and increases the representativeness of estimates. Second, raking allows for the incorporation of a now-crucial variable, telephone ownership (landline and/or cellular telephone), into the BRFSS weighting methodology. Beginning with the 2011 dataset, raking succeeded post stratification as the BRFSS statistical weighting method. As noted, age, sex, categories of ethnicity, geographic regions within states, marital status, education level, home ownership and type of phone ownership are currently used to weight BRFSS data.

4. Where can I get more information about the BRFSS?

For general information about the BRFSS, copies of national BRFSS questionnaires, national and state specific BRFSS results, and downloadable data sets visit the Centers for Disease Control and Prevention (CDC) BRFSS website: www.cdc.gov/brfss. For Michigan specific BRFSS information, include copies of Michigan questionnaires and state and local BRFSS results visit the Michigan DHHS BRFSS website at <http://www.michigan.gov/brfs>.

5. How are BRFSS data collected?

Information is collected through telephone interviews throughout the survey year. A set of randomly generated phone numbers are produced at least four times per year, and the phone numbers are first called to verify if they are residential or a business phone number. If residential, a randomly selected adult in the household is asked to participate. This can result in repeat phone calls to the household in order to get the appropriate (randomly selected) adult to participate.

6. What are the components of the BRFSS questionnaire?

The BRFSS questionnaire has three parts: (1) the core, (2) optional modules, and (3) state-added questions. All states must ask the core questions without modifying wording or question order. Core sections are supported financially by the [Centers for Disease Control and Prevention](http://www.cdc.gov) (CDC). Optional modules or state-added questions are included on the questionnaire at a cost determined by the BRFSS Coordinator and paid for by the requestor.

Core

Fixed Core: The fixed core is a standard set of questions asked every year. It includes questions about health status, behaviors that affect health (e.g., tobacco and alcohol use), and questions on demographic characteristics. **Rotating Core:** The rotating core is made up of two distinct sets of questions, each asked in alternating years by all states, addressing different topics. In the years that rotating topics are not used in the core, they are supported as optional modules. **Emerging Core:** The emerging core is a set of up to five questions that are added to the fixed and rotating cores. Emerging core questions typically focus on issues of a “late breaking” nature and do not necessarily receive the same scrutiny that other questions receive before being added to the instrument. These questions are part of the core for two years. See [CDC questionnaire archive](#) to search all questions that have been included in the core or optional modules since 1984.

Optional Modules

Optional modules are standardized sets of questions on specific topics that states elect to use on their questionnaires. Modules include a wide variety of topics such as, oral health, violence, cardiovascular disease, and environmental toxins. CDC standards require that, if the modules are used, they must be used without modification. If optional modules are altered, they are considered state-added questions. See [Optional Modules by State or Category](#) to see which optional modules were included in each state's questionnaire for each year.

State Added Questions

State-added questions are any data item that is not part of the core or an unaltered optional module. CDC does not complete any of the data processing necessary for analysis of state added questions. Additionally, state added questions are not necessarily comparable to other states. However, state-added questions allow states the flexibility to address their unique issues. See the [State-Added Questions Database](#) to search state-added questions that have been included in BRFSS questionnaires across the country.

7. What is done with the information collected?

BRFSS information is used to identify emerging health problems, establish and track health objectives, develop, implement, and evaluate a broad array of disease prevention activities and support health-related policy decisions.

8. How are new questions added to the BRFSS questionnaire?

The content of the BRFSS core questionnaire is determined by the state BRFSS Coordinators and the CDC. Each year, the state Coordinators may choose to add new questions based on proposals submitted before the annual BRFSS conference. Each proposal requires a rationale supporting the questions. If questions are approved by the state BRFSS coordinators, the questions then go through technical review, cognitive testing, and field testing before being placed on the questionnaire. In addition, each state has the opportunity to customize its questionnaire by adding questions that address its unique health issues.

9. If a local organization or agency wants to include questions on the BRFSS, how is this done?

The BRFSS questionnaire goes through rigorous testing before its use. Federal agencies submit proposals to the Division of Behavioral Surveillance (DBS) of CDC with a clear rationale for including questions in the core or optional modules.

A national questionnaire review committee, composed of a subgroup of state BRFSS coordinators, reviews the proposals, and makes recommendations to the submitting agencies for changes prior to two rounds of cognitive testing of the new questions and field testing of the questionnaire. All BRFSS coordinators and DBS staff review the final versions of proposed questions at the annual BRFSS conference.

Similarly, additional data items may be requested to include in Michigan BRFSS questionnaire by submitting the Michigan BRFSS State-Added Question Solicitation form to the BRFSS Coordinator (typically by mid-June) of the year preceding the survey. The BRFSS staff make decision regarding which questions or modules will be included in the survey based upon survey integrity. CDC approval is required to place any optional module or state-added question into the core section of the questionnaire; we will not add questions that may adversely affect the response rates of the survey.

If your agency or organization is interested in adding a question (or questions) to the BRFSS survey, please contact the BRFSS Coordinator at MIBRFSS@michigan.gov for additional details.

10. Where can I find out more about BRFSS and the ways its data are used?

From the Michigan BRFSS website at <http://www.michigan.gov/brfs>, you will find a rich variety of reports and publications in the Results section. The [CDC BRFSS website](#) provides detailed technical information, data quality reports, results from other state's BRFSS, and public use data sets which can be downloaded.

11. How do I request Michigan BRFSS data for analysis?

In order to get access to Michigan BRFSS raw data files, you will need to fill in the Michigan BRFSS Data Release Agreement form.



Michigan BRFSS
Data Release Agreeer

If you agree to all of the requirements listed within this data release agreement, you will then sign the agreement and email it back to MIBRFSS@michigan.gov along with a detailed study protocol that includes all of the information asked within the data release agreement. You will also need to provide curriculum vita for the principal investigator and all relevant contributors.

After all of the above information is received, the BRFSS Coordinator and the MDHHS Compliance Office will review and process it internally in order to determine if the requested data release is feasible. If the request id deemed feasible, the BRFSS Coordinator will proceed with the data release process by creating the requested data file and sending it back to you. Please contact the BRFSS Coordinator at MIBRFSS@michigan.gov for the Michigan BRFSS Data Release Agreement form and additional information.