

## **Data Source with Asthma Content: Youth Risk Behavior Survey (YRBS)**

The YRBS was developed in 1990 to monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. Six categories of priority health-risk behaviors are monitored.

**Administered by** the National Center for Chronic Disease Prevention and Health Promotion, CDC. Sponsored by the National Center for Environmental Health, CDC (asthma prevalence questions only).

### **Sampling Frame and Methodology:**

- Conducted every 2 years
- Self-administered questionnaire in school setting
- National, State, and local school-based surveys of representative samples of 9th through 12th grade students
- Geography: National and State estimate

### **Respiratory Health Content:**

Asthma prevalence questions added in 2005 (not directly comparable to NHIS, BRFSS):

- Lifetime asthma diagnosis
- Current asthma prevalence
- Asthma attack prevalence

### **Website and Data Access Information:**

Agency: <http://www.cdc.gov/asthma/>

YRBS: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Data: <http://www.cdc.gov/HealthyYouth/yrbs/data/index.htm>

### **Related Resources:**

Questionnaire: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm> (see right lower panel)

Youth Online: Comprehensive Results: <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

YRBS Surveillance Summary MMWR: <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>

Presentation Slides and Maps: <http://www.cdc.gov/HealthyYouth/yrbs/slides/index.htm>

Comparisons Between State or District and National Results: [http://www.cdc.gov/HealthyYouth/yrbs/state\\_district\\_comparisons.htm](http://www.cdc.gov/HealthyYouth/yrbs/state_district_comparisons.htm)

## Youth Risk Behavior Survey (YRBS)

### Survey Questions

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Has a doctor or nurse ever told you that you have asthma?				<input type="checkbox"/>										
During the past 12 months, have you had an episode of asthma or an asthma attack?				<input type="checkbox"/>		<input type="checkbox"/>								
Do you still have asthma?								<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		