

Behavioral Risk Factor Surveillance System

How CDC Monitors Risk Factors and Behaviors Among Adults

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of telephone surveys that collect state-level data about health risk behaviors, chronic health conditions, and use of preventive services. Established in 1984, the BRFSS collects data in all 50 states, the District of Columbia, and participating US territories.

CDC works with state and territorial partners to collect uniform, state-specific information about a wide range of behaviors that affect the health of US adults, including physical activity levels, tobacco or alcohol use, and health care access. It also helps collect data on important emerging health issues, such as e-cigarette use. Participants are asked to provide basic demographic information, such as age, race and ethnicity, income, and education level.

Information is collected through telephone interviews with noninstitutionalized adults aged 18 or older on landlines and cell phones. Each year, data sets are posted to the [BRFSS website](#) for public use. The data give decision makers, public health practitioners, and researchers information they need to:

- Identify populations at higher risk of chronic health conditions.
- Monitor changes in health risk behaviors and disease rates.
- Establish prevention strategies at local and state levels.

Collecting State Data to Improve Public Health

For most states, the BRFSS is the only source of state-based data on adult health and health risk behaviors. It gives communities and states, as well as CDC and other federal agencies, information they need to plan public health programs and other activities at local, state, and national levels.

In addition to the core surveys, states can use optional modules (sets of questions) on specific topics, such as memory loss, depression, disease screenings, and vaccinations. States can also add questions that they develop to meet their specific needs. All states use the same data

In the United States:



450,000 US ADULTS
are interviewed by the
BRFSS each year.



56% OF BRFSS DATA
are collected by cell phone.



30+ HEALTH TOPICS
are covered by the
BRFSS surveys.





collection protocol on the core and module sections of the survey. This consistency produces results that public health professionals can use to compare between states or local areas.

Using Data to Identify Health Risks and Improve Public Health Programs

The data collected by the BRFSS help states and communities make decisions about public health research, practices, and policies that can improve the health of their residents. States can use the data to conduct analyses, develop programs that focus on populations at high risk, and assess where valuable resources are needed most.

In Kansas, for example, the BRFSS is the only source of data for several public health indicators, including the needs and health issues of residents who have survived cancer. In 2016, 2017, and 2018, the state used the BRFSS Cancer Survivorship Module to collect data on follow-up care, treatment plans, and pain management. Findings will help state officials develop new programs to reduce disability and improve emotional health, which was identified as a particular concern among cancer survivors in Kansas.



In 2015 and 2016, South Dakota also used the BRFSS to identify the needs of cancer survivors, asking questions about risk behaviors, concentration and memory, quality of life, and use of health care services. Findings showed that residents with a history of cancer were more likely than those with no history of cancer to have a personal doctor, but survivors were more likely to miss appointments because of cost. Survivors were also more likely to be current smokers and to have tried to quit within the past year. This information will help state officials work with area cancer treatment centers to improve services and access to these services for cancer survivors in South Dakota.

Helping States and Partners Collect Quality Data

CDC works to ensure the success of the BRFSS by giving states the support they need to administer their questions and analyze their data correctly and consistently. To ensure high-quality BRFSS data, CDC processes survey data, produces monthly and annual data quality reports, and trains state BRFSS coordinators and their staff.



CDC also provides training to health department staff and other public health practitioners and researchers working at state, territorial, and local levels in the United States and across the world. Nearly a dozen other countries have asked for technical help to set up similar surveillance systems. Each year, CDC holds a BRFSS meeting that includes training on “tools of the trade” skills like survey design, computer-assisted telephone interviewing data collection, and research techniques. This event also gives state BRFSS coordinators a chance to share experiences and discuss public health surveillance needs.