**Appendix I.** Behavioral Risk Factor Surveillance System (BRFSS) Medical Tourism Questions and Response Options

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| 1. During the past 12 months, did you travel outside of the United States to receive pre-planned medical, dental, or surgical procedures or treatments? |
| Yes |
| No |
| Don't Know/Not Sure |
| Refused |
| 2. What specific countries outside of the United States did you travel to during the past 12 months for your pre-planned medical, dental, or surgical procedures or treatments? Respondents could name up to 3. |
| 3. What types of procedures or treatments did you receive on your trips outside of the United States for your pre-planned medical, dental or surgical procedures or treatments? |
| Organ transplant |
| Kidney |
| Liver |
| Heart |
| Lung |
| Corneal (eye) |
| Cosmetic surgery |
| Facial |
| Liposuction |
| Breast (implant, lift, or reduction) |
| Abdominoplasty (tummy tuck) |
| Hair transplant |
| Dental surgery |
| Cardiac/Heart surgery |
| Orthopedic surgery |
| Hip replacement |
| Knee replacement |
| Other (specify) |
| Medical treatment for illness |
| Cancer treatment |
| Drug and alcohol rehabilitation |
| Fertility/Infertility |
| Other (specify) |
| Other procedures |
| CT and MRI Scans |
| Stem cell transplant |
| Bariatric/Obesity surgery |
| Other (specify) |
| Don't Know/Not Sure |
| Refused |
| 4. Why did you travel outside of the United States for your pre-planned medical, dental, or surgical procedures or treatments? Please select all that apply. |
| The treatment or procedure was not available in the United States |
| The treatment or procedure was not covered by your health insurance |
| The treatment or procedure was too expensive in the United States |
| Felt the quality of care or success of procedure or treatment would be better in another country |
| Felt more familiar or comfortable receiving the procedure or treatment in another country/Went back to home country |
| Other (specify) |
| 5. Did you have any unexpected problems, complications, or undesirable health outcomes as a result of the procedures or treatments you received outside of the United States? |
| Yes |
| No |
| Don't Know/Not Sure |
| Refused |
| 6. Did you see a doctor, nurse or other health care professional for these unexpected problems, complications, or undesirable health outcomes after returning to the United States? |
| Yes |
| No |
| Don't Know/Not Sure |
| Refused |