DIABETES - DIQ

DIQ.010 The next questions are about specific medical conditions.

{Other than during pregnancy, {have you/has SP}/(Have you/Has SP}) ever been
told by a doctor or health professional that {you have/(he/she/SP) has} diabetes or
sugar diabetes?

CAPI INSTRUCTION:
IF SP AGE < 12, DISPLAY "HAVE YOU" FOR THE FIRST DISPLAY AND "SP
HAS" FOR THE SECOND DISPLAY.
IF SP IS FEMALE AND AGE >= 20, DISPLAY "OTHER THAN DURING
PREGNANCY, {HAVE YOU/HAS SP}".

YES ......................................................... 1
NO ........................................................... 2 (DIQ.050)
BORDERLINE ......................................... 3 (DIQ.050)
REFUSED ............................................... 7 (DIQ.050)
DON'T KNOW ......................................... 9 (DIQ.050)

DIQ.040 How old {was SP/were you} when a doctor or other health professional first
told {you/him/her} that {you/he/she} had diabetes or sugar diabetes?

CAPI INSTRUCTION:
IF SP AGE < 12, DISPLAY "YOU" FOR THE SECOND DISPLAY.

|___|___|
ENTER AGE IN YEARS

LESS THAN 1 YEAR...............................666
REFUSED ...............................................777
DON'T KNOW .........................................999

DIQ.050 {Is SP/Are you} now taking insulin?

YES ......................................................... 1
NO ........................................................... 2 (BOX 0)
REFUSED ............................................... 7 (BOX 0)
DON'T KNOW ......................................... 9 (BOX 0)

DIQ.060 For how long {have you/has SP} been taking insulin?

|___|___|___|
ENTER NUMBER (OF MONTHS OR YEARS)

LESS THAN 1 MONTH ...........................666
REFUSED ...............................................777
DON'T KNOW .........................................999
ENTER UNIT

MONTHS................................................. 1
YEARS .................................................... 2
REFUSED ............................................... 7
DON'T KNOW ........................................... 9

BOX 0

CHECK ITEM DIQ.065:
IF 'YES' (CODE 1) IN DIQ.010, CONTINUE.
OTHERWISE, GO TO BOX 2.

DIQ.070  {Is SP/Are you} now taking diabetic pills to lower {{his/her}/your} blood sugar?
These are sometimes called oral agents or oral hypoglycemic agents.

YES ......................................................... 1
NO ........................................................... 2
REFUSED ............................................... 7
DON'T KNOW ........................................... 9

BOX 1

CHECK ITEM DIQ.075:
IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

DIQ.080  Has a doctor ever told {you/SP} that diabetes has affected {your/his/her} eyes or that {you/s/he} had retinopathy?

YES ......................................................... 1
NO ........................................................... 2
REFUSED ............................................... 7
DON'T KNOW ........................................... 9

BOX 2

CHECK ITEM DIQ.085:
IF SP AGE >= 40, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

DIQ.090  {Have you/Has SP} ever had an ulcer or sore on {your/his/her} leg or foot that took more than 4 weeks to heal?

YES ......................................................... 1
NO ........................................................... 2
REFUSED ............................................... 7
DON'T KNOW ......................................... 9

DIQ.100 During the past 3 months, {have you/has SP} had numbness or loss of feeling in {your/his/her} hands or feet, other than from {your/his/her} hands or feet falling asleep?

YES ......................................................... 1
NO .......................................................... 2 (DIQ.120)
REFUSED ............................................... 7 (DIQ.120)
DON'T KNOW ......................................... 9 (DIQ.120)

DIQ.110 Has the numbness or loss of feeling been in {your/SP's} hands, feet, or both?

HANDS .................................................... 1
FEET ....................................................... 2
BOTH....................................................... 3
REFUSED ............................................... 7
DON'T KNOW ......................................... 9

DIQ.120 During the past 3 months, {have you/has SP} had a painful sensation or tingling in {your/his/her} hands or feet? Do not include normal foot aches from standing or walking for long periods.

YES ......................................................... 1
NO .......................................................... 2 (DIQ.140)
REFUSED ............................................... 7 (DIQ.140)
DON'T KNOW ......................................... 9 (DIQ.140)

DIQ.130 Has the painful sensation or tingling been in {your/his/her} hands, feet, or both?

HANDS .................................................... 1
FEET ....................................................... 2
BOTH....................................................... 3
REFUSED ............................................... 7
DON'T KNOW ......................................... 9

DIQ.140 {Do you/Does SP} ever get pain in either leg while {you are/s/he is} walking?

YES ......................................................... 1
NO .......................................................... 2 (END OF SECTION)
REFUSED ............................................... 7 (END OF SECTION)
DON'T KNOW ......................................... 9 (END OF SECTION)

DIQ.150 Does this pain include pain in {your/SP's} calf or calves?
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<th>Count</th>
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<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
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