

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
REFUSED777
DON'T KNOW999

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 MONTH666
REFUSED777
DON'T KNOW999

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

Questionnaire: SP (2001-02)
Target Group: SPs 1+

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?

Questionnaire: SP (2001-02)
Target Group: SPs 1+

YES 1
NO 2
REFUSED 7
DON'T KNOW 9