DIABETES – DIQ
Target Group: SPs 1+

DIQ.010  {Other than during pregnancy, {have you/has SP}/(Have you/Has SP)} ever been told by a doctor or other health professional that {you have/(s/he/SP) has} diabetes or sugar diabetes?

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY "HAVE YOU" AND "YOU HAVE"
IF SP AGE 12-15, DISPLAY "HAS {SP}" AND "S/HE HAS"
IF SP AGE <12, DISPLAY "HAVE YOU" AND "{SP} HAS"
IF SP IS FEMALE AND AGE >= 20, DISPLAY "OTHER THAN DURING PREGNANCY, {HAVE YOU/HAS SP}".

YES ...............................................................  1
NO .................................................................  2 (BOX 4)
BORDERLINE OR PREDIABETES ..................  3 (BOX 4)
REFUSED .....................................................  7 (BOX 4)
DON'T KNOW ...............................................  9 (BOX 4)

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

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY "WERE YOU" AND "YOU" AND "YOU"
IF SP AGE 12-15, DISPLAY "WAS {SP}" AND "HIM/HER" AND "S/HE"
IF SP AGE <12, DISPLAY "WAS {SP}" AND "YOU" AND "S/HE"

|___|___|
ENTER AGE IN YEARS

LESS THAN 1 YEAR.....................................  2
REFUSED ................................................... 777
DON'T KNOW ............................................. 999

BOX 4

CHECK ITEM DIQ.159:
IF AGE < 12 OR DIQ.010 = 1 (YES) GO TO DIQ.050.
IF AGE >= 12 AND DIQ.010 = 3, GO TO DIQ.170.
OTHERWISE, CONTINUE.
DIQ.160 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you have/SP has} any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes or that {your/her/his} blood sugar is higher than normal but not high enough to be called diabetes or sugar diabetes?

HAND CARD DIQ1

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<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>
<td>9</td>
</tr>
</tbody>
</table>

HELP SCREEN: **PREDIABETES, IMPAIRED FASTING GLUCOSE, IMPAIRED GLUCOSE TOLERANCE, OR BORDERLINE DIABETES** OCCURS WHEN BLOOD SUGAR (GLUCOSE) LEVELS ARE HIGHER THAN NORMAL BUT NOT HIGH ENOUGH TO BE DIABETES.

DIQ.170 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you have/s/he has} health conditions or a medical or family history that increases {your/his/her} risk for diabetes?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<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>
<td>9</td>
</tr>
</tbody>
</table>

DIQ.180 {Have you/Has SP} **had** a blood test for high blood sugar or diabetes within the past three years?

**INTERVIEWER INSTRUCTION:** DO NOT INCLUDE URINE TESTS

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<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>
<td>9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2    (BOX 0)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7    (BOX 0)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9    (BOX 0)</td>
</tr>
</tbody>
</table>

HELP SCREEN:
Insulin: A chemical used in the treatment of diabetes. Typically, insulin is administered with a syringe by the patient.
DIQ.060 For how long have you been taking insulin?

G/Q/U

|___|___|___|

ENTER NUMBER (OF MONTHS OR YEARS)

LESS THAN 1 MONTH ......................... 2
REFUSED ........................................... 777
DON'T KNOW ...................................... 999

ENTER UNIT

MONTHS ............................................. 1
YEARS ................................................ 2

HELP SCREEN:
Insulin: A chemical used in the treatment of diabetes. Typically, insulin is administered with a syringe by the patient.

BOX 0

CHECK ITEM DIQ.065:
IF DIQ.010 = 1 (YES) OR DIQ.160 = 1 (YES) OR DIQ.010 = 3, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

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

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

BOX 8

CHECK ITEM DIQ.229:
IF DIQ.010 = 3 OR DIQ.160 = 1 (YES), GO TO END OF SECTION.
OTHERWISE, CONTINUE.
DIQ.230 When was the last time (you/SP) saw a diabetes nurse educator or dietitian or nutritionist for (your/his/her) diabetes? Do not include doctors or other health professionals.

INTERVIEWER INSTRUCTION: IF RESPONDENT ANSWERS “TODAY” OR A PERIOD LESS THAN A MONTH, CODE 1 – 1 YEAR AGO OR LESS.

- 1 YEAR AGO OR LESS ............................. 1
- MORE THAN 1 YEAR AGO BUT NO MORE THAN 2 YEARS AGO ............................. 2
- MORE THAN 2 YEARS AGO BUT NO MORE THAN 5 YEARS AGO ............................. 3
- MORE THAN 5 YEARS AGO ............................. 4
- NEVER .......................................................... 5
- REFUSED ..................................................... 7
- DON’T KNOW .............................................. 9

HELP SCREEN: A diabetes nurse educator is a nurse who teaches people with diabetes and who is knowledgeable about the day-to-day aspects of diabetes self-care, such as, use of diabetes medications, checking and controlling blood glucose levels, managing weight through diet and physical activity, and maintaining a healthy pregnancy if diabetes is present.

DIQ.240 Is there one doctor or other health professional (you usually see/SP usually sees) for (your/his/her) diabetes? Do not include specialists to whom (you have/SP has) been referred such as diabetes educators, dieticians or foot and eye doctors.

- YES ............................................................. 1
- NO ............................................................. 2
- REFUSED ................................................. 7
- DON’T KNOW ............................................ 9

HELP SCREEN: A diabetes nurse educator is a nurse who teaches people with diabetes and who is knowledgeable about the day-to-day aspects of diabetes self-care, such as, use of diabetes medications, checking and controlling blood glucose levels, managing weight through diet and physical activity, and maintaining a healthy pregnancy if diabetes is present.

DIQ.250 How many times (have you/has SP) seen this doctor or other health professional in the past 12 months?

ENTER NUMBER OF TIMES

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
ENTER NUMBER OF TIMES

CAPI INSTRUCTION:
HARD EDIT: DO NOT ALLOW 0.

- NONE ..................................................... 2
- REFUSED .................................................. 7777
- DON’T KNOW ............................................. 9999
BOX 9

CHECK ITEM DIQ.369:
IF DIQ.250 = 2 (NONE), CONTINUE.
OTHERWISE, GO TO BOX 10.

DIQ.370  INTERVIEWER: YOU HAVE ENTERED "NONE" FOR THE NUMBER OF TIMES IN THE PAST 12 MONTHS THAT THE SP HAS SEEN THEIR USUAL DOCTOR OR OTHER HEALTH PROFESSIONAL. THIS IS AN UNLIKELY RESPONSE. IS THIS CORRECT?

YES ...............................................................  1
NO .................................................................  2 (DIQ.250)

BOX 10

CHECK ITEM DIQ.379:
IF DIQ.250 = 100 OR MORE, CONTINUE.
OTHERWISE, GO TO DIQ.260.

DIQ.380  INTERVIEWER: YOU HAVE ENTERED A VALUE THAT IS OUTSIDE THE EXPECTED RANGE FOR THE NUMBER OF TIMES IN THE PAST 12 MONTHS THAT THE SP HAS SEEN THEIR USUAL DOCTOR OR OTHER HEALTH PROFESSIONAL. THIS IS AN UNLIKELY RESPONSE. IS THIS CORRECT?

YES ...............................................................  1
NO .................................................................  2 (DIQ.250)

DIQ.260  G/Q/U How often {do you check your/does SP check his/her} blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional.

INTERVIEWER INSTRUCTION: DO NOT INCLUDE URINE TESTS.

|   |   |   |
ENTER NUMBER OF TIMES

CAPI INSTRUCTION: SOFT EDIT 7 OR MORE PER DAY
SOFT EDIT 30 OR MORE PER WEEK.

NEVER ...............................................................  2
UNABLE TO DO ACTIVITY (BLIND).............  3
REFUSED .................................................. 7777
DON'T KNOW ............................................  9999

ENTER UNIT

PER DAY ...............................................................  1
PER WEEK ...........................................................  2
PER MONTH .....................................................  3
PER YEAR ...........................................................  4
BOX 10A

CHECK ITEM DIQ.295:
IF AGE <12, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

DIQ.341 During the past 12 months, about how many times has a doctor or other health professional checked {your/SP’s} feet for any sores or irritations?

|   |   |   | ENTER NUMBER OF TIMES |

CAPI INSTRUCTION:
HARD EDIT: DO NOT ALLOW 0.

NONE ............................................................ 2
BOTH FEET AMPUTATED ........................ 3 (DIQ.360)
REFUSED .................................................. 7777
DON'T KNOW/NOT SURE ..................... 9999

DIQ.350 How often {do you check your feet/does SP check (his/her) feet} for sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional.

|   |   |   | ENTER NUMBER OF TIMES |

NONE ............................................................ 2
REFUSED .................................................. 7777
DON'T KNOW ............................................ 9999

ENTER UNIT

PER DAY....................................................... 1
PER WEEK.................................................... 2
PER MONTH................................................. 3
PER YEAR .................................................... 4

DIQ.360 When was the last time {you/SP} had an eye exam in which the pupils were dilated? This would have made {you/SP} temporarily sensitive to bright light.

|   |   |   | ENTER UNIT |

LESS THAN 1 MONTH ......................... 1
1-12 MONTHS ........................................... 2
13-24 MONTHS ........................................ 3
GREATER THAN 2 YEARS ..................... 4
NEVER .................................................... 5
REFUSED ................................................. 7
DON'T KNOW .......................................... 9
Has a doctor ever told {you/SP} that diabetes has affected {your/his/her} eyes or that {you/s/he} had retinopathy (ret-in-op-ath-ee)?

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

HELP SCREEN:
Retinopathy: Any disorder of the retina.

Diabetes: A glandular disease that impairs the ability of the body to use sugar and causes sugar to appear abnormally in the urine. Common symptoms are persistent thirst and excessive discharge of urine. Do not include gestational diabetes or diabetes that was only present during pregnancy. Also, do not include self-diagnosed diabetes, pre-diabetes or high sugar.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.
HELP SCREEN FOR DIQ.010/040:

Diabetes: A glandular disease that impairs the ability of the body to use sugar and causes sugar to appear abnormally in the urine. Common symptoms are persistent thirst and excessive discharge of urine. Do not include gestational diabetes or diabetes that was only present during pregnancy. Also, do not include self-diagnosed diabetes, pre-diabetes or high sugar.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.