

## 2005-06 Questionnaire

### 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/{he/she/SP} has} diabetes or sugar diabetes?

CAPI INSTRUCTION:

IF SP AGE < 15, DISPLAY "HAS SP" 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 (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/he/she} had diabetes or sugar diabetes?  
G/Q

ENTER AGE IN YEARS

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

#### BOX 6

**CHECK ITEM DIQ.219:**

IF AGE AT SCREENING MINUS AGE RECORDED AT DIQ.040 > 2, GO TO BOX 4.  
OTHERWISE, CONTINUE.

DIQ.220 Was {your/his/her} diabetes diagnosed ...

3 months ago or less, .....	1
More than 3 months ago but not more than 6 months ago,.....	2
More than 6 months ago but not more than 9 months ago,.....	3
More than 9 months ago but not more than 12 months ago, or .....	4
More than 12 months ago? .....	5
REFUSED .....	7
DON'T KNOW .....	9

**BOX 4**

**CHECK ITEM DIQ.159:**

IF AGE < 12, GO TO DIQ.050.

IF AGE >=12 AND DIQ.010 = 1 (YES), GO TO DIQ.190.

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?

CAPI INSTRUCTION:

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.

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

HAND CARD DIQ1

Prediabetes  
Impaired fasting glucose  
Impaired glucose tolerance  
Borderline 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?

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

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

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

**BOX 4A**  
OMITTED

DIQ.190 To lower {your/his/her} risk for certain diseases, during the past 12 months {have you/has s/he} ever been told by a doctor or health professional to:

CAPI INSTRUCTION:  
HELP SCREEN: CONTROLLING YOUR WEIGHT MIGHT BE RECOMMENDED TO HELP PREVENT HIGH BLOOD PRESSURE, DIABETES, HIGH CHOLESTEROL AND OTHER CONDITIONS.

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

- a. control {your/his/her} weight or lose weight? \_\_\_\_\_
- b. increase {your/his/her} physical activity or exercise? \_\_\_\_\_
- c. reduce the amount of fat or calories in {your/his/her} diet? \_\_\_\_\_

DIQ.200 To lower {your/his/her} risk for certain diseases, {are you/is s/he} now doing any of the following:

CAPI INSTRUCTION:  
HELP SCREEN: CONTROLLING YOUR WEIGHT MIGHT BE RECOMMENDED TO HELP PREVENT HIGH BLOOD PRESSURE, DIABETES, HIGH CHOLESTEROL AND OTHER CONDITIONS.

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

- a. controlling {your/his/her} weight or losing weight? \_\_\_\_\_
- b. increasing {your/his/her} physical activity or exercise? \_\_\_\_\_
- c. reducing the amount of fat or calories in {your/his/her} diet? \_\_\_\_\_

**BOX 5**  
OMITTED

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?  
G/Q/U

|\_|\_|\_|

ENTER NUMBER (OF MONTHS OR YEARS)

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

ENTER UNIT

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

**BOX 0**

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

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**

OMITTED

**BOX 8**

**CHECK ITEM DIQ.229:**  
IF 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: CODE 5 FOR NEVER. IF RESPONDENT ANSWERS "TODAY" OR A PERIOD LESS THAN A MONTH, CODE 1 – THE 0-12 MONTH CATEGORY.

- 0-12 MONTHS ..... 1
- 13-24 MONTHS ..... 2
- >2 TO 5 YEARS ..... 3
- >5 YEARS ..... 4
- NEVER ..... 5
- REFUSED ..... 7
- DON'T KNOW ..... 9

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 (DIQ.260)
- REFUSED ..... 7 (DIQ.260)
- DON'T KNOW ..... 9 (DIQ.260)

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

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)

**BOX 2**

OMITTED

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 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

DIQ.270 Glycosylated hemoglobin or the "A one C" test measures the average level of blood sugar over the past 3 months, and usually ranges between 5 and 14. During the past 12 months, how many times has a doctor or other health professional checked {you/SP} for glycosylated hemoglobin or "A one C"?

|\_|\_|\_|  
ENTER NUMBER OF TIMES

CAPI INSTRUCTION: SOFT EDIT MORE THAN 13 TIMES.

NOT TESTED IN LAST 12 MONTHS..... 2 (DIQ.300)  
NEVER HEARD OF A ONE C TEST..... 3 (DIQ.300)  
DON'T KNOW HOW MANY TIMES ..... 4  
REFUSED ..... 7777

DIQ.280 What was {your/SP's} last "A one C" level?

CAPI INSTRUCTION:  
SOFT EDIT FOR ANY NUMBER LESS THAN 5 OR MORE THAN 14.

|\_|\_|.|\_|  
ENTER VALUE

REFUSED ..... 777  
DON'T KNOW ..... 999

DIQ.290 What does {your/SP's} doctor or other health professional say {your/his/her} "A one C" level should be? (Pick the lowest level recommended by your health care professional.)

HAND CARD DIQ2

6 OR LESS ..... 1  
7 OR LESS ..... 2  
8 OR LESS ..... 3  
9 OR LESS ..... 4  
10 OR LESS ..... 5  
PROVIDER DID NOT SPECIFY GOAL ..... 6  
REFUSED ..... 77  
DON'T KNOW ..... 99

**BOX 10A**

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

DIQ.300 Blood pressure is usually given as one number over another. What was {your/SP's} most recent blood  
S/D pressure in numbers?

CAPI INSTRUCTION:

SYSTOLIC VALUE HARD EDIT: 48-300, SOFT EDIT 80-200. DIASTOLIC VALUE HARD EDIT: 0-300,  
SOFT EDIT 0-150.

|\_|\_|\_| OVER |\_|\_|\_|  
SYSTOLIC DIASTOLIC  
ENTER VALUES

REFUSED ..... 7777  
DON'T KNOW ..... 9999

DIQ.310 What does {your/SP's} doctor or other health professional say {your/his/her} blood pressure should be?  
G/S/D

CAPI INSTRUCTION:

SYSTOLIC VALUE HARD EDIT: 48-300, SOFT EDIT 80-200. DIASTOLIC VALUE HARD EDIT: 0-300,  
SOFT EDIT 0-150.

|\_|\_|\_| OVER |\_|\_|\_|  
SYSTOLIC DIASTOLIC  
ENTER VALUES

INTERVIEWER INSTRUCTION. IF RANGE  
GIVEN, RECORD UPPER VALUE OF RANGE.

PROVIDER DID NOT SPECIFY GOAL..... 2  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

DIQ.320 One part of total serum cholesterol in {your/SP's} blood is a bad cholesterol, called LDL, which builds up and  
G/Q clogs {your/his/her} arteries. What was {your/his/her} most recent LDL cholesterol number?

|\_|\_|\_|  
ENTER VALUE

CAPI INSTRUCTION:

HARD EDIT: ALLOW 25-350. SOFT EDIT ALLOW 40-250.

NEVER HEARD OF LDL ..... 2 (DIQ.335)  
NEVER HAD CHOLESTEROL TEST ..... 3 (DIQ.335)  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

DIQ.330 What does {your/SP's} doctor or other health professional say {your/his/her} LDL cholesterol should be?  
G/Q

|\_|\_|\_|  
ENTER VALUE.

INTERVIEWER INSTRUCTION: IF RANGE GIVEN,  
RECORD UPPER VALUE OF RANGE.

CAPI INSTRUCTION:  
HARD EDIT 25-350. SOFT EDIT 40-250.

PROVIDER DID NOT SPECIFY GOAL..... 2  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

DIQ.335 INTERVIEWER INSTRUCTION ONLY:  
DOES THE SP HAVE BOTH FEET AMPUTATED?

YES ..... 1 (DIQ.360)  
NO ..... 2

DIQ.340 During the past 12 months, about how many times has a doctor or other health professional checked  
G/Q {your/SP's} feet for any sores or irritations?

|\_|\_|\_|  
ENTER NUMBER OF TIMES

CAPI INSTRUCTION:  
HARD EDIT: DO NOT ALLOW 0.

NONE ..... 2  
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  
G/Q/U 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.

- 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

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

