

3/14/07

Questionnaire: SP

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
G/Q/U

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

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 {{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.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 – THE 0-12 MONTH CATEGORY.

CAPI INSTRUCTION:

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.

- 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

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.

CAPI INSTRUCTION:

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 though diet and physical activity, and maintaining a healthy pregnancy if diabetes is present.

- 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 How often {do you check your/does SP check his/her} blood for glucose or sugar? 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.

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 (GLY-CO-SYL-AT-ED) hemoglobin or the "A one C" test measures the average level of blood
G/Q 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

CAPI INSTRUCTION:
HARD EDIT 0-300. SOFT EDIT 80-200.

- 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.

CAPI INSTRUCTION:
HARD EDIT 0-300. SOFT EDIT 0-150.

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 (ret-in-op-ath-ee)?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9