

**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?  
 G/Q

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 .....	1
	LESS THAN 1 YEAR .....	2 (BOX 4)
	REFUSED.....	7 (BOX 4)
	DON'T KNOW.....	9 (BOX 4)

|\_\_|\_\_|  
 ENTER AGE IN YEARS

REFUSED.....	77777
DON'T KNOW.....	99999

**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

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

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?

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

DIQ.172 {Do you/Does SP} feel {you/he/she} could be at risk for diabetes or prediabetes?

YES..... 1  
NO ..... 2 (DIQ.180)  
REFUSED..... 7 (DIQ.180)  
DON'T KNOW..... 9 (DIQ.180)

DIQ.175 Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes?  
OS

[Anything else?]

INTERVIEWER INSTRUCTION: DO NOT READ. CODE ALL THAT APPLY.

CAPI INSTRUCTION: IF RESPONDENT ANSWERS "OTHER", ALLOW ENTRY OF RESPONSE UP TO 250 CHARACTERS.

HAND CARD DIQ2

FAMILY HISTORY .....	10
OVERWEIGHT.....	11
AGE .....	12
POOR DIET .....	13
RACE .....	14
HAD A BABY THAT WEIGHED OVER 9 LBS. AT BIRTH .....	15
LACK OF PHYSICAL ACTIVITY OR SEDENTARY LIFESTYLE .....	16
HIGH BLOOD PRESSURE .....	17
HIGH BLOOD SUGAR .....	18
HIGH CHOLESTEROL .....	19
HYPOGLYCEMIC .....	20
EXTREME HUNGER .....	21
TINGLING/NUMBNESS IN HANDS OR FEET .....	22
BLURRED VISION.....	23
INCREASED FATIGUE.....	24
ANYONE COULD BE AT RISK.....	25
DOCTOR WARNING .....	26
OTHER, SPECIFY .....	27
GESTATIONAL DIABETES .....	28
FREQUENT URINATION.....	29
THIRST .....	30
REFUSAL .....	77
DON'T KNOW .....	99

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

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)

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/has SP} been taking insulin?  
G/Q/U

- |\_|  
ENTER NUMBER (OF MONTHS OR YEARS) 1
- LESS THAN 1 MONTH..... 2 (BOX 0)
- REFUSED..... 7 (BOX 0)
- DON'T KNOW..... 9 (BOX 0)

- |\_|\_|\_|  
ENTER NUMBER (OF MONTHS OR YEARS)
- REFUSED.....77777 (BOX 0)
- DON'T KNOW.....99999 (BOX 0)

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 {{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 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: CODE 5 FOR NEVER. 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, dietitians or foot and eye doctors.

- YES..... 1
- NO ..... 2 (DIQ.260)
- REFUSED..... 7 (DIQ.260)
- DON'T KNOW..... 9 (DIQ.260)

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.

DIQ.250  
G/Q

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)

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 .....	1
	NEVER .....	2 (DIQ.275)
	UNABLE TO DO ACTIVITY (BLIND) .....	3 (DIQ.275)
	REFUSED.....	7 (DIQ.275)
	DON'T KNOW.....	9 (DIQ.275)

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

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

REFUSED.....	7777	(DIQ.275)
DON'T KNOW.....	9999	(DIQ.275)

ENTER UNIT

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

DIQ.275

Glycosylated (GLY-CO-SYL-AT-ED) hemoglobin or the "A one C" test measures your average level of blood sugar for the past 3 months, and usually ranges between 5.0 and 13.9. During the past 12 months, has a doctor or other health professional checked {your/SP's} glycosylated hemoglobin or "A one C"?

YES.....	1
NO .....	2 (BOX 10A)
REFUSED.....	7 (BOX 10A)
DON'T KNOW.....	9 (BOX 10A)

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.....	9999

DIQ.291 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/his/her} health care professional.)

HAND CARD DIQ3

- LESS THAN 6..... 1
- LESS THAN 7..... 2
- LESS THAN 8..... 3
- LESS THAN 9..... 4
- LESS THAN 10..... 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 pressure in numbers?  
S/D

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

CAPI INSTRUCTION:  
 SYSTOLIC RANGE: 0-776 SOFT EDIT: 80-200.  
 DIASTOLIC RANGE: 0-776 SOFT EDIT: 0-150.

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



DIQ.310  
G/S/D

What does {your/SP's} doctor or other health professional say {your/his/her} blood pressure should be?

|\_\_|  
ENTER VALUES ..... 1  
PROVIDER DID NOT SPECIFY GOAL ..... 2 (DIQ.320)  
REFUSED..... 7 (DIQ.320)  
DON'T KNOW ..... 9 (DIQ.320)

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

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

CAPI INSTRUCTION:  
SYSTOLIC RANGE: 0-776 SOFT EDIT: 80-200.  
DIASTOLIC RANGE: 0-776 SOFT EDIT: 0-150.  
REFUSED..... 777  
DON'T KNOW ..... 999

DIQ.320  
G/Q

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

|\_\_|  
ENTER VALUE ..... 1  
NEVER HEARD OF LDL ..... 2 (DIQ.341)  
NEVER HAD CHOLESTEROL TEST ..... 3 (DIQ.341)  
REFUSED..... 7  
DON'T KNOW ..... 9

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

CAPI INSTRUCTION:  
RANGE: 0-776 SOFT EDIT: 40-250.

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

DIQ.330  
G/Q

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

|\_\_|  
ENTER VALUE ..... 1  
PROVIDER DID NOT SPECIFY GOAL ..... 2 (DIQ.341)  
REFUSED..... 7 (DIQ.341)  
DON'T KNOW ..... 9 (DIQ.341)

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

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

CAPI INSTRUCTION:  
RANGE: 0-776 SOFT EDIT: 40-250.

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

DIQ.341  
G/Q

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 ..... 1  
NONE ..... 2  
BOTH FEET AMPUTATED..... 3 (DIQ.360)  
REFUSED..... 7  
DON'T KNOW/NOT SURE ..... 9

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

CAPI INSTRUCTION:  
HARD EDIT: DO NOT ALLOW 0.

REFUSED..... 7777  
DON'T KNOW/NOT SURE ..... 9999

DIQ.350  
G/Q/U

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 ..... 1
- NONE ..... 2 (DIQ.360)
- REFUSED..... 7 (DIQ.360)
- DON'T KNOW ..... 9 (DIQ.360)

CAPI INSTRUCTION:  
HARD EDIT: DO NOT ALLOW 0.

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

- REFUSED..... 7777 (DIQ.360)
- DON'T KNOW ..... 9999 (DIQ.360)

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

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.