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?

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
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
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? __

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

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)
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 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
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

What was (your/SP’s) last “A one C” level?

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

|___|___| |___|
| ENTER VALUE |

REFUSED ........................................ 777
DON’T KNOW .................................. 999

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.
Blood pressure is usually given as one number over another. What was your/SP’s most recent blood 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 |

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

**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 |

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?

**CAPI INSTRUCTION:**

| ENTER VALUE |

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

|___|___|___|
ENTER VALUE.

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

CAPI INSTRUCTION:

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

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

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

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

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/NOT SURE .................. 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