QUESTIONS	DEFINITIONS
In the interview you (your--, etc.) told me about your diabetes.. This is a matter of continuing interest to the Public Health Service and I have some additional questions about it –	
1. About how old were you when a doctor first told you that you had diabetes? Age _____	Estimate is acceptable
2a. Before you were _____ (Age in question 1) had you ever been told by a doctor that you MIGHT HAVE, or MIGHT BE GETTING diabetes? ☐ Yes ☐ No	
b. Have you ever had a glucose tolerance test? ☐ Yes ☐ No	A glucose tolerance test is a sweet drink followed by one or more blood tests taken the same day.

Hand respondent Card NHS-HIS-1(c)

3a. Please look at that card and tell me which of those symptoms you had at the time you first found out that you had diabetes.

(Check "Yes" or "No" for each symptom listed under "At time of diagnosis")

	At time of diagnosis		Present during past month	
	Yes	No	Yes	No
Thirst	☐	☐	☐	☐
Larger appetite than usual	☐	☐	☐	☐
Smaller appetite than usual	☐	☐	☐	☐
Leg pain	☐	☐	☐	☐
Extreme tiredness	☐	☐	☐	☐
Eye trouble	☐	☐	☐	☐
Itching	☐	☐	☐	☐
Sudden weakness (associated with trembling, shakiness, and cold sweats)	☐	☐	☐	☐
Loss of weight	☐	☐	☐	☐
Frequent urination	☐	☐	☐	☐
Boils or carbuncles	☐	☐	☐	☐

b. Please look at the card again. Did any of those symptoms bother you at any time during the past 30 days? ☐ Yes ☐ No

Which symptoms did you have? *(Check each "Yes" or "No" under "Present during past month")*

NOTE TO INTERVIEWER

When the respondent mentions one or more symptoms, check the "Yes" box for each symptom mentioned and then ask "Any others?" Continue to ask until an answer of "No" is given. Either the "Yes" or "No" box must be checked for each symptom.

4a. Were you in the hospital at the time the doctor found out that you had diabetes?	☐ Yes	☐ No *(Go to question 5)*	As an inpatient
b. Were you there because you had symptoms of diabetes?	☐ Yes *(Go to question 6a)*	☐ No *(Go to question 6a)*	

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QUESTIONS			DEFINITIONS
(Ask only if "No" in question 4a)			
5. At the time your diabetes was first discovered, were you sent to the hospital for regulation of your diabetes?	☐ Yes	☐ No	As an inpatient
6a. (Not counting that first time) Have you ever been hospitalized because of your diabetes?	☐ Yes	☐ No *(Go to question 7a)*	
b. About how many times?	Number _____		Estimate acceptable.
c. Have you ever been hospitalized -- *(Ask all 4 parts)*			Several reasons may be given for any single hospital stay.
--for diabetic coma?	☐ Yes	☐ No	
--for insulin reaction?	☐ Yes	☐ No	
--for gangrene?	☐ Yes	☐ No	
--for regulation?	☐ Yes	☐ No	
7a. Have you ever had a nurse come to your home to help you in taking care of your diabetes?	☐ Yes	☐ No *(Go to question 7c)*	
b. About how many times has she visited you during the past 12 months?	Number _____	☐ None	
c. Where do you usually go for care of your diabetes -- a clinic; a doctor's office; or some other place?	☐ Clinic	☐ Doctor's office	
	☐ Some other place *(Specify)* _____		
d. Does the doctor you go to for your diabetes SPECIALIZE in the treatment of diabetes?	☐ Yes	☐ No	
e. How long have you been going to him for your diabetes?	Years _____	☐ Less than one year	
8a. How many brothers and sisters have you had -- either living or dead?	Number _____	☐ None *(Go to question 8c)*	
b. Did any of these brothers or sisters have diabetes?	Number _____	☐ None	
c. Did your mother have diabetes?	☐ Yes	☐ No	
d. Did your father have diabetes?	☐ Yes	☐ No	
(If "ever married," ask) —			
9a. How many children have you ever had?	Number _____	☐ None *(Go to question 10a)*	Exclude stepchildren, adopted children, and foster children
(If number entered in question 9a, ask) —			
b. How much did each of your children weigh at birth -- starting with the oldest?	1. _____ 4. _____ 7. _____		Accept estimate, enter answer in pounds and ounces. If pounds only are given, this is acceptable
	2. _____ 5. _____ 8. _____		
	3. _____ 6. _____ 9. _____		
(If "1" or more in question 9a, ask) —			
c. Did any of your children have diabetes?	Number _____	☐ None	

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QUESTIONS	DEFINITIONS
10a. Have you ever taken insulin injections? ☐ Yes ☐ No *(Go to question 14)*	
b. How many years have you taken insulin injections? Number _____ ☐ Less than one year	Round to nearest whole year. Estimate acceptable. If the respondent is not taking insulin at the present time ask: "How many years did you take it?"
c. Have you been taking insulin injections daily for most of the past 12 months? ☐ Yes ☐ No	
d. Are you NOW taking insulin injections? ☐ Yes ☐ No *(Go to question 14)*	
11a. What kinds of insulin are you now using? ☐ Regular, plain, or crystalline ☐ Semi-lente ☐ Globin ☐ NPH ☐ Protamine zinc ☐ Ultra-lente ☐ Lente ☐ Other *(Describe)* _____	*NOTE TO INTERVIEWER* How was information for 11a and 11b obtained? *(Check all that apply)* ☐ Respondent gave information ☐ Other family members gave information ☐ Information obtained from bottle or some other source
b. What strength insulin are you now using? ☐ U 40 ☐ U 80 ☐ Other *(Specify strength)* _____	
c. Do you usually take your insulin injection before meals? ☐ Yes ☐ No *(Go to question 11e)*	
d. Which meals? *(Check all that apply and go to question 11f)* ☐ Breakfast ☐ Lunch *(Noon)* ☐ Supper *(Evening)*	
e. When do you usually take your insulin? *(Enter time of day and go to question 11f)* Time _____	
f. If you delay taking your insulin for an hour or more does it make you feel sick? ☐ Yes ☐ No ☐ Never delay *(Go to question 11h)*	
g. When was the last time you delayed taking your insulin for an hour or more? ☐ Less than 30 days ☐ 30 days or more ☐ Never delay	
h. Do you inject the insulin yourself? ☐ Yes *(Go to question 12)* ☐ No	
Who injects the insulin? ☐ Relative ☐ Nurse ☐ Other person *(Check all that apply and go to question 13a)*	
12. Who taught you how to inject the insulin? *(Check appropriate box and ask question 13a)* ☐ Doctor ☐ Nurse ☐ Relative ☐ Other person ☐ Not taught	
13a. During the past week, in what parts of the body have you been injecting the insulin? *(Check all that apply)* ☐ One arm ☐ Both arms ☐ One leg ☐ Both legs ☐ Abdomen ☐ Buttocks ☐ Other *(Describe)* _____ Anywhere else?	The "past week" is the week ending last Sunday night.
b. How are your syringes and needles cleaned and sterilized? *(Check all that apply)* ☐ Alcohol ☐ Use disposable needle ☐ Boil ☐ Use disposable syringe ☐ Other *(Specify)* _____	
14. Do you usually carry candy or fruit or sugar or similar items with you? ☐ Yes ☐ No	

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QUESTIONS				DEFINITIONS
15a. Do you know what an insulin reaction is?	☐ Yes	☐ No *(Go to question 17)*		
b. Have you ever had an insulin reaction?	☐ Yes	☐ No *(Go to question 16a)*		Sudden weakness, trembling, shakiness, cold sweats
c. How many insulin reactions have you had during the past 30 days?	Number _____	☐ None		
d. About how many have you had during the past 12 months?	Number _____	☐ None		
e. Have you ever used Glucagon?	☐ Yes	☐ No	☐ Don't know what it is	Glucagon: A drug sometimes used by persons with diabetes to counteract insulin shock.
16a. Can an insulin reaction be caused by too much food?	☐ Yes	☐ No	☐ Don't know	
b. Can an insulin reaction be caused by too much exercise?	☐ Yes	☐ No	☐ Don't know	
c. Is an insulin reaction the same as a diabetic coma?	☐ Yes	☐ No	☐ Don't know	
17. Can a person with diabetes exercise as much as other people?	☐ Yes	☐ No	☐ Don't know	
18a. Have you ever taken diabetes pills?		☐ Yes	☐ No *(Go to question 20a)*	
b. How many years have you been taking them?	Number _____		☐ Less than 1 year	Round to the nearest whole year, estimate acceptable. If respondent is not taking pills at present time ask: "How many years did you take them?
c. Have you taken them most of the past 12 months?		☐ Yes	☐ No	
d. Are you now taking diabetes pills?		☐ Yes	☐ No *(Go to question 20a)*	
19a. How many pills do you take each day?	Number _____			
b. Do you usually take your pills before meals?		☐ Yes	☐ No *(Go to question 19d)*	
c. Which meals?	☐ Breakfast	☐ Lunch *(Noon)*	☐ Supper *(Evening)*	
d. If you delay taking your pills for an hour or more does it make you feel sick?	☐ Yes	☐ No	☐ Never delay *(Go to question 20a)*	
e. When was the last time you delayed taking your pills for an hour or more?	☐ Less than 30 days	☐ 30 days or more	☐ Never delay	
20a. Do you test your urine for sugar?		☐ Yes	☐ No *(Go to question 21)*	Testing by person himself or close relative not a physician, pharmacist, etc.
b. What test do you use?	☐ Benedict's test		☐ Clinitest	*NOTE TO INTERVIEWER* How was information for 20b obtained? *(Check all that apply)* ☐ Respondent gave information ☐ Other family members gave information ☐ Information obtained from bottle or some other source
	☐ Clinistix	☐ Other *(Specify)*		
	☐ Testape	_____		

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QUESTIONS			DEFINITIONS
20c. How many times did you test your urine last week? *(If number is entered, go to question 20e)*	Number _____	☐ None	"Last week" is the week ending last Sunday night
d. When was the last time you tested it? *(Enter verbatim)* _____			
e. Do you write down any of the results of these tests?	☐ Yes	☐ No *(Go to question 20g)*	
f. Do you show this to your doctor?	☐ Yes	☐ No	This means the record or notes of the results of the tests
g. Did you test your urine for anything else besides sugar at any time during the past 12 months?	☐ Yes	☐ No	
What did you test it for? _____			
21. About how tall are you?	_____ *(Feet)*	_____ *(Inches)*	
22a. About how much do you weigh?		_____ *(Pounds)*	
b. What is the most you have weighed during the past 12 months?		_____ *(Pounds)*	Not counting pregnancies
c. What is the least you have weighed during the past 12 months?		_____ *(Pounds)*	
(Ask this question if person is 25 years old or over (if under 25, go to question 24))			Youngster is a person 0—25 years
23a. When you were a youngster were you ever overweight?	☐ Yes	☐ No	Overweight is weighing more than the person himself or his doctor thinks that he should weigh.
b. What is the most you have weighed since you were 25 years old?		_____ *(Pounds)*	Not counting pregnancies
c. What is the least you have weighed since you were 25 years old?		_____ *(Pounds)*	
24. Were either of your parents overweight?	☐ Yes	☐ No	
25a. Who prepares most of your meals? *(Check one)*	☐ Spouse or other relative ☐ Self	☐ Other *(Specify)* _____	
b. Do you or the person who fixes your meals use any special recipes prepared for persons with diabetes?	☐ Yes	☐ No	
26a. Can you name some foods that can be substituted for meat? *(Enter first two mentioned)*	_____ _____		
b. Can you name some drinks which have very few calories? *(Enter first two mentioned)*	_____ _____		Drinks mean non-alcoholic drinks.
c. Can you name some vegetables which have very few calories? *(Enter first two mentioned)*	_____ _____		
27a. During the past 30 days have you eaten any pastries?	☐ Yes	☐ No	Pastry made with sugar
b. During the past 30 days have you eaten any candy made with sugar?	☐ Yes	☐ No	

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QUESTIONS	DEFINITIONS
28. During the past week did you --drink any dietetic soft drinks? ☐ Yes ☐ No --eat any dietetic canned fruits? ☐ Yes ☐ No --use any artifical sweeteners such as saccharin? ☐ Yes ☐ No --eat any other dietetic foods? ☐ Yes ☐ No *(If "Yes," specify below)* _____ _____	The "past week" is the week ending last Sunday night "Dietetic" means food specially prepared with little or no sugar
29. How many calories a day are you allowed? Number _____	
30a. Have you been given a diet for your diabetes? ☐ Yes ☐ No *(Go to question 35a)*	Written, typed, or printed instruction about food
b. Who taught you how to use this diet? ☐ Doctor ☐ Nurse ☐ Parent ☐ Dietitian or nutritionist ☐ Not taught ☐ Other *(Specify)* _____	
Who gave you the diet? *(Enter person's occupation)* _____	
c. How long have you had this diet? ☐ Less than 3 months ☐ 3 months to one year ☐ Over one year	
d. Do you follow this diet? ☐ Yes ☐ No Why? _____ *(Go to question 35a)*	"Yes" means usually or most of the time
e. Is the diet list used as a guide in the preparation of your meals? ☐ Yes *(Go to question 31a)* ☐ No	
f. When did you last look at your diet list? ☐ Under 1 month ☐ 1–6 months ☐ Over 6 months	"You" means respondent or person preparing the meals
31a. Does your diet give the size of food portions? ☐ Yes ☐ No *(Go to question 32)*	
b. Do you measure, weigh, or estimate the portions? *(Check all that apply)* ☐ Measure ☐ Weigh ☐ Estimate	
32. Do you have to follow your diet carefully in order to feel well? ☐ Yes ☐ No	
33a. Do you ever eat away from home? ☐ Yes ☐ No *(Go to question 34a)*	
b. Do you have trouble following your diet when eating away from home? ☐ Yes ☐ Sometimes ☐ No	
34a. Does your diet include a list of food exchanges? ☐ Yes ☐ No *(Go to question 35a)*	A food exchange list arranges foods in groups according to their food values permitting substitution within each group
b. Without looking at the list can you tell me how many bread exchanges you are allowed each day? *(If "No" or "DK," go to question 35. If number is given, enter it and ask about the remaining food exchanges listed below.)* — Enter "No," "DK," or number in diet each day *(If one or more, ask)* → / How many of these did you have yesterday?	
How many vegetable exchanges are in your diet?	
How many fruit exchanges are in your diet?	
How many milk exchanges are in your diet?	
How many meat exchanges are in your diet?	
How many fat exchanges are in your diet?	
c. Do you have any problems in using your exchange list? ☐ Yes ☐ No What are they? _____ *(Enter verbatim response)* _____	

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QUESTIONS	DEFINITIONS
35a. Here are the covers of three pamphlets. *(Show Special Diabetes pamphlets)* Have you ever had a copy of any of these pamphlets? ☐ Yes ☐ No	
b. Which? *(Check all that apply)* ☐ A ☐ B ☐ C	
36a. Were you taught how to take care of your feet to avoid infection? ☐ Yes ☐ No *(Go to question 36c)*	
b. How do you take care of your feet? *(Enter verbatim response)*	
c. During the past 12 months have you visited a foot doctor? ☐ Yes ☐ No	Podiatrist or Chiropodist
37a. Have you been to a doctor to have your eyes examined during the past two years? ☐ Yes ☐ No	
b. Do you see better in the morning or in the afternoon? ☐ Morning ☐ Afternoon ☐ No difference	
38a. If you had a bad cold, would you talk to your doctor? ☐ Yes ☐ No	
b. If you had a skin infection, would you talk to your doctor? ☐ Yes ☐ No	
c. If you had thrown-up, would you talk to your doctor? ☐ Yes ☐ No	
39a. Have you ever attended classes to learn about diabetes? ☐ Yes ☐ No *(Go to question 40a)*	
b. Who gave the classes? ☐ Hospital ☐ Clinic (means out-patient clinic) ☐ Health department ☐ Other *(Specify)* ☐ Diabetes association _____	
40a. Are you a member of a diabetes association or similar group? ☐ Yes ☐ No *(Go to question 41)*	
b. What is the name of this group?	
41. What are your most difficult problems in caring for your diabetes? *(Enter verbatim response)*	
LEAVE "THANK YOU" LETTER AND DEPART	

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