

D1 PAGE

BD	Mark appropriate box(es) from C1.	BD 1 <input type="checkbox"/> 1 + Bed Days 2 <input type="checkbox"/> 1 + Hospital Stays 3 <input type="checkbox"/> No Bed Days
	1. During the past 12 months (that is since _____ (date) _____ a year ago), ABOUT how many days did illness or injury keep --- in bed all or most of the day? (Include the days in the past 2 weeks.) (Include the days while a patient in a hospital.) (Was it more than 7 days or less than 7 days?) (Was it more than 30 days or less than 30 days?) (Was it more than half the year or less than half the year?)	1. <input type="checkbox"/> None <input type="checkbox"/> 1-7 <input type="checkbox"/> 8-30 <input type="checkbox"/> 31-180 (6 months) <input type="checkbox"/> 181 + (6 months +)
E		E 1 <input type="checkbox"/> Under 6 (NP) 2 <input type="checkbox"/> Eye condition in C2 (NP) 3 <input type="checkbox"/> No eye condition in C2
	2a. Can --- see well enough to read ordinary newspaper print WITH GLASSES with his { left right } eye? If "N" for either eye, ask; otherwise go to NP. b. What was the cause of ---'s eye condition?	2a. 1 Y 2 N 1 Y 2 N b. 1 <input type="checkbox"/> Acc./Inj. 2 <input type="checkbox"/> Other
	If 17+, ask: 3a. How many living children does --- have? (Do not count adopted, step or foster children.) If FEMALE, ask; otherwise go to next person: b. How many children has --- EVER had? (Do not count miscarriages or stillbirths.) c. How many of these children weighed 9 or more pounds at birth?	<input type="checkbox"/> Under 17 (NP) 3a. _____ Children 00 <input type="checkbox"/> None b. _____ Children 00 <input type="checkbox"/> None (NP) c. _____ Children 00 <input type="checkbox"/> None
	If 17+, ask: 4a. About how tall is --- without shoes? b. About how much does --- weigh without clothes or shoes?	<input type="checkbox"/> Under 17 (NP) 4a. _____ Feet _____ Inches b. _____ Pounds
	If 17+, ask: 5a. Has --- applied for a job during the past 5 years? b. During this period, did --- apply for a job he did not get? c. Was --- turned down from any of these jobs because of a health problem? d. What was the problem?	<input type="checkbox"/> Under 17 (NP) 5a. 1 Y 2 N (NP) 3 DK (NP) b. 1 Y 2 N (NP) c. 1 Y 2 N (NP) d. _____

D2 PAGE		1 <input type="checkbox"/> Diabetes 4 <input type="checkbox"/> Potential 2 <input type="checkbox"/> Borderline 5 <input type="checkbox"/> _____ 3 <input type="checkbox"/> Prediabetes
	1. Person Number _____	
Earlier, I was told that you have (diabetes/borderline, . . .).		
2a. About how old were you when the doctor first told you that you had (diabetes/. . .)?	2a. _____ Years	
b. Were you a patient in a hospital at the time a doctor first told you that you had it?	b. 1 Y 2 N (3)	
c. Were you in the hospital at that time because you had symptoms of (diabetes/. . .)?	c. 1 Y 2 N	
3. (Not counting that first time) Have you ever been hospitalized because of your (diabetes/. . .)?	3. 1 Y 2 N	
4a. Have you EVER taken insulin injections?	4a. 1 Y 2 N (5)	
b. Have you been taking insulin injections for most of the past 12 months?	b. 1 Y 2 N	
c. Are you NOW taking insulin injections?	c. 1 Y 2 N	
d. How many years (have you been taking/did you take) them?	d. 00 <input type="checkbox"/> Less than 1 year _____ Years	
5a. Do you know what an insulin reaction is?	5a. 1 Y 2 N (7)	
b. Have you EVER had an insulin reaction?	b. 1 Y 2 N (6)	
c. How many insulin reactions have you had during the past 30 days?	c. 00 <input type="checkbox"/> None _____ Number	
d. (Including these reactions,) About how many have you had during the past 12 months?	d. 00 <input type="checkbox"/> None _____ Number	
6a. Do you think an insulin reaction can be caused by too much food?	6a. 1 Y 2 N 9 DK	
b. Do you think an insulin reaction can be caused by too much exercise?	b. 1 Y 2 N 9 DK	
c. Do you think an insulin reaction is the same as a diabetic coma?	c. 1 Y 2 N 9 DK	
7. Do you think a person with diabetes can exercise as much as other people?	7. 1 Y 2 N 9 DK	
8a. Have you EVER taken diabetes pills?	8a. 1 Y 2 N (9)	
b. Have you taken them most of the past 12 months?	b. 1 Y 2 N	
c. Are you NOW taking diabetes pills?	c. 1 Y 2 N	
d. How many years (have you been taking/did you take) them?	d. 00 <input type="checkbox"/> Less than 1 year _____ Years	
9a. Have you EVER been given a WRITTEN diet for your (diabetes/. . .)?	9a. 1 Y 2 N (10)	
b. Do you NOW follow this diet?	b. 1 Y 2 N	
c. How many years (have you been/were you) on a diet for your (diabetes/. . .)?	c. 00 <input type="checkbox"/> Less than 1 year _____ Years	
10. Do you carry or wear anything which identifies you as a (diabetic/. . .)?	10. 1 Y 2 N	
11. When did you last see or talk to a doctor about your (diabetes/. . .)?	11. _____ Days _____ Months _____ Weeks _____ Years	
Ask for persons aged 6-16:		
12. If an emergency should arise, is there an adult at the school aware of --'s (diabetes/. . .)?	12. 1 Y 2 N	
R4		R4 1 <input type="checkbox"/> Responded for self Person _____ was resp. (Footnote reason if diabetic 19+)