RT 71 3–4

Section Q – DIABETES

PERSON 1 — 5

Section Q1 – DIABETES SCREENING

CHECK ITEM 1 — *Refer to ages of all family members.*

1 ☐ **Persons aged 18 and over in family** *(1)*
2 ☐ **No persons aged 18 and over in family** *(Section R)*

1a. **Has any adult in this family, that is** *(read names of persons 18 and over)* **EVER been told by a doctor that they had diabetes? Do not include pre, potential, or borderline diabetes.** ☐ Yes ☐ No *(Section R)*

b. **Who is this?**
Mark "Diabetes" box in appropriate person's column.

1b. — 6
1 ☐ Diabetes

c. **Has any other adult in this family been told they have diabetes? Do not include pre, potential, or borderline diabetes.** ☐ Yes *(Reask 1b and c)* ☐ No

Section Q2 – DIABETES FOLLOWUP QUESTIONS

CHECK ITEM 2 — *Refer to 1b above.*

CK 2 — 7
0 ☐ Under 18 *(NP)*
1 ☐ "Diabetes" box marked in 1b *(Check Item 3)*
8 ☐ All others *(NP)*

CHECK ITEM 3 — *Status of diabetic.*

CK 3 — 8
1 ☐ Available *(1)*
2 ☐ Callback required *(Hhld page of HIS-1, THEN NP)*
3 ☐ Noninterview *(Cover page of HIS-1A, THEN NP)*

(Earlier I was told you had diabetes.)

1. **How old were you when you got diabetes? Do not include pre, potential, or borderline diabetes.** — **1.** — 9–10
00 ☐ Don't have diabetes *(NP)*
98 ☐ Have pre, potential, or borderline diabetes *(NP)*
_____ Years old
99 ☐ DK

2. **Are you NOW a diabetic?** — **2.** — 11
1 ☐ Yes *(3)*
2 ☐ No *(NP)*
9 ☐ DK *(3)*

3a. **When you first learned that you might have diabetes, were you sick or feeling diabetic symptoms, OR was the diabetes discovered by chance?** — **3a.** — 12
1 ☐ Sick/symptoms
2 ☐ By chance *(3c)*
9 ☐ DK

b. **Were you at your doctor's office, a patient in the hospital, or somewhere else?** — **b.** — 13
1 ☐ Doctor's office
2 ☐ Patient in hospital
3 ☐ Somewhere else
9 ☐ DK
(4)

c. **Was the diabetes discovered while getting a routine physical, a screening test for diabetes, or while being treated for something else?** — **c.** — 14
1 ☐ Routine physical
2 ☐ Screening test for diabetes
3 ☐ Treated for something else
8 ☐ Other
9 ☐ DK

4a. **When your diabetes was first diagnosed, did you have a blood test, a urine test, or both?** — **4a.** — 15
1 ☐ Blood
2 ☐ Urine *(5)*
3 ☐ Both
9 ☐ DK *(5)*

b. **Was the blood test an oral glucose tolerance test?** — **b.** — 16
1 ☐ Yes
2 ☐ No
9 ☐ DK

Ask if female; otherwise, go to 6.

5a. **Were you pregnant when you were first told that you had diabetes?** — **5a.** — 17
1 ☐ Yes
2 ☐ No *(6)*

b. **Other than during pregnancy, did a doctor EVER tell you that you had diabetes?** — **b.** — 18
1 ☐ Yes *(6)*
2 ☐ No *(Check Item 2 for NP)*

Notes

FORM HIS 1A(1989) (3 10 89)

Section Q2 -- DIABETES FOLLOWUP QUESTIONS -- Continued		PERSON 1
6a. Are you NOW taking insulin?	**6a.**	19 1 ☐ Yes 2 ☐ No *(6e)*
b. For how long have you been taking insulin?	**b.**	20–22 000 ☐ Less than 1 month _____ { 1 ☐ Months / 2 ☐ Years 999 ☐ DK
c. Currently, about how often do you use insulin?	**c.**	23–25 _____ Times per { 1 ☐ Day / 2 ☐ Week 998 ☐ Use insulin pump 999 ☐ DK
d. On an average day, about how many units of insulin do you take?	**d.**	26–28 _____ Units per day 999 ☐ DK
Mark without asking if known. **e.** Have you EVER used an insulin pump?	**e.**	29 1 ☐ Yes 2 ☐ No 9 ☐ DK
f. Are you NOW taking diabetes pills to lower your blood sugar? *Read if necessary:* **These are sometimes called oral agents or oral hypoglycemic agents.**	**f.**	30 1 ☐ Yes 2 ☐ No 9 ☐ DK } *(7)*
g. For how long have you been taking them?	**g.**	31–33 000 ☐ Less than 1 month _____ { 1 ☐ Months / 2 ☐ Years 999 ☐ DK
h. About how often do you take them?	**h.**	34–36 _____ Times per { 1 ☐ Day / 2 ☐ Week 999 ☐ DK
7a. Has a doctor or other health professional ever given you a diet or instructions on what foods you should eat as a diabetic?	**7a.**	37 1 ☐ Yes 2 ☐ No 9 ☐ DK } *(9)*
b. In the past 12 months, have you tried to follow the diet or instructions?	**b.**	38 1 ☐ Yes 2 ☐ No *(9)*
Hand Card Q1. Read categories if telephone interview. **c.** In the past 12 months, about how often have you been able to follow the diet or instructions?	**c.**	39 1 ☐ Always *(9)* 2 ☐ Most of the time 3 ☐ Some of the time } *(8a)* 4 ☐ Rarely 5 ☐ Never 9 ☐ DK } *(8b)*

Notes

FORM HIS-1A(1989) (3-10-89)

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1
8a. Is it difficult for you to stay on your diet —		
(1) When you eat in restaurants?	8a. (1)	40 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(2) When you go to parties or social events?	(2)	41 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(3) When you are busy with other activities?	(3)	42 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(4) When you go on a trip?	(4)	43 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(5) When you are feeling upset or angry?	(5)	44 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(6) When you are feeling sad, depressed, or blue?	(6)	45 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(7) When you are feeling bored?	(7)	46 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
b. Do you (also) find it difficult to stay on your diet —		
(1) Because foods you should eat do not taste good?	b. (1)	47 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(2) Because you crave foods not on your diet?	(2)	48 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(3) Because you have to prepare food separately for yourself?	(3)	49 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(4) Because of lack of help or support from your family or friends?	(4)	50 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(5) Because you are unsure about what foods you should eat?	(5)	51 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
9. How important do you think what you eat or drink is in controlling your diabetes? Is it very important, somewhat important, or not important?	9.	52 1 ☐ Very important 2 ☐ Somewhat important 3 ☐ Not important 9 ☐ DK (10)

FORM HIS-1A(1989) (3-10-89)

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1
10a. Is there ONE doctor you usually see for your diabetes?	10a.	1 ☐ Yes 2 ☐ No *(10c)* — 53
b. How many times have you seen this doctor in the past 12 months?	b.	_____ Times 99 ☐ DK — 54–55
c. Which of the following did you see in the past 12 months for ANY reason —	c.	1 ☐ Yes 2 ☐ No 9 ☐ DK — 56
(1) A cardiologist or heart doctor?	(1)	
(2) An ophthalmologist, that is, a medical doctor who specializes in eye care?	(2)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 57
Ask if female; otherwise go to (4). **(3) An obstetrician or gynecologist?**	(3)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 58
(4) A podiatrist or foot doctor?	(4)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 59
(5) A psychologist or psychiatrist?	(5)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 60
(6) A dietitian or nutritionist?	(6)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 61
(7) Any other medical doctor? — *Specify*	(7)	1 ☐ Yes — *Specify* _____ — 62 2 ☐ No 9 ☐ DK
The next few questions are about glucose or sugar in your urine and blood. **11a. About how many times in the past 6 months has a health professional checked your URINE for glucose or sugar? Do not count times when an overnight patient in the hospital.**	11a.	00 ☐ None _____ Times 99 ☐ DK — 63–64
b. On your own, about HOW OFTEN do you check your urine for glucose or sugar? Include times when checked by a family member or friend.	b.	000 ☐ Never _____ Times per (1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year) 999 ☐ DK — 65–67
If "None" in 11a and "Never" in 11b, skip to 11d. *Hand Card Q1.* *Read list if telephone interview.* **c. Based on ALL your urine tests during the past 6 months, how often would you say you have had glucose or sugar in your urine?**	c.	1 ☐ Always 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Rarely 5 ☐ Never 9 ☐ DK — 68
d. Have you been tested for ketones in the past 6 months?	d.	1 ☐ Yes 2 ☐ No } *(12)* 9 ☐ DK } — 69
e. Were any of these tests positive?	e.	1 ☐ Yes 2 ☐ No 9 ☐ DK — 70
12a. About how many times in the past 6 months has a health professional checked your BLOOD for glucose or sugar? Do not count times when an overnight patient in a hospital.	12a.	00 ☐ None _____ Times 99 ☐ DK — 71–72
b. On your own, about HOW OFTEN do you check your blood for glucose or sugar? Include times when checked by a family member or friend.	b.	000 ☐ Never _____ Times per (1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year) 999 ☐ DK — 73–75
If "None" in 12a and "Never" in 12b, skip to 13.. *Hand Card Q1.* *Read list if telephone interview.* **c. Based on ALL your blood sugar tests during the past 6 months, how often would you say your blood sugar level has been too high?**	c.	1 ☐ Always 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Rarely 5 ☐ Never 9 ☐ DK } *(13)* — 76

FORM HIS-1A(1989) (3-10-89)

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1
13a. Have you ever heard of glycosylated hemoglobin (glī-ko'sil-āted he"mo-glo'bin) or hemoglobin "A one C"?	**13a.**	77 1 ☐ Yes 2 ☐ No *(14a)*
b. About how many times in the past 6 months has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?	**b.**	78–79 00 ☐ None _____ Times 99 ☐ DK
14a. About how many times in the past 6 months has a health professional checked your feet for any sores or irritations?	**14a.**	80–81 00 ☐ None _____ Times 99 ☐ DK
b. About how often do you check your feet for sores or irritations?	**b.**	82–84 000 ☐ Never _____ Times per { 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year } 999 ☐ DK
15. During the past 6 months have you had any sores or irritations on your feet or ankles that did not heal normally?	**15.**	85 1 ☐ Yes 2 ☐ No 9 ☐ DK
16. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.	**16.**	86 1 ☐ Less than 1 month 2 ☐ 1 to 12 months } *(18)* 3 ☐ 13 to 24 months *(17b)* 4 ☐ More than 2 years 5 ☐ Never 9 ☐ DK
17a. Have you had ANY kind of eye exam by a doctor within the past two years?	**17a.**	87 1 ☐ Yes 2 ☐ No 9 ☐ DK } *(18)*
b. Have you had ANY kind of eye exam by a doctor within the past 12 months?	**b.**	88 1 ☐ Yes 2 ☐ No 9 ☐ DK
18a. Have you EVER been told that diabetes has affected the back of your eyes, that is, the retina?	**18a.**	89 1 ☐ Yes 2 ☐ No 9 ☐ DK } *(20)*
b. How old were you when the doctor first told you this?	**b.**	90–91 _____ Years old 99 ☐ DK
19a. Have you ever had laser or photocoagulation treatment for this problem? Do not include treatments for cataracts.	**19a.**	92 1 ☐ Yes 2 ☐ No 9 ☐ DK } *(20)*
b. Did you receive this treatment within the past 12 months?	**b.**	93 1 ☐ Yes 2 ☐ No 9 ☐ DK } *(20)*
c. Was this the first time you had this treatment?	**c.**	94 1 ☐ Yes 2 ☐ No 9 ☐ DK
20. Have you ever had photographs taken of the retina or inside of your eyes?	**20.**	95 1 ☐ Yes 2 ☐ No 9 ☐ DK
21. Do you have serious trouble seeing with one or both eyes even when wearing glasses?	**21.**	96 1 ☐ Yes 2 ☐ No 9 ☐ DK } *(22)*

FORM HIS-1A (1989) (3-10-89)

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Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued

PERSON 1 — 3–4

22a. About how many times in the past 12 months has a doctor or other health professional checked your blood pressure? Do not count times when an overnight patient in a hospital. — 22a. — 000 ☐ None; _____ Times; 999 ☐ DK — 5–7

b. Has a doctor EVER told you that you had high blood pressure or hypertension? — b. — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK — 8

c. Are you doing any of the following [for your/to prevent] high blood pressure — — c. —

(1) Taking prescribed medication? — (1) — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK — 9

(2) Losing weight or controlling weight? — (2) — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK — 10

(3) Cutting down on salt or sodium? — (3) — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK — 11

(4) Getting physical activity or exercise? — (4) — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK — 12

d. The last time you had your blood pressure checked, were you told it was high, borderline, low, normal, or were you not told? — d. — 1 ☐ High; 2 ☐ Borderline; 3 ☐ Low; 4 ☐ Normal; 5 ☐ Not told; 6 ☐ Never checked; 9 ☐ DK — 13

23. Has a doctor EVER told you that you had —

a. Glaucoma? — 23a. — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK (23c) — 14

b. Are you NOW taking any medication for it? — b. — 1 ☐ Yes; 2 ☐ No — 15

c. Angina? — c. — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK (23e) — 16

d. Are you NOW taking any medication for it? — d. — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK — 17

e. Any other heart trouble? — e. — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK (23g) — 18

f. Are you NOW taking any medication for it? — f. — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK — 19

g. A stroke? — g. — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK — 20

h. Cataracts? — h. — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK — 21

i. Protein or albumin in your urine? — i. — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK — 22

j. Periodontal or gum disease? — j. — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK — 23

24. Has a doctor EVER told you that you had —

a. Kidney disease? Do not include kidney stones or bladder infection. — 24a. — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK (25) — 24

b. Polycystic kidney disease? — b. — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK — 25

25. About how many different times in the past 12 months have you had a bladder or urinary tract infection? — 25. — 00 ☐ None; _____ Times; 99 ☐ DK — 26–27

26. Have you ever had symptoms of a bladder infection that lasted more than 3 months, such as frequent urination and pain in your bladder? — 26. — 1 ☐ Yes (27); 2 ☐ No; 9 ☐ DK (29) — 28

FORM HIS-1A (1989) (3-10-89)

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1
27. **When you had these symptoms, were you told that you had painful bladder syndrome or interstitial cystitis** (in'ter-stish'al sis-ti'tis)?	**27.**	29 1 ☐ Yes 2 ☐ No 9 ☐ DK *(29)*
28. **How old were you when you were first told that you had painful bladder syndrome or interstitial cystitis?** (In'ter-stish'al sis-ti'tis)	**28.**	30–31 _____ Years old 99 ☐ DK
29. **When you urinate —** **a.** **Do you USUALLY have trouble starting?**	**29a.**	32 0 ☐ NA/Dialysis *(31)* 1 ☐ Yes 2 ☐ No 9 ☐ DK
b. **Do you USUALLY feel like you have not completely emptied your bladder?**	**b.**	33 1 ☐ Yes 2 ☐ No 9 ☐ DK
30a. **Do you USUALLY have to get up at night to go to the bathroom to urinate? Exclude nights when you drink a lot of liquids.**	**30a.**	34 1 ☐ Yes 2 ☐ No 9 ☐ DK *(31)*
b. **About how many times each night do you have to get up?**	**b.**	35–36 _____ Times 00 ☐ Less than once a night
31. **Have you ever had an amputation of your toe, foot, leg, or part of a leg?** *If "Yes," ask:* **Which?** *Mark all that apply.*	**31.**	37 38 1 ☐ Yes, toe 2 ☐ Yes, foot 3 ☐ Yes, leg or part of leg 4 ☐ No
32. **During the past THREE months have you had —** **a.** **Numbness or loss of feeling in your hands or feet other than from your hands or feet falling asleep?**	**32a.**	39 1 ☐ Yes 2 ☐ No 9 ☐ DK
b. **A painful sensation or tingling in your hands or feet? Do not include normal foot aches from standing or walking for long periods.**	**b.**	40 1 ☐ Yes 2 ☐ No 9 ☐ DK
c. **Decreased ability to feel hot or cold in things you touch?**	**c.**	41 1 ☐ Yes 2 ☐ No 9 ☐ DK
33a. **Do you NOW smoke cigarettes?**	**33a.**	42 1 ☐ Yes 2 ☐ No *(34)*
b. **About how many cigarettes do you smoke per day?**	**b.**	43–44 00 ☐ Less than one per day _____ Per day 98 ☐ Don't smoke regularly
34a. **Have you tried to lose weight in the past year?**	**34a.**	45 1 ☐ Yes 2 ☐ No
b. **Is your weight now more, less, or about the same as a year ago?**	**b.**	46 1 ☐ More 2 ☐ Less 3 ☐ About the same *(35)*
c. **In the past year, about how much weight have you [gained/lost]?**	**c.**	47–49 _____ Pounds 999 ☐ DK
Ask if 26 or older; otherwise go to 36. **35a.** **About how much did you weigh when you were 25 years old?** *Read if female:* **If you were pregnant when you were 25, tell me your weight just before you became pregnant.**	**35a.**	50–52 _____ Pounds 999 ☐ DK
b. **What is the most you have EVER weighed?** *Read if female:* **Except when you were pregnant.**	**b.**	53–55 _____ Pounds 999 ☐ DK
c. **About how old were you when you FIRST weighed that much?**	**c.**	56–57 00 ☐ Now _____ Years old *(36)*

FORM HIS-1A (1989) (3-10-89)

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1
Hand card Q2. Read categories if telephone interview. **36a.** **Where have you obtained information about diabetes?** *Mark all mentioned. Do not probe.*	**36a.**	00 ☐ Nowhere *(39)* 58–59 01 ☐ Doctor's office — doctor 60–61 02 ☐ Doctor's office — nurse 62–63 03 ☐ Dietitian or nutritionist 64–65 04 ☐ Doctor or nurse in a hospital 66–67 05 ☐ Relative or friend 68–69 06 ☐ Another diabetic 70–71 07 ☐ Health department 72–73 08 ☐ Diabetes organization 74–75 09 ☐ National Diabetes Information Clearing House 76–77 10 ☐ Diabetes support group 78–79 11 ☐ Library 80–81 12 ☐ Newspapers 82–83 13 ☐ Diabetes education class 84–85 88 ☐ Other — *Specify* 86–87
If three sources or less in 36a, mark boxes without asking and skip to 37. **b.** **Which three of these sources have provided you with the MOST USEFUL information about diabetes?** *Mark up to 3.*	**b.**	01 ☐ Doctor's office — doctor 88–89 02 ☐ Doctor's office — nurse 90–91 03 ☐ Dietitian or nutritionist 92–93 04 ☐ Doctor or nurse in a hospital 05 ☐ Relative or friend 06 ☐ Another diabetic 07 ☐ Health department 08 ☐ Diabetes organization 09 ☐ National Diabetes Information Clearing House 10 ☐ Diabetes support group 11 ☐ Library 12 ☐ Newspapers 13 ☐ Diabetes education class 88 ☐ Other — *Specify*
37a. **Have you ever taken a course or class in how to manage your diabetes yourself?**	**37a.**	1 ☐ Yes 2 ☐ No } *(38)* 9 ☐ DK 94
b. **About how many hours of instructions did you receive on how to manage your diabetes?**	**b.**	_____ Hours 999 ☐ DK 95–97
c. **Did this course include any of the following subjects —**	**c.**	1 ☐ Yes 2 ☐ No 98
(1) **How to inject insulin?**	**(1)**	
(2) **How to change the insulin dose?**	**(2)**	1 ☐ Yes 2 ☐ No 99
(3) **How to manage your diabetes when you are sick?**	**(3)**	1 ☐ Yes 2 ☐ No 100
(4) **How to test your blood or urine for sugar?**	**(4)**	1 ☐ Yes 2 ☐ No 101
(5) **How to plan meals?**	**(5)**	1 ☐ Yes 2 ☐ No 102
(6) **How to take care of your feet?**	**(6)**	1 ☐ Yes 2 ☐ No 103
38. **Have you ever attended any (other) education program or class about your diabetes?**	**38.**	1 ☐ Yes 2 ☐ No 9 ☐ DK 104
39. **Were either of your parents EVER told that they had diabetes? Do not include pre, potential, or borderline diabetes. Also, do not include step, adoptive, or foster parents.** *If "Yes," ask:* **Which?**	**39.**	1 ☐ Yes, father 2 ☐ Yes, mother 3 ☐ Yes, both 4 ☐ No 9 ☐ DK 105
40. **How many children have you had, including any that may have died? Do not include step, adoptive, or foster children.** *Read if female:* **Do not include stillbirths or miscarriages.**	**40.**	00 ☐ None _____ Total children 99 ☐ DK 106–107 *Check Item 2 for NP*

RT 77
3–4

Section T — DIABETES RISK FACTOR QUESTIONS (SP)

5

CHECK ITEM 1 — *Refer to letter indicator on sample selection label.*

1 ☐ Letter M *(Cover page of HIS-1A)*
2 ☐ Letter T *(Check Item 2)*

6

CHECK ITEM 2 — *Refer to Section Q1, item 1b on page 32*

1 ☐ Diabetic box marked in 1b
2 ☐ Section Q1 noninterview
} *(Cover page of HIS-1A)*
3 ☐ All others *(1)*

7

1. Has a doctor EVER told you that you had —

a. Protein or albumin in your urine?

1 ☐ Yes
2 ☐ No
9 ☐ DK

8

b. Kidney disease? Do not include kidney stones or bladder infection.

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(1d)*

9

c. Polycystic kidney disease?

1 ☐ Yes
2 ☐ No
9 ☐ DK

10

d. Periodontal or gum disease?

1 ☐ Yes
2 ☐ No
9 ☐ DK

11–12

2. Not counting times while an overnight patient in a hospital, about how many times in the past 12 months has a doctor or other health professional —

a. Checked you for diabetes?

00 ☐ None
_____ Times
99 ☐ DK

13–15

b. Checked your blood pressure?

000 ☐ None
_____ Times
999 ☐ DK

16–17

3. About how many different times in the past 12 months have you had a bladder or urinary tract infection?

00 ☐ None
_____ Times
99 ☐ DK

18

4. Have you ever had symptoms of a bladder infection that lasted more than 3 months, such as frequent urination and pain in your bladder?

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(6)*

19

5a. When you had these symptoms, were you told that you had painful bladder syndrome or interstitial cystitis? *(in'ter-stish'al sis-ti'tis)*

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(6)*

20–21

b. How old were you when you were first told that you had painful bladder syndrome or interstitial cystitis? *(in'ter-stish'al sis-ti'tis)*

_____ Years old
99 ☐ DK

22

6. When you urinate —

a. Do you USUALLY have trouble starting?

0 ☐ NA/Dialysis *(8)*
1 ☐ Yes
2 ☐ No
9 ☐ DK

23

b. Do you USUALLY feel like you have not completely emptied your bladder?

1 ☐ Yes
2 ☐ No
9 ☐ DK

24

7a. Do you USUALLY have to get up at night to go to the bathroom to urinate? Exclude nights when you drink a lot of liquids.

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(8)*

25–26

b. About how many times each night do you have to get up?

_____ Times
00 ☐ Less than once a night

27

8. During the past 6 months have you had any sores or irritations on your feet or ankles that did not heal normally?

1 ☐ Yes
2 ☐ No
9 ☐ DK

Section T — DIABETES RISK FACTOR QUESTIONS (SP) — Continued

9. **Have you ever had an amputation of your toe, foot, leg, or part of leg?**
If "Yes," ask: **Which?**
Mark all that apply.

28 29
1 ☐ Yes, toe
2 ☐ Yes, foot
3 ☐ Yes, leg or part of leg
4 ☐ No

10. **During the past 3 months have you had —**

a. **Numbness or loss of feeling in your hands or feet other than from your hands or feet falling asleep?**

30
1 ☐ Yes
2 ☐ No
9 ☐ DK

b. **A painful sensation or tingling in your hands or feet? Do not include normal foot aches from standing or walking for long periods.**

31
1 ☐ Yes
2 ☐ No
9 ☐ DK

c. **Decreased ability to feel hot or cold in things you touch?**

32
1 ☐ Yes
2 ☐ No
9 ☐ DK

11a. **Do you NOW smoke cigarettes?**

33
1 ☐ Yes
2 ☐ No *(12)*

b. **About how many cigarettes do you smoke per day?**

34–35
00 ☐ Less than 1 per day
_____ Per day
98 ☐ Don't smoke regularly

12a. **Have you tried to lose weight in the past year?**

36
1 ☐ Yes
2 ☐ No

b. **Is your weight now more, less, or about the same as a year ago?**

37
1 ☐ More
2 ☐ Less
3 ☐ About the same *(13)*

c. **In the past year, about how much weight have you [gained/lost]?**

38–40
_____ Pounds
999 ☐ DK

Ask if 26 or older; otherwise, go to 14.

13a. **About how much did you weigh when you were 25 years old?**
For females: **If you were pregnant when you were 25, tell me your weight just before you became pregnant.**

41–43
_____ Pounds
999 ☐ DK

b. **What is the most you have ever weighed?**
For females: **Except when you were pregnant?**

44–46
_____ Pounds
999 ☐ DK

c. **About how old were you when you FIRST weighed that much?**

47–48
00 ☐ Now
_____ Years old

14. **Do you have serious trouble seeing with one or both eyes even when wearing glasses?**

49
1 ☐ Yes
2 ☐ No

15. **Were either of your parents ever told that they had diabetes?**
Do not include pre, potential, or borderline diabetes.
If "Yes," ask: **Which?**

50
1 ☐ Yes, father
2 ☐ Yes, mother
3 ☐ Yes, both
4 ☐ No
9 ☐ DK

16. **How many children have you had, including any that may have died?**
For females: **Do not include stillbirths or miscarriages.**

51–52
00 ☐ None
_____ Total number of children
99 ☐ DK

Notes

STATE NAMES FOR MEDICAID

MEDI — CAL

California

MEDI— KAN

Kansas

HEALTH CARE COST CONTAINMENT SYSTEM (HCCCS)

Arizona

MEDICAID AND/OR MEDICAL ASSISTANCE

All other States

CARD 01

1. **No difficulty**
2. **Some difficulty**
3. **A lot of difficulty**
4. **Completely unable to do because of disorder**

CARD Q2

Adapin
Amitid
Amitril
Asendin
Ativan
Aventyl
Azene
Centrax
Cibalith-S
Compazine
Daxolin
Desyrel
Dexedrine
Elavil
Endep
Eskalith
Haldol
Imavate
Janimine
Librax
Libritabs
Librium
Lidone
Lithane
Lithobid
Loxitane
Ludiomil
Marplan
Mellaril
Moban
Nardil
Navane
Norpramin
Pamelor
Parnate
Paxipam
Permitil
Pertofrane
Presamine
Proketazine
Prolixin
Quide
Repoise
Ritalin
Serax
Serentil
Sinequan
Stelazine
Taractan
Tegretol
Thorazine
Tindal
Tofranil
Tranxene
Trilafon
Valium
Vesprin
Vestran
Vivactil
Xanax

CARD Q1

1. **Always**
2. **Most of the time**
3. **Some of the time**
4. **Rarely**
5. **Never**

Card Q2
Card Q1
(Cut along dashed line)

CARD Q2

00. **Nowhere**
01. **Doctor's office — doctor**
02. **Doctor's office — nurse**
03. **Dietitian or nutritionist**
04. **Doctor or nurse in a hospital**
05. **Relative or friend**
06. **Another diabetic**
07. **Health department**
08. **Diabetes organization**
09. **National Diabetes Information Clearing House**
10. **Diabetes support group**
11. **Library**
12. **Newspapers**
13. **Diabetes education class**
88. **Other**

CARD R1

1. **Use a hot or cold compress**
2. **Take a prescription drug**
3. **Take an over-the-counter drug**
4. **Drink some liquor or wine because of the pain**
5. **Take time off work**
6. **Stay home more than usual**
7. **Avoid family and friends**
8. **Something else**

Card Q2
Card R1
(Cut along dashed line)