
**National Health Interview Survey, 1989:
Diabetes Supplement**

**U.S. Dept. of Health and Human Services
National Center for Health Statistics**

ICPSR 6048

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May 1999

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Research [distributor], 1993.

REQUEST FOR INFORMATION ON USE OF ICPSR RESOURCES

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DATA DISCLAIMER

The original collector of the data, ICPSR, and the relevant funding agency bear no responsibility for uses of this collection or for interpretations or inferences based upon such uses.

DATA COLLECTION DESCRIPTION

United States Department of Health and Human Services. National Center for Health Statistics

NATIONAL HEALTH INTERVIEW SURVEY, 1989: DIABETES SUPPLEMENT (ICPSR 6048)

SUMMARY: The basic purpose of the National Health Interview Survey (NHIS) is to obtain information about the amount and distribution of illness, its effects in terms of disability and chronic impairments, and the kinds of health services people receive. Each year, the National Center for Health Statistics conducts the NHIS, a personal interview household survey that uses a nationwide sample of the civilian, noninstitutionalized population of the United States. The NHIS includes a core set of questions that remains virtually unchanged across years on a variety of sociodemographic and health-related concerns. In addition, one or more current health topics is selected for special emphasis annually. In 1989, the NHIS included an extensive set of questions, asked of each identified and self-confirmed adult diabetic in an interviewed family, on dietary practices, health care usage, use of medication, and other related subjects. In addition, in half of the responding families, an adult sample person was randomly selected to respond to a series of questions on diabetes risk factors. If the selected sample person was a diabetic, the questions were asked within the context of the detailed questions on diabetes health practices and knowledge mentioned above. This collection also contains data from the basic questionnaire (see NATIONAL HEALTH INTERVIEW SURVEY, 1989 [ICPSR 9583]). Basic questionnaire data include age, sex, race, marital status, education, veteran status, income, family relationship, self-reported health status, activity limitations, and the number of bed days, doctor visits, and hospital stays in the previous year. CLASS IV

UNIVERSE: Civilian, noninstitutionalized population of the United States.

SAMPLING: Multistage probability sample.

NOTE: Per agreement with NCHS, ICPSR distributes the data file(s) and technical documentation in this collection in their original form as prepared by NCHS. The age distribution for this file is: 18-24 (N = 11,362), 25-44 (N = 36,688), 45-64 (N = 22,277), 65-69 (N = 4,788), 70-74 (N = 3,830), and 75+ (N = 5,627).

RESTRICTIONS: In preparing the data tape(s) for this collection, the National Center for Health Statistics (NCHS) has removed direct



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

November 18, 1991

Dear Colleague:

This is to inform you that the National Center for Health Statistics and the National Institute of Diabetes and Digestive and Kidney Diseases sponsor a **Collaborative Working Group on Diabetes Data from the 1989 National Health Interview Survey**.

A list of members of the Working Group is enclosed. These individuals collaborated in planning and development of the diabetes series of questions. The purpose of the Working Group is to continue this collaboration through analysis and publication of the 1989 diabetes data.

The Working Group currently has in progress or has planned analyses of the following topics: screening and diagnosis of diabetes; hypertension screening and control; characteristics of medical care for diabetes provided by health professionals; self-care practices and preventive behaviors of patients with diabetes; blood glucose testing by diabetic patients; weight control and weight changes among diabetics and persons without diabetes; symptoms of neuropathy; prevalence of neurogenic bladder and interstitial cystitis; eye care for diabetes; patient knowledge and education in diabetes; patterns of diabetic therapy; impediments to maintaining a diabetic diet; health insurance coverage for patients with diabetes.

The Working Group is also constituted to provide advice and consultation to individuals who will be using the diabetes data for their own purposes. This would include counseling users on interpretation of the questions, their relationship to clinical diabetes, and the validity of answers provided by the survey sample persons. In addition, the Working Group can serve in a consultative mode with regard to issues in analytic and statistical techniques that are employed in analysis of data from the National Health Interview Survey, including data weighting, calculation of variances and statistical testing, linear regression, and multiple logistic regression.

Sincerely,

Owen T. Thornberry, Ph.D.
Director, Division of Health
Interview Statistics

NATIONAL CENTER FOR HEALTH STATISTICS
NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

WORKING GROUP ON DIABETES DATA FROM
THE 1989 NATIONAL HEALTH INTERVIEW SURVEY

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Ad hoc members in specific disease areas are not listed

NATIONAL HEALTH INTERVIEW SURVEY

PUBLIC USE DATA

The recipient of these microdata has signed the Data Use Agreement shown below. All users of the data are bound by this Agreement. Please read the statement and understand the responsibilities that accompany the use of all datasets from the National Center for Health Statistics.

DATA USE AGREEMENT—The Public Health Service Act (42 U.S.C. 242m(d)) provides that the data collected by the National Center for Health Statistics (NCHS) may be used only for the purpose for which they were obtained; any effort to determine the identity of any reported cases, or to use the information for any purpose other than for health statistical reporting and analysis, would violate this statutory restriction and the conditions of the data use agreement. NCHS does all it can to assure that the identity of data subjects cannot be disclosed; all direct identifiers, as well as characteristics that might lead to identifications, are omitted from the data set. Nevertheless, it may be possible in rare instances, through complex analysis, and with outside information to ascertain from the data sets the identity of particular persons or establishments. Considerable harm could ensue if this were done.

Therefore, the undersigned gives the following assurances with respect to all NCHS data sets:

- I will not use nor permit others to use the data in these sets in anyway except for statistical reporting and analysis;
- I will not release nor permit others to release the data sets or any part of them to any person who is not a member of this organization, except with the approval of NCHS;
- I will not attempt to link nor permit others to attempt to link the data set with individually identifiable records from any other NCHS or non-NCHS data set.
- I will not attempt to use the data sets to learn the identity of any person or establishment included in any set; and
- If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) the Director of NCHS will be advised of the incident, (c) the information that would identify an individual or establishment will be safeguarded or destroyed as requested by NCHS, and (d) no one else will be informed of the discovered identity.

My signature indicates my agreement to comply with the above-stated statutorily-based requirements with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to \$10,000 or up to 5 years in prison.

Signed: _____

Date: _____

1989 NATIONAL HEALTH INTERVIEW SURVEY
DIABETES PUBLIC USE DATA TAPE

Introduction

Each year, the National Center for Health Statistics (NCHS) conducts the National Health Interview Survey (NHIS). The NHIS is a personal interview household survey which uses a nationwide sample of the civilian, noninstitutionalized population of the United States. It includes a "core" set of questions which remain virtually unchanged from year to year on a variety of sociodemographic and health-related items and one or more special health topics which vary annually.

In 1989, the NHIS included an extensive set of questions about the dietary practices, health care usage, use of medication, and other related subjects asked of each identified and self-confirmed adult diabetic in an interviewed family.

In addition, in half of the responding families, an adult sample person was randomly selected to respond to a series of questions on Diabetes Risk Factors. If the selected sample person was a diabetic, the questions were asked within the context of the detailed questions on diabetes health practices and knowledge mentioned above; the resulting data is included on the data tape in the same locations as the data for all diabetics. Non-diabetics were only asked the risk factor questions and the data is found in locations 533-584.

Response rates

The overall non-response rate for the non-sample portion of the Diabetes survey was about 3.7 percent. An additional 122 persons were identified by the household respondent as being diabetic, but this was never confirmed by the individual. There were 298 persons who were initially identified as diabetics but who were either borderline or prediabetic, who were only diabetic during pregnancy and never confirmed after pregnancy (some were still pregnant), or who denied that they were ever or currently diabetic. Another 4 individuals confirmed that they were diabetic but did not answer the detailed follow-up questions.

The non-response rate for the sample person Diabetes Risk Factor Supplement was an estimated 10 per cent.

Construction of the 1989 Diabetes Data Tape

The data tape contains data from the NHIS basic health and demographic questionnaire in the first section of the tape with data specific to the detailed diabetes questions beginning in location 336 and ending in location 531.

For sample person diabetics, the same weight field is used but the data are located within the detailed diabetic section of the tape.

Calculation of population estimates

1. Select the correct Final Basic Weight to use with the characteristics of interest (e.g., white females age 18-44 in excellent health).
2. Sum the weights for persons with the characteristic of interest.
3. The sum estimates the population with the characteristic of interest.

Calculation of annual estimates for events based on a 2-week recall period

To reduce respondent error, the recall period for some questions about events is limited to 2 weeks. Consequently, for an annual estimate the reported number of events must be multiplied by 26 (the number of 2 week period in a year). The two-week recall variables can be found in tape locations 98-107 and 120-121.

1. Select the correct Final Basic Weight for the characteristic of interest.
2. For each person, multiply the number of 2-week events for the characteristic of interest by 26.
3. Multiply the results of the previous step by the sampling weight for each person and sum the products.
4. The sum estimates the annual number of events associated with a characteristic of interest (e.g., doctor visits for white females age 18-44) in the diabetic population.

Calculation of annual estimates for events based on a 6-month recall period

Again to reduce respondent error, the recall period for hospital discharges and associated days is limited to 6 months. Consequently for an annual estimate the number of events must be found in tape locations 132-141.

1. Select the correct Final Basic Weight for the characteristic of interest.
2. For each person, multiply the number of 6-month events for the characteristic of interest by 2.

PUBLIC USE TAPE LOCATION

Diabetic Sample Persons

Non-Diabetic Sample Persons

452	533
454	534
455	535
453	536
NA	537-538
435-437	539-541
456-457	542-543
458	544
459	545
460-461	546-547
462	548
463	549
464	550
465-466	551-552
423	553
467	554
468	555
469-470	556-557
471	558
472	559
473	560
474	561
475	562
476-477	563-564
478	565
479	566
480-482	567-569
483-485	570-572
486-488	573-575
489-491	576-578
492-493	579-580
434	581
529	582
530-531	583-584

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Outline of Items and Codes

Number of Records = 84,572

Tape Locations	Item No.	Frequency	Items and Codes
1-2	-		RECORD TYPE
		84,572	90. Diabetes
3-4	-		PROCESSING YEAR
		84,572	89. 1989
5	-		PROCESSING QUARTER
		19,269	1. Quarter 1
		22,221	2. Quarter 2
		21,600	3. Quarter 3
		21,482	4. Quarter 4
6-8	HH-5		RANDOM RECODE OF PSU NUMBER
9-10	HH-5		WEEK - CENSUS CODE*
			01, 21, 41, 61, 81 ... Week 01
			02, 22, 42, 62, 82 ... Week 02
			03, 23, 43, 63, 83 ... Week 03
			04, 24, 44, 64, 84 ... Week 04
			05, 25, 45, 65, 85 ... Week 05
			06, 26, 46, 66, 86 ... Week 06
			07, 27, 47, 67, 87 ... Week 07
			08, 28, 48, 68, 88 ... Week 08
			09, 29, 49, 69, 89 ... Week 09
			10, 30, 50, 70, 90 ... Week 10
			11, 31, 51, 71, 91 ... Week 11
			12, 32, 52, 72, 92 ... Week 12
			13, 33, 53, 73, 93 ... Week 13

*This code represents the initial week of assignment. The interview may be re-assigned for administrative purposes. See locations 19-20 for the code which reflects the actual week assigned for conducting the interview.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
11-12	HH-5		SEGMENT NUMBER
			Week plus Segment Number identifies the segment
13-14	HH-5		HOUSEHOLD NUMBER
			Numbered within PSU-Week-Segment
15-16	-		PERSON NUMBER
17-18	-		BLANK (Record Serial Number on other record types)
19-20	HH-5		PROCESSING WEEK CODE (Numbered within Quarter)
		5,020	01. Week 1
		6,750	02. Week 2
		6,669	03. Week 3
		6,667	04. Week 4
		6,528	05. Week 5
		6,622	06. Week 6
		6,629	07. Week 7
		6,573	08. Week 8
		6,732	09. Week 9
		6,547	10. Week 10
		6,741	11. Week 11
		6,415	12. Week 12
		6,679	13. Week 13
21			BLANK

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
22-23	HH-10d		TYPE OF LIVING QUARTERS:
			Housing Unit = (00-07)
		767	00. Housing unit; kind unknown
		79,041	01. House, apartment, flat
		53	02. HU in nontransient hotel, motel, etc.
		38	03. HU-permanent in transient hotel, motel, etc.
		38	04. HU in rooming house
		3,371	05. Mobile home or trailer with no permanent room added
		556	06. Mobile home or trailer with one or more permanent rooms added
		17	07. HU not specified above
			Other Unit = (08-13)
		30	08. Quarters not HU in rooming or boarding house
		0	09. Unit not permanent in transient hotel, motel, etc.
		65	10. Unoccupied site for mobile home, trailer, or tent
		497	11. Student quarters in college dormitory
		98	12. Other unit not specified above
		1	13. Other unit; kind unknown
24	HH-11		HAS TELEPHONE
		76,331	1. Yes, phone number given
		2,962	2. Yes, no phone number given
		4,583	3. No
		696	4. Unknown
25	A-1		SEX
		39,100	1. Male
		45,472	2. Female
26	-		BLANK

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
27-28	Person Column		AGE
		0	00. Under 1 year
		84,560	01-98. Number of years
		12	99. 99+ years of age
29	Recode		AGE RECODE #1
		0	1. Under 5 years
		0	2. 5-17 years
		11,362	3. 18-24 years
		36,688	4. 25-44 years
		22,277	5. 45-64 years
		4,788	6. 65-69 years
		3,830	7. 70-74 years
		5,627	8. 75 years and over
30	Recode		AGE RECODE #2
		0	1. Under 6 years
		0	2. 6-16 years
		11,362	3. 17-24 years
		19,244	4. 25-34 years
		17,444	5. 35-44 years
		12,046	6. 45-54 years
		10,231	7. 55-64 years
		8,618	8. 65-74 years
		5,627	9. 75 years and over
31-32	Recode		AGE RECODE #3
		0	00-35. Months
		84,572	36. Over 3 years
33	-		BLANK

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations		Item No.	Frequency	Items and Codes
34-39		A-3		MONTH AND YEAR OF BIRTH
34-35				Month
				01. January 08. August
				02. February 09. September
				03. March 10. October
				04. April 11. November
				05. May 12. December
				06. June 99. DK or refused
				07. July
36-39				Year of Birth
				1800-1899. 1800-1899
				1900-1990. 1900-1990
				9999. DK or refused
40-41				BLANK
42		L-3		MAIN RACIAL BACKGROUND - Reported
			593	1. Aleut, Eskimo, or American Indian
			1,892	2. Asian/Pacific Islander
			11,377	3. Black
			68,980	4. White
			1,153	5. Other
			63	6. Multiple race
			514	7. Unknown

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
43-45	Recode		RACE RECODES
43			Recode 1
		70,567	1. White
		11,458	2. Black
		2,547	3. Other
44			Recode 2
		70,567	1. White
		14,005	2. Non-white
45			Recode 3
		11,458	1. Black
		73,114	2. Non-black
46-47	L-4		HISPANIC ORIGIN
		58	00. Multiple Hispanic
		628	01. Puerto Rican
		384	02. Cuban
		1,509	03. Mexican-Mexicano
		1,720	04. Mexican-American
		30	05. Chicano
		731	06. Other Latin American
		789	07. Other Spanish
		124	08. Spanish, DK type
		524	09. Unknown if Spanish origin
		78,075	10. Not Spanish origin
48	L-7		MARITAL STATUS
		0	0. Under 14 years
		53,190	1. Married - spouse in household
		696	2. Married - spouse not in household
		6,414	3. Widowed
		6,132	4. Divorced
		1,946	5. Separated
		15,805	6. Never married
		389	7. Unknown

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
49	L-1		VETERAN STATUS
		70,162	1. Non-veteran
		46	2. WW I
		3,885	3. WW II
		2,089	4. Korean War
		3,767	5. Vietnam veteran
		970	6. Post-Vietnam
		2,201	7. Other service
		287	8. Served in Armed Forces, unknown if war veteran
		1,165	9. Unknown if served in Armed Forces
		0	Blank. Under 18 years of age
50	L-1		ACTIVE GUARD/RESERVE STATUS FOR PERSONS ON ACTIVE DUTY IN ARMED FORCES
		70,162	0. Non-veteran
		973	1. All service in Guard/Reserve
		1,840	2. Some service in Guard/Reserve
		37	3. Unknown if all service in Guard/Reserve
		9,711	4. No active service in Guard/Reserve
		1,849	5. Unknown if ever active member in Guard/Reserve or served in Armed Forces
		0	Blank. Under 18 years of age
51-52	L-2		EDUCATION OF INDIVIDUAL - COMPLETED YEARS
		422	00. Never attended; kindergarten only
		51,256	01-12. Grades 1-12
			College:
		6,117	13. 1 year
		7,482	14. 2 years
		2,910	15. 3 years
		8,911	16. 4 years
		1,853	17. 5 years
		4,740	18. 6 years or more
		881	19. Unknown
		0	Blank. Under 5 years of age

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
53	Recode		EDUCATION OF INDIVIDUAL RECODE
		422	0. None; kindergarten only
		8,306	1. 1-8 years (elementary)
		10,659	2. 9-11 years (high school)
		32,291	3. 12 years (high school graduate)
		16,509	4. 1-3 years (college)
		8,911	5. 4 years (college graduate)
		6,593	6. 5+ years (post-college)
		881	7. Unknown
		0	Blank. Under 5 years of age
54-55	-		HIGHEST EDUCATION OF RESPONSIBLE ADULT FAMILY MEMBER (Detail)
		179	00. Never attended; kindergarten only
		42,902	01-12. Grades 1-12
			College:
		6,328	13. 1 year
		8,910	14. 2 years
		3,488	15. 3 years
		11,707	16. 4 years
		2,707	17. 5 years
		7,822	18. 6 years or more
		529	19. Unknown
56	-		HIGHEST EDUCATION OF RESPONSIBLE ADULT FAMILY MEMBER Recode
		179	0. None; kindergarten only
		4,966	1. 1-8 years (elementary)
		7,291	2. 9-11 years (high school)
		30,645	3. 12 years (high school graduate)
		18,726	4. 1-3 years (college)
		11,707	5. 4 years (college graduate)
		10,529	6. 5+ years (post-college)
		529	7. Unknown

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
57	L-8		FAMILY INCOME \$20,000 OR MORE
		29,031	1. Less than \$20,000
		52,640	2. \$20,000 or more
		2,901	3. Unknown
58-59	L-8		FAMILY INCOME
		415	00. Less than \$1,000
		487	01. \$ 1,000 - \$ 1,999
		568	02. 2,000 - 2,999
		703	03. 3,000 - 3,999
		1,057	04. 4,000 - 4,999
		1,083	05. 5,000 - 5,999
		1,247	06. 6,000 - 6,999
		1,165	07. 7,000 - 7,999
		1,236	08. 8,000 - 8,999
		1,257	09. 9,000 - 9,999
		1,620	10. 10,000 - 10,999
		996	11. 11,000 - 11,999
		1,766	12. 12,000 - 12,999
		1,107	13. 13,000 - 13,999
		1,241	14. 14,000 - 14,999
		1,718	15. 15,000 - 15,999
		1,123	16. 16,000 - 16,999
		1,198	17. 17,000 - 17,999
		1,726	18. 18,000 - 18,999
		1,998	19. 19,000 - 19,999
		6,675	20. 20,000 - 24,999
		6,337	21. 25,000 - 29,999
		6,034	22. 30,000 - 34,999
		4,848	23. 35,000 - 39,999
		4,433	24. 40,000 - 44,999
		3,832	25. 45,000 - 49,999
		13,984	26. \$50,000 and over
		14,718	27. Unknown

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
60	Recode		FAMILY INCOME RECODE
		3,230	0. Under \$5,000
		2,330	1. \$ 5,000 - \$ 6,999
		3,658	2. 7,000 - 9,999
		6,730	3. 10,000 - 14,999
		7,763	4. 15,000 - 19,999
		6,675	5. 20,000 - 24,999
		12,371	6. 25,000 - 34,999
		13,113	7. 35,000 - 49,999
		13,984	8. \$50,000 or more
		14,718	9. Unknown
61	Generated		NHIS POVERTY INDEX*
		68,706	1. At or above poverty threshold
		7,605	2. Below poverty threshold
		8,261	3. Unknown
62-63			FAMILY RELATIONSHIP
62	A-2		Type of Family
		12,299	&. Primary individual
		1,394	-. Secondary individual
		70,778	0. Primary family
		101	1-9. Secondary family
63	A-2		Relationship to Reference Person
		11,696	&. Reference person, living alone
		34,679	0. Reference person, 2+ persons in household
		26,013	1. Spouse, other spouse NOT in Armed Forces and living at home
		326	2. Spouse, other spouse IN Armed Forces and living at home
		8,671	3. Child of reference person or spouse
		301	4. Grandchild of reference person or spouse
		950	5. Parent of reference person or spouse
		1,935	6. Other relative
		1	7. Child of ineligible reference person
		0	9. DK or refused

*Based on family size, number of children under 18 years of age and family income using the 1988 poverty levels derived from the August, 1989 Current Population Survey.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
64	Recode		FAMILY RELATIONSHIP RECODE
		11,696	1. Living alone
		1,997	2. Living only with non-relative
		53,168	3. Living with spouse
		17,711	4. Living with relative - other
65-66	Generated		SIZE OF FAMILY*
			Unrelated individuals are coded 01
67	Generated		SIZE OF FAMILY RECODE
			1-8. Number of members
			9. 9+ members
68	A-2		PARENT/OTHER ADULT RELATIVE (under 25 years old and never married)
		2,697	1. Both parents, no other relative
		873	2. Mother only
		135	3. Father only
		1,152	4. Both parents and other 21+ year old adult relative
		455	5. Mother and other 21+ year old adult relative
		66	6. Father and other 21+ year old adult relative
		254	7. No parent, but one 21+ year old adult relative
		257	8. No parent, but two or more 21+ year old adult relatives
		319	9. Unknown
		1,838	0. Other
		76,526	Blank. Not applicable (25+ years old or ever married)

*Count includes spouse in military but living at home.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
69	B-1 B-8		MAJOR ACTIVITY (18+ years old)
		51,964	1. Working
		16,104	2. Keeping house
		4,646	3. Going to school
		11,282	4. Something else
		576	5. Unknown
		0	Blank. Not applicable (Under 18 years)
70	G-4		HEALTH STATUS
		28,728	1. Excellent
		23,882	2. Very Good
		20,842	3. Good
		7,648	4. Fair
		3,090	5. Poor
		382	6. Unknown
71	Recode		ACTIVITY LIMITATION STATUS - (all ages)
		4,802	1. Unable to perform major activity
		5,392	2. Limited in kind/amount major activity
		4,768	3. Limited in other activities
		69,610	4. Not limited (includes unknowns)
72	Recode		ACTIVITY LIMITATION STATUS MEASURED BY "ABILITY TO WORK" (18-69 years)
		4,894	1. Unable to work
		3,683	2. Limited in kind/amount of work
		2,687	3. Limited in other activities
		63,851	4. Not limited (includes unknowns)
		9,457	Blank. Not applicable (under 18 years, 70+ years)

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
73	B-11		LIMITATION OF SCHOOL ACTIVITIES (5-17 years)
		0	1. Unable to attend school
		0	2. Attends special school/classes
		0	3. Needs special school/classes
		0	4. Limited in school attendance
		0	5. Limited in other activities
		0	6. Not limited (includes unknowns)
		84,572	Blank. Not applicable (Under 5 years or 18+ years)
74	B-14		NEEDS HELP WITH PERSONAL CARE (5-59 years old and limited, or age 60-69 years)*
		513	1. Unable to perform personal care needs
		1,358	2. Limited in performing other routine needs
		15,238	3. Not limited in performing personal or routine needs
		509	4. Unknown
		66,954	Blank. Not applicable (Under 5 years; 5-59 years not limited; 70+ years old)
75	D-1		EMPLOYMENT STATUS IN PAST 2 WEEKS (18+ years)
			In the Labor Force: (1-7)
			Currently employed: (1-3)
		53,249	1. Worked in past 2 weeks
		1,124	2. Did not work, has job; not on lay-off and not looking for work
		26	3. Did not work, has job; looking for work
			Unemployed: (4-7)
		131	4. Did not work, has job; on lay-off
		7	5. Did not work, has job; on lay-off and looking for work
		424	6. Did not work, has job; unknown if looking or on lay-off
		1,680	7. Did not work, no job; looking for work or on lay-off
			Not in Labor Force (18+ years): (8)
		27,931	8. Not in Labor Force (18+ years)
		0	Blank. Not applicable (Under 18 years old)

*For persons 70+ years, codes 1 and 2 in Loc. 71 correspond to codes 1 and 2 in Loc. 74.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
76	L-6		CLASS OF WORKER
		27,931	0. Not in labor force
		40,621	1. Private company
		1,710	2. Federal Government employee
		2,222	3. State Government employee
		4,375	4. Local Government employee
		1,305	5. Incorporated business
		4,987	6. Self-employed
		97	7. Without pay
		57	8. Never worked
		1,267	9. Unknown
		0	Blank. Under 18
77-79	L-6		INDUSTRY DETAIL CODE
		56,641	010-996. Code number
		27,931	Blank. Not applicable
80-81	Recode		INDUSTRY RECODE 1
			SEE APPENDIX B
82-83	Recode		INDUSTRY RECODE 2
			SEE APPENDIX B
84-86	L-6		OCCUPATION DETAIL CODE
		56,641	003-999. Code number
		27,931	Blank. Not applicable
87-88	Recode		OCCUPATION RECODE 1
			SEE APPENDIX C
89-90	Recode		OCCUPATION RECODE 2
			SEE APPENDIX C

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
91	L-R		RESPONDENT FOR CORE
		0	0. Under 17
		53,179	1. Self-entirely
		5,473	2. Self-partly
		24,931	3. Proxy
		989	4. Unknown
92	Recode		CONDITION LIST ASSIGNED AND ASKED
		14,116	1. Condition List 1, Skin and musculoskeletal
		13,915	2. Condition List 2, Impairments
		13,763	3. Condition List 3, Digestive
		13,823	4. Condition List 4, Miscellaneous
		13,769	5. Condition List 5, Circulatory
		13,743	6. Condition List 6, Respiratory
		1,443	7. Unknown
93-94	G-5		HEIGHT WITHOUT SHOES (18+ years)
			36-98. Number of inches
			99. Unknown
			Blank. Under 18 years of age
95-97	G-5		WEIGHT WITHOUT SHOES (18+ years)
			050-500. Number of pounds
			501. Unknown
			Blank. Under 18 years of age
98-99	Recode		TOTAL RESTRICTED ACTIVITY DAYS IN PAST TWO WEEKS
		75,602	00. None
		8,970	01-14. Days
100-101	D-4		BED DAYS IN PAST TWO WEEKS
		79,336	00. None
		5,236	01-14. Days

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
102-103	D-2		WORK-LOSS DAYS IN PAST TWO WEEKS (control on currently employed, 75:1-3)
		81,201	00. None
		3,371	01-14. Days
104-105	D-3		SCHOOL-LOSS DAYS IN PAST TWO WEEKS
		84,572	00. None
		0	01-14. Days
106-107	D-6		OTHER DAYS OF RESTRICTED ACTIVITY IN PAST TWO WEEKS
		80,157	00. None
		4,415	01-14. Days
108-110	G-2		BED DAYS IN PAST 12 MONTHS
		47,893	000. None
		35,933	001-365. 1-365 days
		746	366. Unknown
111	Recode		BED DAYS IN PAST 12 MONTHS - Recode
		47,893	0. None
		26,250	1. 1-7 days
		6,840	2. 8-30 days
		2,256	3. 31-180 days
		587	4. 181-365 days
		746	5. Unknown
112-114	G-3		DOCTOR VISITS IN PAST 12 MONTHS
		21,547	000. None
		62,720	001-996. Visits
		1	997. 997+ visits
		304	998. Unknown

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
115	G-3		INTERVAL SINCE LAST DOCTOR VISIT
		132	0. Never
		63,472	1. Less than 1 year
		8,190	2. 1 to less than 2 years
		7,922	3. 2 to less than 5 years
		3,582	4. 5 years or more
		1,274	5. Unknown
116-117	Generated		NUMBER OF CONDITIONS
118-119	Generated		NUMBER OF ACUTE INCIDENCE CONDITIONS
120-121	Generated		NUMBER OF TWO-WEEK DOCTOR VISITS
122-123	Generated		NUMBER OF SHORT-STAY HOSPITAL EPISODES IN PAST 12 MONTHS
124-126	Generated		SHORT-STAY HOSPITAL EPISODE DAYS IN PAST 12 MONTHS
127-128	Generated		NUMBER OF SHORT-STAY HOSPITAL EPISODES IN PAST 12 MONTHS EXCLUDING DELIVERY*
129-131	Generated		SHORT-STAY HOSPITAL EPISODE DAYS IN PAST 12 MONTHS EXCLUDING DELIVERY*
132-133	Generated		NUMBER OF SHORT-STAY HOSPITAL DISCHARGES IN PAST 6 MONTHS
134-136	Generated		NUMBER OF DAYS IN SHORT-STAY HOSPITAL IN PAST 12 MONTHS FOR DISCHARGES IN PAST 6 MONTHS
137-138	Generated		NUMBER OF SHORT-STAY HOSPITAL DISCHARGES IN PAST 6 MONTHS EXCLUDING DELIVERY*

*Based on Operation codes and reason entered hospital.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
139-141	Generated		NUMBER OF DAYS IN SHORT-STAY HOSPITAL IN PAST 12 MONTHS FOR DISCHARGES IN PAST 6 MONTHS EXCLUDING DELIVERY*
142-143			BLANK
144	L-9b		YEARS LIVED IN STATE OF PRESENT RESIDENCE
		1,126	1. Less than 1 year
		3,528	2. 1 yr., less than 5 yrs.
		3,317	3. 5 yrs., less than 10 yrs.
		3,236	4. 10 yrs., less than 15 yrs.
		61,722	5. 15 years or more
		3,501	9. Unknown
		8,142	Blank. Not applicable (Foreign-born or less than 18 years)
145	L-9c		YEARS LIVED IN UNITED STATES
		299	1. Less than 1 year
		1,060	2. 1 yr., less than 5 yrs.
		1,317	3. 5 yrs., less than 10 yrs.
		1,112	4. 10 yrs., less than 15 yrs.
		4,068	5. 15 years or more
		286	9. Unknown
		76,430	Blank. Not applicable (U.S. born or less than 18 years)
146-171	-		BLANK
172-177			QUARTER BASIC WEIGHT BEFORE AGE-SEX-RACE ADJUSTMENT (Has one implied decimal)
178	Master Record		TYPE OF SUBSTRATUM
		9,351	0. Permit
		7,960	1. Area, oversampled for blacks
		67,261	2. Area, not oversampled for blacks
179-181			FULL SAMPLE STRATUM IDENTIFIER

*Based on Operation codes and reason entered hospital.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
182	Master Record		REGION
		17,573	1. Northeast
		21,043	2. Midwest
		28,326	3. South
		17,630	4. West
183	Master Record		GEOGRAPHIC DISTRIBUTION
			MSA Size
		36,214	1. 1,000,000 or more
		22,054	2. 250,000 - 999,999
		5,352	3. 100,000 - 249,999
		1,407	4. Under 100,000
		19,545	Blank. Non-MSA
184			BLANK
185	Master Record		TYPE OF PSU
		46,049	1. MSA - Self-representing
		18,978	3. MSA - Nonself-representing
		1	4. Non-MSA - Self-representing
		19,544	6. Non-MSA - Nonself-representing
186	Recode		MSA - NON-MSA RESIDENCE
		27,122	1. MSA - Central City
		37,905	2. MSA - Not Central City
		18,287	3. Non-MSA - Nonfarm
		1,258	4. Non-MSA - Farm

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape	Item No.	Frequency	Items and Codes
187-189			PSEUDO PSU CODES
190-200			BLANK
201-206			FINAL ANNUAL BASIC WEIGHT (To be used when making national estimates of the prevalence of diabetes, and the characteristics, behavior and knowledge of diabetics based on the detailed follow-up questions asked of all identified and responding diabetics (data in locations 350-531)). See the cover documentation for more information.
207-212			SAMPLE PERSON FINAL ANNUAL BASIC WEIGHT (To be used when preparing national estimates based on sample person (SPs) responding to the Diabetes Risk Factor Supplement Questions (DRFS). Diabetic SPs can be identified by location 532:5 and Non-diabetic SPs by location 532:3). See the cover documentation for more information and the list of cross-referenced data locations for diabetics and non-diabetics.
213-218			SAMPLE PERSON ANNUAL BASIC WEIGHT BEFORE AGE-SEX-RACE ADJUSTMENT (This weight may be useful in variance estimation)
219-335			BLANK

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
SECTION Q. DIABETES SCREENING/FOLLOW-UP			
336	Recode		DIABETES STATUS RECODE 1*
		122	0. Probable diabetic, no data
		2,405	1. Diabetic, with data
		4	2. Diabetic, no data entered
		295	3. Not current diabetic
		78,586	4. Non diabetic
		3	5. Unknown current diabetic status
		3,157	9. Unknown (no evidence of diabetes)
337-338	1		AGE DEVELOPED DIABETES
		25	00. Don't have diabetes
		2,484	01-95. 1-95 years old
		0	96. 96+ years old
		84	97. Have pre, potential, or borderline diabetes
		138	98. Missing/Unknown
		98	99. DK or refused
		81,743	Blank. NA (Not reported to have diabetes by household respondent)
339-340	Recode		YEARS SINCE DEVELOPED DIABETES (All people thought to have diabetes currently even if incomplete data)
		102	00. Less than 1 year
		2,199	01-97. 1-97 years
		137	98. Missing/Unknown
		93	99. DK, refused
		82,041	Blank. NA
341	2		NOW A DIABETIC (Ever diabetic except probable with no data)
		2,417	1. Yes
		174	2. No
		5	7. Diabetic during pregnancy, unknown current status
		2	8. Missing/Unknown
		0	9. DK or refused
		81,974	Blank. NA

*See detailed Diabetic Status Recode 2 for any adult identified as diabetic.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
342	3a		CIRCUMSTANCES DIABETES DIAGNOSED (Current diabetic or diabetic during pregnancy; Q2=1,7)
		1,260	1. Sick/symptoms
		1,137	2. By chance
		5	8. Missing/Unknown
		20	9. DK or refused
		82,150	Blank. NA
343	3b		PLACE DIABETES DIAGNOSED (Current diabetic or diabetic during pregnancy except discovered by chance; Q3a = 1,8,9)
		822	1. Doctor's office
		197	2. Patient in hospital
		252	3. Somewhere else
		5	8. Missing/Unknown
		9	9. DK or refused
		83,287	Blank. NA
344	3c		HOW DIABETES DISCOVERED (Current diabetic or diabetic during pregnancy and diabetes discovered by chance; Q3a = 2)
		501	1. Routine physical
		63	2. Screening test for diabetes
		444	3. Treated for something else
		53	7. Other
		57	8. Missing/Unknown
		19	9. DK or refused
		83,435	Blank. NA
345	4a		TYPE OF TEST (Current diabetic or diabetic during pregnancy; Q2 = 1,7)
		398	1. Blood
		131	2. Urine
		1,786	3. Both urine and blood
		6	8. Missing/Unknown
		101	9. DK or refused
		82,150	Blank. NA

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
346	4b		ORAL GLUCOSE TOLERANCE TEST (Current diabetic or diabetic during pregnancy with diabetes diagnosed by blood test; Q4a = 1,3)
		897	1. Yes
		595	2. No
		26	8. Missing/Unknown
		666	9. DK or refused
		82,388	Blank. NA
347	5a		PREGNANT WHEN FIRST TOLD HAD DIABETES (Females only, current diabetics or current diabetic status unknown)
		54	1. Yes
		1,377	2. No
		7	8. Missing/Unknown
		0	9. DK or refused
		83,134	Blank. NA
348	5b		DIABETES DIAGNOSED OTHER THAN PREGNANCY (Females only, or unknown if pregnant when diabetes diagnosed; Q5a = 1,8,9)
		48	1. Yes
		12	2. No
		1	8. Missing/Unknown
		0	9. DK or refused
		84,511	Blank. NA

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
349	Recode		DIABETES STATUS RECODE 2
		2,405	1. Diabetic, with data
		4	2. Diabetic, no data entered
		25	3. Reported as diabetic, respondent denied (Q1 = 00)
		84	4. Reported as diabetic, respondent reported pre, potential or border- line diabetic (Q1 = 98)
		174	5. Reported as diabetic, not currently diabetic (Q2 = 2)
		12	6. Reported as diabetic, only diabetic during pregnancy (Q5b = 2) (females only)
		124	7. Reported as diabetic, unknown if current diabetic, (Q2 = 8,9) or probable diabetic, no data
		0	8. Reported as diabetic, diabetic during pregnancy, unknown if diabetic other than during pregnancy (Q5b = 8,9) (Females only)
		1	9. Reported as diabetic, unknown if diabetic when pregnant or other than when pregnant (Females only)
		81,743	Blank. NA (Non-diabetics, unknown diabetic status)

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
FOLLOW-UP QUESTIONS FOR CONFIRMED DIABETICS SELF RESPONDENTS ONLY*			
350	6a		NOW TAKING INSULIN
		1,056	1. Yes
		1,346	2. No
		3	8. Missing/Unknown
		0	9. DK or refused
		82,167	Blank. NA (*)
(351-353)	6b		LENGTH OF TIME TAKING INSULIN
351-352			Number of Time Units
		9	00. Less than 1 month
		990	01-96. 1-96 months, years
		0	97. 97+ months, years
		29	98. Missing/Unknown
		28	99. DK or refused
		83,516	Blank. NA (*, no/unknown if taking insulin now)
353			Time Units
		9	0. Less than 1 month
		113	1. Months
		906	2. Years
		1	8. Missing/Unknown
		27	9. DK or refused
		83,516	Blank. NA (*, no/unknown if taking insulin now)
354-356	Recode		NUMBER OF MONTHS TAKING INSULIN
		999	000-996. 000-996 months
		0	997. 997+ months
		29	998. Missing/Unknown
		28	999. DK, refused
		83,516	Blank. NA (*, no/unknown if taking insulin now)

*The questions in location 350-531 were asked only of current diagnosed diabetics except those females whose diabetes has not been confirmed outside pregnancy. Current diabetics who were not available or refused are also not included. (Location 336 = 2) nor are non confirmed diabetics (location 336 = 0)

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
(357-359)	6c	3	HOW OFTEN TAKE INSULIN 993. Use insulin pump
357-358		1,036 0 20 83,516	Number of Time Units 01-97. 1-97 times per day, week 98. 98+ times per day, week 99. Unknown, DK or refused Blank. NA (*, no/unknown if taking insulin now)
359		1,027 10 3 5 11 83,516	Time Units 1. Day 2. Week 3. Use insulin pump 8. Missing/Unknown 9. DK or refused Blank. NA (*, no/unknown if taking insulin now)
360-362	6d	1,020 0 2 34 83,516	UNITS OF INSULIN TAKEN ON AVERAGE DAY 001-996. 001-996 Units per day 997. 997+ Units per day 998. Missing/Unknown 999. DK or refused Blank. NA (*, no/unknown if taking insulin now)
363	6e	53 2,322 15 15 82,167	EVER USED INSULIN PUMP 1. Yes 2. No 8. Missing/Unknown 9. DK or refused Blank. NA (*)
364	6f	1,164 1,231 5 5 82,167	NOW TAKING DIABETES PILLS 1. Yes 2. No 8. Missing/Unknown 9. DK or refused Blank. NA (*)

*See footnote on page 25.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
(365-367)	6g		LENGTH OF TIME TAKING PILLS
365-366			Number of Time Units
	10	00.	Less than 1 month
	1,078	01-96.	1-96 months, years
	0	97.	97+ months, years
	25	98.	Missing/Unknown
	51	99.	DK or refused
	83,408	Blank.	NA (*, no/unknown if taking diabetes pills now)
367			Time Units
	10	0.	Less than 1 month
	142	1.	Months
	962	2.	Years
	19	8.	Missing/Unknown
	31	9.	DK or refused
	83,408	Blank.	NA (*, no/unknown if taking diabetes pills now)
368-370	Recode		NUMBER OF MONTHS TAKING DIABETES PILLS
	1,088	000-996.	000-996 Months
	0	997.	997+ Months
	25	998.	Missing/Unknown
	51	999.	DK, refused
	83,408	Blank.	NA (*, no/unknown if taking diabetes pills now)
(371-373)	6h		HOW OFTEN TAKE PILLS
371-372			Number of Time Units
	1,130	01-97.	1-97 times per day, week
	0	98.	98+ times per day, week
	34	99.	Unknown, DK or refused
	83,408	Blank.	NA (*, No/unknown if taking diabetes pills now)
373			Time Units
	1,117	1.	Day
	16	2.	Week
	19	8.	Missing/Unknown
	12	9.	DK or refused
	83,408	Blank.	NA (*, No/unknown if taking diabetes pills now)

*See footnote on page 25.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
374	7a		EVER GIVEN DIET OR INSTRUCTIONS ON FOOD TO EAT
		2,284	1. Yes
		116	2. No
		3	8. Missing/Unknown
		2	9. DK or refused
		82,167	Blank. NA (*)
375	7b		FOLLOWED THE DIET OR INSTRUCTIONS
		2,007	1. Yes
		268	2. No
		9	8. Missing/Unknown
		0	9. DK or refused
		82,288	Blank. NA (*, No/unknown if ever given diabetic diet)
376	7c		ABLE TO FOLLOW DIET OR INSTRUCTIONS
		561	1. Always
		971	2. Most of the time
		398	3. Some of the time
		62	4. Rarely
		13	5. Never
		2	8. Missing/Unknown
		0	9. DK or refused
		82,565	Blank. NA (*, no/unknown if tried to follow diabetic diet given)
377	Recode		KNOWN USE OF INSULIN, PILLS, DIET** NOW (RECODE)
		53	0. No use of insulin, pills or diet
		79	1. Uses insulin, pills and follows diet**
		13	2. Uses insulin and pills
		783	3. Uses insulin and follows diet**
		845	4. Uses pills and follows diet**
		181	5. Uses insulin only
		227	6. Uses pills only
		223	7. Follows diet** only
		1	9. All uses unknown
		82,167	Blank. NA (*)

*See footnote on page 25.

**Follows diet at least some of the time

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
(378-384)	8a(1-7)		DIFFICULTIES ASSOCIATED WITH DIET
378	8a(1)		Eating In Restaurants (follows diabetic diet given rarely, some or most of the time; Q7c=2-4)
		156	0. Not applicable
		677	1. Yes
		588	2. No
		8	8. Missing/Unknown
		2	9. DK or refused
		83,141	Blank. NA
379	8a(2)		Going to Parties or Social Events (follows diabetic diet given rarely, some or most of the time; Q7c = 2-4)
		305	0. Not applicable
		603	1. Yes
		510	2. No
		8	8. Missing/Unknown
		5	9. DK or refused
		83,141	Blank. NA
380	8a(3)		Busy With Other Activities (follows diabetic diet given rarely, some or most of the time; Q7c = 2-4)
		75	0. Not applicable
		494	1. Yes
		846	2. No
		8	8. Missing/Unknown
		8	9. DK or refused
		83,141	Blank. NA
381	8a(4)		Going On A Trip (follows diabetic diet given rarely, some or most of the time; Q7c = 2-4)
		211	0. Not applicable
		577	1. Yes
		624	2. No
		9	8. Missing/Unknown
		10	9. DK or refused
		83,141	Blank. NA

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
(378-384)	8a(1-7)		DIFFICULTIES ASSOCIATED WITH DIET (Continued)
382	8a(5)		Feeling Upset or Angry (Follows diet given rarely, some or most of the time; Q7c = 2-4)
		32	0. Not applicable
		584	1. Yes
		781	2. No
		13	8. Missing/Unknown
		21	9. DK or refused
		83,141	Blank. NA
383	8a(6)		Feeling Sad, Depressed, or Blue (Follows diet given rarely, some or most of the time; Q7c = 2-4)
		35	0. Not applicable
		564	1. Yes
		806	2. No
		8	8. Missing/Unknown
		18	9. DK or refused
		83,141	Blank. NA
384	8a(7)		Feeling Bored (Follows diet given rarely, some or most of the time; Q7c = 2-4)
		40	0. Not applicable
		529	1. Yes
		845	2. No
		9	8. Missing/Unknown
		8	9. DK or refused
		83,141	Blank. NA
(385-389)	8b(1-5)		OTHER DIFFICULTIES ASSOCIATED WITH DIET
385	8b(1)		Foods Don't Taste Good (Follows diet given rarely, some or most of the time, never or with unknown frequency; Q7c = 2-5,8,9)
		4	0. Not applicable
		456	1. Yes
		971	2. No
		8	8. Missing/Unknown
		7	9. DK or refused
		83,126	Blank. NA

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Tape Locations	Item No.	Frequency	Items and Codes
(385-389)	8b(1-5)		OTHER DIFFICULTIES ASSOCIATED WITH DIET (Continued)
386	8b(2)		Craves Food Not On Diet (Follows diet given rarely, some or most of the time, never or with unknown frequency; Q7c = 2-5,8,9)
		4	0. Not applicable
		838	1. Yes
		592	2. No
		7	8. Missing/Unknown
		5	9. DK or refused
		83,126	Blank.
387	8b(3)		Prepare Foods Separately (Follows diet given rarely, some or most of the time, never or with unknown frequency; Q7c = 2-5,8,9)
		170	0. Not applicable
		272	1. Yes
		995	2. No
		6	8. Missing/Unknown
		3	9. DK or refused
		83,126	Blank. NA
388	8b(4)		Lack of Support (Follows diet given rarely, some or most of the time, never or with unknown frequency; Q7c = 2-5,8,9)
		51	0. Not applicable
		124	1. Yes
		1,253	2. No
		8	8. Missing/Unknown
		10	9. DK or refused
		83,126	Blank. NA
389	8b(5)		Unsure of What Foods To Eat (Follows diet given rarely, some or most of the time, never or with unknown frequency; Q7c = 2-5,8,9)
		14	0. Not applicable
		114	1. Yes
		1,308	2. No
		6	8. Missing/Unknown
		4	9. DK or refused
		83,126	Blank. NA

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Tape Locations	Item No.	Frequency	Items and Codes
390	9		THINK FOOD OR DRINK IMPORTANT IN CONTROLLING DIABETES
		2,046	1. Very important
		239	2. Somewhat important
		53	3. Not important
		14	8. Missing/Unknown
		53	9. DK or refused
		82,167	Blank. NA (*)
391	10a		ONE DOCTOR USUALLY SEEN FOR DIABETES
		2,173	1. Yes
		225	2. No
		6	8. Missing/Unknown
		1	9. DK or refused
		82,167	Blank. NA (*)
392-393	10b		TIMES REGULAR DIABETES DOCTOR SEEN PAST 12 MONTHS
		61	00. None
		2,055	01-96. 1-96 Times
		1	97. 97+ Times
		29	98. Missing/Unknown
		27	99. DK or refused
		82,399	Blank. NA (*, don't have only 1 doctor for diabetes, Q10a not equal 1)
(394-400)	10c (1-7)		TYPE OF DOCTOR SEEN PAST 12 MONTHS
394	10c (1)		Cardiologist or Heart Doctor
		559	1. Yes
		1,825	2. No
		9	8. Missing/Unknown
		12	9. DK or refused
		82,167	Blank. NA (*)
395	10c (2)		Ophthalmologist
		1,068	1. Yes
		1,318	2. No
		8	8. Missing/Unknown
		11	9. DK or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
(394-400)	10c(1-7)		TYPE OF DOCTOR SEEN PAST 12 MONTHS (Continued)
396	10c(3)		Obstetrician or Gynecologist
		216	1. Yes
		1,186	2. No
		20	8. Missing/Unknown
		3	9. DK or refused
		83,147	Blank. NA (*, males)
397	10c(4)		Podiatrist or Foot Doctor
		416	1. Yes
		1,973	2. No
		12	8. Missing/Unknown
		4	9. DK or refused
		82,167	Blank. NA (*)
398	10c(5)		Psychologist or Psychiatrist
		96	1. Yes
		2,293	2. No
		10	8. Missing/Unknown
		6	9. DK or refused
		82,167	Blank. NA (*)
399	10c(6)		Dietitian or Nutritionist
		500	1. Yes
		1,888	2. No
		12	8. Missing/Unknown
		5	9. DK or refused
		82,167	Blank. NA (*)
400	10c(7)		Other Medical Doctor
		696	1. Yes
		1,629	2. No
		28	4. Surgeon of any kind
		2	5. Orthopedist
		37	8. Missing/Unknown
		13	9. DK or refused
		82,167	Blank. NA (*)
401-402	11a		NUMBER OF TIMES URINE CHECKED BY HEALTH PROFESSIONAL 6 MONTHS
		798	00. None
		1,529	01-96. 1-96 Times
		1	97. 97+ Times
		9	98. Missing/Unknown
		68	99. DK or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
(403-405)	11b		HOW OFTEN YOU, FRIEND, RELATIVE CHECK YOUR URINE
403-404			Number of Time Units
		1,496	00. Never
		833	01-97. Times per day, week, month, year
		3	98. 98+ Times per day, week, month, year
		73	99. DK or refused
		82,167	Blank. NA (*)
405			Time Units
		1,496	0. Never
		268	1. Day
		322	2. Week
		166	3. Month
		80	4. Year
		15	8. Missing/Unknown
		58	9. DK or refused
		82,167	Blank. NA (*)
406	11c		HOW OFTEN HAD GLUCOSE IN URINE
		218	1. Always
		186	2. Most of the time
		460	3. Some of the time
		328	4. Rarely
		271	5. Never
		157	8. Missing/Unknown
		222	9. DK or refused
		82,730	Blank. NA (*, No urine checks by health professional in past 6 months, never checked by relative, friend, self)
407	11d		TESTED FOR KETONES
		463	1. Yes
		1,273	2. No
		24	8. Missing/Unknown
		645	9. DK or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
408	11e		KETONE TEST POSITIVE
		132	1. Yes
		252	2. No
		4	8. Missing/Unknown
		75	9. DK or refused
		84,109	Blank. NA (*, not tested for ketones; Q11d not equal to 1)
409-410	12a		NUMBER OF TIMES BLOOD CHECKED BY HEALTH PROFESSIONAL-6 MONTHS
		339	00. None
		1,982	01-96. 1-96 Times
		3	97. 97+ Times
		13	98. Missing/Unknown
		68	99. DK or refused
		82,167	Blank. NA
(411-413)	12b		HOW OFTEN YOU, FRIEND, RELATIVE CHECK YOUR BLOOD
411-412			Number of Time Units
		1,472	00. Never
		862	01-97. 1-97 Times per day, week, month, year
		1	98. 98+ Times per day, week, month, year
		70	99. DK or refused
		82,167	Blank. NA
413			Time Units
		1,472	0. Never
		316	1. Day
		345	2. Week
		145	3. Month
		58	4. Year
		16	8. Missing/Unknown
		53	9. DK or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
414	12c		HOW OFTEN SUGAR LEVEL TOO HIGH
		224	1. Always
		275	2. Most of the time
		668	3. Some of the time
		459	4. Rarely
		302	5. Never
		167	8. Missing/Unknown
		130	9. DK or refused
		82,347	Blank. NA (*, no glucose tests by health professional in past 6 months, never checked by relative, friend, self)
415	13a		EVER HEARD OF GLYCOSYLATED HEMOGLOBIN OR HEMOGLOBIN "A ONE C"
		375	1. Yes
		2,005	2. No
		17	8. Missing/Unknown
		8	9. DK or refused
		82,167	Blank. NA (*)
416-417	13b		NUMBER OF TIMES CHECKED FOR GLYCOSYLATED HEMOGLOBIN OR HEMOGLOBIN "A ONE C"
		135	00. None
		166	01-96. 1-96 Times
		0	97. 97+ Times
		2	98. Missing/Unknown
		72	99. DK or refused
		84,197	Blank. NA (*, no/unknown if heard of glycosylated hemoglobin)
418-419	14a		NUMBER OF TIMES HEALTH PROFESSIONAL CHECKED FEET FOR SORES OR IRRITATIONS-6 MONTHS
		1,234	00. None
		1,121	01-96. 1-96 Times
		1	97. 97+ Times
		13	98. Missing/Unknown
		36	99. DK or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
(420-422)	14b		HOW OFTEN YOU CHECK FEET FOR SORES OR IRRITATIONS
420-421			Number of Time Units
		504	00. Never
		1,757	01-97. 1-97 Times per day, week, month, year
		0	98. 98+ Times per day, week, month, year
		144	99. DK or refused
		82,167	Blank. NA (*)
422			Time Units
		504	0. Never
		1,189	1. Day
		442	2. Week
		103	3. Month
		25	4. Year
		45	8. Missing/Unknown
		97	9. DK or refused
		82,167	Blank. NA (*)
423	15		ANY FOOT/ANKLE SORES OR IRRITATIONS THAT DID NOT HEAL NORMALLY-6 MONTHS
		213	1. Yes
		2,168	2. No
		21	8. Missing/Unknown
		3	9. DK or refused
		82,167	Blank. (*)
424	16		LAST EYE EXAM WITH PUPIL DILATION
		151	1. Less than 1 month
		960	2. 1 to 12 months
		396	3. 13 to 24 months
		468	4. More than 2 years
		307	5. Never
		14	8. Missing/Unknown
		109	9. DK or refused
		82,167	Blank. NA (*)
425	17a		ANY EYE EXAM PAST TWO YEARS
		369	1. Yes
		508	2. No
		13	8. Missing/Unknown
		8	9. DK or refused
		83,674	Blank. NA (*, eyes dilated in exam in past 2 years)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
426	17b	287 444 33 1 83,807	EYE EXAM PAST TWELVE MONTHS 1. Yes 2. No 8. Missing/Unknown 9. DK or refused Blank. NA (*, eyes dilated in exam in past year, no eye exam in past 2 years)
427	18a	625 1,692 15 73 82,167	DIABETES HAS AFFECTED RETINA 1. Yes 2. No 8. Missing/Unknown 9. DK or refused Blank. NA (*)
428-429	18b	532 0 47 46 83,947	AGE FIRST TOLD DIABETES AFFECTED RETINA 01-96. 1-96 years old 97. 97+ years old 98. Missing/Unknown 99. DK or refused Blank. NA (*, Never/unknown if told diabetes affected retina)
430	19a	154 450 6 15 83,947	EVER HAD LASER OR PHOTOCOAGULATION TREATMENT FOR THIS PROBLEM 1. Yes 2. No 8. Missing/Unknown 9. DK or refused Blank. NA (*, Never/unknown if told diabetes affected retina)
431	19b	62 88 4 0 84,418	RECEIVE TREATMENT PAST TWELVE MONTHS 1. Yes 2. No 8. Missing/Unknown 9. DK or refused Blank. NA (*, Never/unknown if told diabetes affected retina, never/unknown if had laser/ photocoagulation treatment for problem)

*See footnote on page 25.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
432	19c		FIRST TIME HAD TREATMENT (had laser/ photocoagulation treatment for retinal problem in last year)
		40	1. Yes
		21	2. No
		1	8. Missing/Unknown
		0	9. DK or refused
		84,510	Blank. NA
433	20		EVER HAD PHOTOGRAPHS TAKEN OF RETINA
		589	1. Yes
		1,532	2. No
		15	8. Missing/Unknown
		269	9. DK or refused
		82,167	Blank. NA (*)
434	21		TROUBLE SEEING WITH ONE OR BOTH EYES
		638	1. Yes
		1,743	2. No
		13	8. Missing/Unknown
		11	9. DK or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
435-437	22a		NUMBER OF TIMES BLOOD PRESSURE CHECKED BY HEALTH PROFESSIONAL 12 MONTHS
		118	000. None
		2,225	001-996. 001-996 Times
		0	997. 997+ Times
		15	998. Missing/Unknown
		47	999. DK or refused
		82,167	Blank. NA (*)
438	22b		EVER TOLD HAD HIGH BLOOD PRESSURE OR HYPERTENSION
		1,422	1. Yes
		960	2. No
		17	8. Missing/Unknown
		6	9. DK or refused
		82,167	Blank. NA (*)
(439-442)	22c (1-4)		DOING ANY OF THE FOLLOWING FOR HIGH BLOOD PRESSURE
439	22c (1)		Taking Prescribed Medication
		1,148	1. Yes
		1,218	2. No
		25	8. Missing/Unknown
		14	9. DK or refused
		82,167	Blank. NA (*)
440	22c (2)		Losing Weight or Controlling Weight
		1,384	1. Yes
		991	2. No
		19	8. Missing/Unknown
		11	9. DK or refused
		82,167	Blank. NA (*)
441	22c (3)		Cutting Down on Salt or Sodium
		1,747	1. Yes
		634	2. No
		19	8. Missing/Unknown
		5	9. DK or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
(439-442)	22c(1-4)		DOING ANY OF THE FOLLOWING FOR HIGH BLOOD PRESSURE (Continued)
442	22c(4)		Getting Physical Activity or Exercise
		1,299	1. Yes
		1,077	2. No
		24	8. Missing/Unknown
		5	9. DK or refused
		82,167	Blank. NA (*)
443	22d		BLOOD PRESSURE STATUS AT LAST CHECK
		334	1. High
		214	2. Borderline
		96	3. Low
		1,557	4. Normal
		141	5. Not Told
		1	6. Never Checked
		19	8. Missing/Unknown
		43	9. DK or refused
		82,167	Blank. NA (*)
(444-453)	23a-j		HAS DOCTOR EVER TOLD YOU THAT YOU HAD THESE CONDITIONS
444	23a		Glaucoma
		172	1. Yes
		2,204	2. No
		12	8. Missing/Unknown
		17	9. DK or refused
		82,167	Blank. NA (*)
445	23b		Now Taking Medication For Glaucoma
		91	1. Yes
		74	2. No
		7	8. Missing/Unknown
		0	9. DK or refused
		84,400	Blank. NA (*, no/unknown if ever had glaucoma)
446	23c		Angina
		289	1. Yes
		2,072	2. No
		16	8. Missing/Unknown
		28	9. DK or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
(444-453)	23a-j		HAS DOCTOR EVER TOLD YOU THAT YOU HAD THESE CONDITIONS (Continued)
447	23d		Now Taking Medication For Angina
		199	1. Yes
		71	2. No
		16	8. Missing/Unknown
		3	9. DK or refused
		84,283	Blank. NA (*, No/unknown if ever had angina)
448	23e		Any Other Heart Trouble
		616	1. Yes
		1,750	2. No
		21	8. Missing/Unknown
		18	9. DK or refused
		82,167	Blank. NA (*)
449	23f		Now Taking Medication For Other Heart Trouble
		396	1. Yes
		188	2. No
		29	8. Missing/Unknown
		3	9. DK or refused
		83,956	Blank. NA (*, no/unknown if ever had other heart trouble)
450	23g		Stroke
		222	1. Yes
		2,157	2. No
		17	8. Missing/Unknown
		9	9. DK or refused
		82,167	Blank. NA (*)
451	23h		Cataracts
		535	1. Yes
		1,837	2. No
		20	8. Missing/Unknown
		13	9. DK or refused
		82,167	Blank. NA (*)
452	23i		Protein Or Albumin In Your Urine
		179	1. Yes
		1,999	2. No
		14	8. Missing/Unknown
		213	9. DK or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
(444-453)	23a-j		HAS DOCTOR EVER TOLD YOU THAT YOU HAD THESE CONDITIONS (Continued)
453	23j		Periodontal Or Gum Disease
		311	1. Yes
		2,039	2. No
		20	8. Missing/Unknown
		35	9. DK or refused
		82,167	Blank. NA (*)
454	24a		EVER HAD KIDNEY DISEASE
		171	1. Yes
		2,202	2. No
		15	8. Missing/Unknown
		17	9. DK or refused
		82,167	Blank. NA (*)
455	24b		EVER HAD POLYCYSTIC KIDNEY DISEASE
		11	1. Yes
		95	2. No
		14	8. Missing/Unknown
		51	9. DK or refused
		84,401	Blank. NA (*, no/unknown if ever had kidney disease)
456-457	25		NUMBER OF TIMES WITH BLADDER OR URINARY TRACT INFECTION-12 MONTHS
		2,003	00. None
		356	01-96. 1-96 Times
		0	97. 97+ Times
		24	98. Missing/Unknown
		22	99. DK or refused
		82,167	Blank. NA (*)
458	26		EVER HAD SYMPTOMS OF BLADDER INFECTION FOR 3+ MONTHS
		158	1. Yes
		2,213	2. No
		16	8. Missing/Unknown
		18	9. DK or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
459	27		HAD PAINFUL BLADDER SYNDROME OR INTERSTITIAL CYSTITIS
		25	1. Yes
		90	2. No
		11	8. Missing/Unknown
		32	9. DK or refused
		84,414	Blank. NA (*, No/unknown if had symptoms of bladder infection for 3+ months)
460-461	28		AGE WHEN YOU HAD BLADDER SYNDROME OR INTERSTITIAL CYSTITIS
		24	01-96. 1-96 years old
		0	97. 97+ years old
		0	98. Missing/Unknown
		1	99. DK or refused
		84,547	Blank. NA (*, No/unknown if had painful bladder syndrome or interstitial cystitis)
462	29a		USUALLY HAVE TROUBLE STARTING URINATING
		2	0. NA/Dialysis
		191	1. Yes
		2,178	2. No
		25	8. Missing/Unknown
		9	9. DK or refused
		82,167	Blank. NA (*)
463	29b		USUALLY FEEL LIKE BLADDER NOT EMPTY
		482	1. Yes
		1,873	2. No
		26	8. Missing/Unknown
		22	9. DK or refused
		82,169	Blank. NA (*, on dialysis)
464	30a		USUALLY HAVE TO GET UP AT NIGHT TO URINATE
		1,558	1. Yes
		821	2. No
		18	8. Missing/Unknown
		6	9. DK or refused
		82,169	Blank. NA (*, on dialysis)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
465-466	30b		NUMBER OF TIMES GET UP AT NIGHT TO URINATE
		13	00. Less than once a night
		1,525	01-96. 1-96 times
		0	97. 97+ times
		11	98. Missing/Unknown
		9	99. DK or refused
		83,014	Blank. NA (*, on dialysis, no/ unknown if got up at night to urinate)
467	31		AMPUTATION OF TOE, FOOT, LEG, OR PART OF LEG
		2,320	0. No
		33	1. Yes, toe
		8	2. Yes, foot
		29	3. Yes, leg or part of leg
		14	8. Missing/Unknown
		1	9. DK or refused
		82,167	Blank. NA (*)
468	31		AMPUTATION OF TOE, FOOT, LEG, OR PART OF LEG
		2	1. Yes, toe
		6	2. Yes, foot
		5	3. Yes, leg or part of leg
		14	8. Missing/Unknown
		1	9. DK or refused
		84,544	Blank. NA (*, no amputation or amputation on 1 side only)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
469-470	Recode		AMPUTATION OF TOE, FOOT, LEG OR PART OF LEG RECODE 1
		2,320	00. None
		26	01. Toe(s) on 1 foot
		3	02. 1 Foot
		28	03. 1 Leg or part of Leg
		2	11. Toes on both feet
		5	12. Toe(s) on 1 limb, Foot on other limb
		0	13. Toe(s) on 1 limb, leg or part of leg on other limb
		0	22. Both feet
		0	23. Foot on 1 limb, leg or part of leg on other limb
		6	32. Leg or part of leg on 1 limb, foot on other limb
		0	33. Both legs or part of both legs
		14	88. Missing/Unknown
		1	99. DK or refused
		82,167	Blank. NA (*)
471	Recode		AMPUTATION OF TOE, FOOT, LEG OR PART OF LEG RECODE 2
		2,320	0. None
		57	1. Amputation on 1 limb
		13	2. Amputation on both limbs
		14	8. Missing/Unknown
		1	9. DK or refused
		82,167	Blank. NA (*)
472	32a		HAD NUMBNESS OR LOSS OF FEELING IN HANDS/FEET
		689	1. Yes
		1,687	2. No
		18	8. Missing/unknown
		11	9. DK or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

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Tape Locations	Item No.	Frequency	Items and Codes
473	32b		PAINFUL SENSATION OR TINGLING IN HANDS/FEET
		667	1. Yes
		1,713	2. No
		17	8. Missing/unknown
		8	9. DK or refused
		82,167	Blank. NA (*)
474	32c		DECREASED ABILITY TO FEEL HOT OR COLD BY TOUCH
		234	1. Yes
		2,135	2. No
		17	8. Missing/unknown
		19	9. DK or refused
		82,167	Blank. NA (*)
475	33a		NOW SMOKE CIGARETTES
		480	1. Yes
		1,906	2. No
		18	8. Missing/unknown
		1	9. DK or refused
		82,167	Blank. NA (*)
476-477	33b		NUMBER OF CIGARETTES SMOKE PER DAY
		10	00. Less than one per day
		464	01-96. 1-96 per day
		3	97. Don't smoke regularly
		2	98. Missing/unknown
		1	99. DK or refused
		84,092	Blank. NA (*, No/unknown if now smoke cigarettes)
478	34a		TRIED TO LOSE WEIGHT IN PAST YEAR
		1,328	1. Yes
		1,058	2. No
		17	8. Missing/unknown
		2	9. DK or refused
		82,167	Blank. NA (*)
479	34b		NOW WEIGHT MORE, LESS, OR ABOUT THE SAME
		284	1. More
		865	2. Less
		1,226	3. About the same
		23	8. Missing/unknown
		7	9. DK or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
480-482	34c		AMOUNT OF WEIGHT GAINED OR LOST PAST YEAR
		1,226	000. No weight gained or lost
		1,114	001-301. 1-301 pounds
		0	302. 302+ pounds
		28	998. Missing/unknown
		37	999. DK or refused
		82,167	Blank. NA (*)
483-485	35a		WEIGHT AT TWENTY-FIVE YEARS OLD
		2,060	050-500. 50-500 pounds
		0	501. 501+ pounds
		18	998. missing/unknown
		280	999. DK or refused
		82,214	Blank. NA (*, current age less than 26 years)
486-488	35b		MOST EVER WEIGHED
		2,224	050-500. 50-500 pounds
		1	501. 501+ pounds
		20	998. Missing/unknown
		113	999. DK or refused
		82,214	Blank. NA (*, current age less than 26 years)
489-491	Recode		DIFFERENCE BETWEEN WEIGHT AT AGE 25 AND MOST EVER WEIGHED
		144	000. None
		1,886	001-499. 1-499 pounds
		328	998. Not calculable (one or Both weights greater than 501 pounds or missing/unknown)
		82,214	Blank. NA (*, current age less than 26 years)
492-493	35c		AGE WHEN FIRST WEIGHED THAT MUCH
		215	00. Now
		1,951	01-96. 1-96 years old
		0	97. 97+ years old
		53	98. Missing/unknown
		139	99. DK or refused
		82,214	Blank. NA (*, current age less than 26 years)

*See footnote on page 25.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
494	Recode		WHERE INFORMATION ABOUT DIABETES OBTAINED
		48	0. No information obtained
		2,327	1. Information obtained from 1 or more sources
		29	8. Unknown/missing
		1	9. DK, refused
		82,167	Blank. NA (*)
(495-508)	Recode		SOURCES OF INFORMATION ABOUT DIABETES
495			DOCTOR'S OFFICE - DOCTOR
		2,008	1. Mentioned
		319	2. Not mentioned
		82,245	Blank. NA (*, No, unknown sources of information about diabetes)
496			DOCTOR'S OFFICE - NURSE
		422	1. Mentioned
		1,905	2. Not mentioned
		82,245	Blank. NA (*, No, unknown sources of information about diabetes)
497			DIETICIAN OR NUTRITIONIST
		635	1. Mentioned
		1,692	2. Not mentioned
		82,245	Blank. NA (*, No, unknown sources of information about diabetes)
498			DOCTOR OR NURSE IN A HOSPITAL
		593	1. Mentioned
		1,734	2. Not mentioned
		82,245	Blank. NA (*, No, unknown sources of information about diabetes)
499			RELATIVE OR FRIEND
		318	1. Mentioned
		2,009	2. Not mentioned
		82,245	Blank. NA (*, No, unknown sources of information about diabetes)
500			ANOTHER DIABETIC
		229	1. Mentioned
		2,098	2. Not mentioned
		82,245	Blank. NA (*, No, unknown sources of information about diabetes)

*See footnote on page 25.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
(495-508)	Recode		SOURCES OF INFORMATION ABOUT DIABETES (Continued)
501		71 2,256 82,245	HEALTH DEPARTMENT 1. Mentioned 2. Not mentioned Blank. NA (*, No, unknown sources of information about diabetes)
502		279 2,048 82,245	DIABETES ORGANIZATION 1. Mentioned 2. Not mentioned Blank. NA (*, No, unknown sources of information about diabetes)
503		84 2,243 82,245	NATIONAL DIABETES INFORMATION CLEARING HOUSE 1. Mentioned 2. Not mentioned Blank. NA (*, No, unknown sources of information about diabetes)
504		103 2,224 82,245	DIABETES SUPPORT GROUP 1. Mentioned 2. Not mentioned Blank. NA (*, No, unknown sources of information about diabetes)
505		119 2,208 82,245	LIBRARY 1. Mentioned 2. Not mentioned Blank. NA (*, No, unknown sources of information about diabetes)
506		267 2,060 82,245	NEWSPAPERS 1. Mentioned 2. Not mentioned Blank. NA (*, No, unknown sources of information about diabetes)
507		290 2,037 82,245	DIABETES EDUCATION CLASS 1. Mentioned 2. Not mentioned Blank. NA (*, No, unknown sources of information about diabetes)

*See footnote on page 25.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
(495-508)	Recode		SOURCES OF INFORMATION ABOUT DIABETES (Continued)
508			OTHER SOURCE
		336	1. Mentioned
		1,991	2. Not mentioned
		82,245	Blank. NA (*, No, unknown sources of information about diabetes)
509-510			COUNT OF SOURCES OF INFORMATION ABOUT DIABETES
		78	00. No known sources
		2,327	01-14. 1-14 sources
		82,167	Blank. NA (*)
(511-516)	36b		THREE BEST SOURCES FOR DIABETES INFORMATION
			First source 511-512 Second source 513-514 Third source 515-516
			01. Doctor's office - doctor 1,824 0 0
			02. Doctor's office - nurse 110 204 0
			03. Dietician or nutritionist 95 309 49
			04. Doctor or nurse in a hospital 138 236 73
			05. Relative or friend 29 132 39
			06. Another diabetic 6 50 62
			07. Health department 10 19 16
			08. Diabetes organization 19 99 59
			09. National diabetes information clearing house 4 22 24
			10. Diabetes support group 6 27 24
			11. Library 7 25 28
			12. Newspapers 3 42 58
			13. Diabetes education class 25 49 149
			88. Other 49 90 137
			98. Missing/unknown (1st source only) 2 0 0
			99. Dk or refused 0 0 0
			Blank. NA (*, less than this number of sources given) 82,245 83,268 83,854
517	Recode		COUNT OF MOST USEFUL SOURCES OF INFORMATION
		80	0. No known main sources
		2,325	1-3. 1-3 sources
		82,167	Blank. NA (*)

*See footnote on page 25.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
518	37a		TAKEN COURSE OR CLASS TO MANAGE DIABETES
		676	1. Yes
		1,651	2. No
		29	8. Missing/unknown
		1	9. DK or refused
		82,215	Blank. NA (*, no information obtained about diabetes)
519-521	37b		NUMBER OF INSTRUCTIONAL HOURS ON HOW TO MANAGE DIABETES
			000. Less than one hour
			001-996. 001-996 hours
			997. 997+ hours
			998. Missing/unknown
			999. DK or refused
			Blank. NA (*, no/unknown if diabetes management class taken)
(522-526)	37c(1-6)		COURSE CONTAIN FOLLOWING SUBJECTS:
522	37c(1)		How To Inject Insulin
		529	1. Yes
		141	2. No
		6	8. Missing/unknown
		0	9. DK or refused
		83,896	Blank. NA (*, no/unknown if diabetes management class taken)
523	37c(2)		How To Change Insulin Dose
		460	1. Yes
		208	2. No
		5	8. Missing/unknown
		3	9. DK or refused
		83,896	Blank. NA (*, no/unknown if diabetes management class taken)

*See footnote on page 25.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
(522-526)	37c(1-6)		COURSE CONTAIN FOLLOWING SUBJECTS: (Continued)
524	37c(3)		How To Manage Your Diabetes When You Are Sick
		559	1. Yes
		108	2. No
		4	8. Missing/unknown
		5	9. DK or refused
		83,896	Blank. NA (*, no/unknown if diabetes management class taken)
525	37c(4)		How To Test Blood Or Urine For Sugar
		609	1. Yes
		58	2. No
		6	8. Missing/unknown
		3	9. DK or refused
		83,896	Blank. NA (*, no/unknown if diabetes management class taken)
526	37c(5)		How To Plan Meals
		647	1. Yes
		22	2. No
		5	8. Missing/unknown
		2	9. DK or refused
		83,896	Blank. NA (*, no/unknown if diabetes management class taken)
527	37c(6)		How To Care For Feet
		602	1. Yes
		67	2. No
		4	8. Missing/unknown
		3	9. DK or refused
		83,896	Blank. NA (*, no/unknown if diabetes management class taken)

*See footnote on page 25.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
528	38		EVER ATTENDED EDUCATION PROGRAM OR CLASS ABOUT DIABETES
		254	1. Yes
		2,058	2. No
		39	8. Missing/unknown
		6	9. DK or refused
		82,215	Blank. NA (*, No information obtained about diabetes)
529	39		WERE PARENT(S) DIABETIC
		234	1. Yes, father
		569	2. Yes, mother
		118	3. Yes, both
		1,327	4. No
		32	8. Missing/unknown
		125	9. DK or refused
		82,167	Blank. NA (*)
530-531	40		TOTAL NUMBER OF CHILDREN YOU HAVE HAD
		362	00. None
		2,012	01-29. 1-29 children
		0	30. 30+ children
		29	98. Missing/unknown
		2	99. Dk or refused
		82,167	Blank. NA (*)

*See footnote on page 25.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
532	Recode		DIABETES RESPONSE STATUS
		59,449	1. Non diabetic* non-sub sample person (includes unk. if SP)
		1,792	2. Diabetic** non-sub sample person (includes unk. if SP)
		20,131	3. Non-diabetic** sub sample person with Diabetes Risk Factor Supplement (DRFS)
		2,461	4. Non-diabetic sub sample person without DRFS
		716	5. Diabetic sub sample person with data
		23	6. Diabetic** sub sample person without data

*Includes unknown if diabetic

**Includes probable diabetics

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
SECTION T. DIABETES RISK FACTOR QUESTIONS*			
(533-536)	1(a-d)		EVER BEEN TOLD BY DOCTOR THAT YOU HAD FOLLOWING CONDITIONS
533	1a		Protein Or Albumin In Urine
		810	1. Yes
		19,096	2. No
		9	8. Missing/Unknown
		216	9. DK or refused
		64,441	Blank. NA (**)
534	1b		Kidney Disease
		299	1. Yes
		19,628	2. No
		154	8. Missing/Unknown
		50	9. DK or refused
		64,441	Blank. NA (**)
535	1c		Polycystic Kidney Disease
		15	1. Yes
		201	2. No
		24	8. Missing/Unknown
		59	9. DK or refused
		84,273	Blank. NA (**, no kidney disease reported)
536	1d		Periodontal or Gum Disease
		1,733	1. Yes
		18,169	2. No
		101	8. Missing/Unknown
		128	9. DK or refused
		64,441	Blank. NA (**)

*Data in location 533-584 are for questions asked on non-diabetic sample persons. The appropriate weight to use for these persons is in location 207-212. The same questions (with one exception) were asked of all diabetics, including diabetic sample persons. The data for all diabetics is located within the diabetic section of the data tape. See the list of cross-referenced locations included in the covering documentation.

**Not sample person, diabetic sample person

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
537-538	2a		NUMBER OF TIMES CHECKED IN PAST 12 MONTHS FOR DIABETES
		12,860	00. None
		6,296	01-96. 1-96 Times
		2	97. 97+ Times
		16	98. Missing/Unknown
		957	99. DK or refused
		64,441	Blank. NA (**)
539-541	2b		NUMBER OF TIMES IN PAST 12 MONTHS BLOOD PRESSURE CHECKED
		4,232	000. None
		15,546	001-996. 001-996 Times
		1	997. 997+ Times
		121	998. Missing/Unknown
		231	999. DK or refused
		64,441	Blank. NA (**)
542-543	3		NUMBER OF TIMES HAD BLADDER/URINARY TRACT INFECTION PAST 12 MONTHS
		18,314	00. None
		1,670	01-96. 1-96 Times
		1	97. 97+ Times
		64	98. Missing/Unknown
		82	99. DK or refused
		64,441	Blank. NA (**)
544	4		EVER HAD SYMPTOMS OF BLADDER INFECTION
		657	1. Yes
		19,325	2. No
		86	8. Missing/Unknown
		63	9. DK or refused
		64,441	Blank. NA (**)
545	5a		TOLD YOU HAD PAINFUL BLADDER SYNDROME OR INTERSTITIAL CYSTITIS
		111	1. Yes
		430	2. No
		12	8. Missing/Unknown
		104	9. DK or refused
		83,915	Blank. NA (**, No bladder infection symptoms reported)

**See footnote on page 56.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
546-547	5b		AGE WHEN FIRST TOLD HAD PAINFUL BLADDER SYNDROME OR INTERSTITIAL CYSTITIS
		107	01-96. 1-96 years old
		0	97. 97+ years old
		2	98. Missing/Unknown
		2	99. DK or refused
		84,461	Blank. NA (**, No bladder infection symptoms reported or no painful bladder syndrome/interstitial cystitis reported)
548	6a		USUALLY HAVE TROUBLE STARTING URINATING
		10	0. NA/Dialysis
		509	1. Yes
		19,491	2. No
		93	8. Missing/Unknown
		28	9. DK or refused
		64,441	Blank. NA (**)
549	6b		USUALLY FEEL LIKE BLADDER NOT EMPTY
		1,390	1. Yes
		18,162	2. No
		498	8. Missing/Unknown
		71	9. DK or refused
		64,451	Blank. NA (**, on dialysis)
550	7a		USUALLY HAVE TO GET UP AT NIGHT TO URINATE
		6,324	1. Yes
		13,697	2. No
		54	8. Missing/Unknown
		46	9. DK or refused
		64,451	Blank. NA (**, on dialysis)
551-552	7b		NUMBER OF TIMES GET UP AT NIGHT TO URINATE
		101	00. Less than once a night
		6,177	01-96. 1-96 Times a night
		0	97. 97+ Times a night
		35	98. Missing/unknown
		11	99. DK or refused
		78,248	Blank. NA (**, on dialysis or does not get up at night)

**See footnote on page 56.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
553	8		HAD ANY SORES OR IRRITATIONS ON FEET OR ANKLES THAT DID NOT HEAL
		284	1. Yes
		19,695	2. No
		116	8. Missing/Unknown
		36	9. DK or refused
		64,441	Blank. NA (**)
554	9		AMPUTATION OF TOE, FOOT, LEG OR PART OF LEG
		20,004	0. None
		24	1. Yes, toe
		4	2. Yes, foot
		30	3. Yes, leg or part of leg
		66	8. Missing/Unknown
		3	9. DK or refused
		64,441	Blank. NA (**)
555	9		AMPUTATION OF TOE, FOOT, LEG OR PART OF LEG
		0	1. Yes, toe
		3	2. Yes, foot
		1	3. Yes, leg or part of leg
		66	8. Missing/Unknown
		3	9. DK or refused
		84,499	Blank. NA (**, No amputation or amputations on 1 side only)
556-557	Recode		AMPUTATION OF TOE, FOOT, LEG OR PART OF LEG RECODE 1
		20,004	00. None
		22	01. Toe(s) on 1 foot
		3	02. 1 Foot
		29	03. 1 Leg or part of Leg
		0	11. Toes on both feet
		1	12. Toe(s) on 1 limb, Foot on other limb
		1	13. Toe(s) on 1 limb, leg or part of leg on other limb
		1	22. Both feet
		1	23. Foot on 1 limb, leg or part of leg on other limb
		0	32. Leg or part of leg on 1 limb, foot on other limb
		0	33. Both legs or part of both legs
		66	88. Missing/Unknown
		3	99. DK or refused
		64,441	Blank. NA (**)

**See footnote on page 56.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
558	Recode		AMPUTATION OF TOE, FOOT, LEG OR PART OF LEG RECODE 2
		20,004	0. None
		54	1. Amputation on 1 limb
		4	2. Amputation on both limbs
		66	8. Missing/Unknown
		3	9. DK or refused
		64,441	Blank. NA (**)
559	10a		HAD NUMBNESS OR LOSS OF FEELING IN HANDS/FEET
		1,631	1. Yes
		18,402	2. No
		56	8. Missing/Unknown
		42	9. DK or refused
		64,441	Blank. NA (**)
560	10b		PAINFUL SENSATION OR TINGLING IN HANDS/FEET
		1,615	1. Yes
		18,404	2. No
		88	8. Missing/Unknown
		24	9. DK or refused
		64,441	Blank. NA (**)
561	10c		DECREASED ABILITY TO FEEL HOT OR COLD BY TOUCH
		356	1. Yes
		19,542	2. No
		182	8. Missing/Unknown
		51	9. DK or refused
		64,441	Blank. NA (**)
562	11a		NOW SMOKE CIGARETTES
		5,361	1. Yes
		14,737	2. No
		30	8. Missing/Unknown
		3	9. DK or refused
		64,441	Blank. NA (**)

**See footnote on page 56.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
563-564	11b		NUMBER OF CIGARETTES SMOKE PER DAY
		77	00. Less than 1 per day
		5,153	01-95. 1-95 per day
		4	96. 96+ per day
		97	97. Don't smoke regularly
		16	98. Missing/Unknown
		14	99. DK or refused
		79,211	Blank. NA (**, Not or unknown if current smoker)
565	12a		TRIED TO LOSE WEIGHT IN PAST YEAR
		8,465	1. Yes
		11,618	2. No
		43	8. Missing/Unknown
		5	9. DK or refused
		64,441	Blank. NA (**)
566	12b		NOW WEIGHT MORE, LESS, OR ABOUT THE SAME
		3,762	1. More
		4,016	2. Less
		12,160	3. About the same
		172	8. Missing/Unknown
		21	9. DK or refused
		64,441	Blank. NA (**)
567-569	12c		AMOUNT OF WEIGHT GAINED OR LOST PAST YEAR
		12,160	000. No weight gained or lost
		7,582	001-300. 1-300 pounds
		0	301. 301+ pounds
		216	998. Missing/Unknown
		173	999. DK or refused
		64,441	Blank. NA (**)
570-572	13a		WEIGHT AT 25 YEARS OLD
		15,985	050-500. 50-500 pounds
		0	501. 501+ pounds
		108	998. Missing/Unknown
		1,121	999. DK or refused
		67,358	Blank. NA (**, current age less than 26 years)

**See footnote on page 56.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
573-575	13b	16,556	MOST EVER WEIGHED
		2	050-500. 50-500 pounds
		143	501. 501+ pounds
		513	998. Missing/Unknown
		67,358	999. DK or refused
			Blank. NA (**, current age less than 26 years)
576-578	Recode	1,234	DIFFERENCE BETWEEN WEIGHT AT AGE 25 AND MOST EVER WEIGHED
		14,534	000. None
		1,446	001-449. 1-449 pounds
		67,358	998. Not calculable (one or both weights greater than or equal to 501 pounds or missing/unknown)
			Blank. NA (**, Current age less than 26 years)
579-580	13c	2,677	AGE WHEN FIRST WEIGHED THAT MUCH
		13,549	00. Now
		0	01-96. 1-96 Years old
		362	97. 97+ Years old
		626	98. Missing/Unknown
		67,358	99. DK or refused
			Blank. NA (**, Current age less than 26 years)
581	14	1,372	HAVE SERIOUS TROUBLE SEEING WITH ONE OR BOTH EYES
		18,636	1. Yes
		112	2. No
		11	8. Missing/Unknown
		64,441	9. DK or refused
			Blank. NA (**)
582	15	1,175	PARENTS TOLD THEY HAD DIABETES
		1,677	1. Yes, father
		197	2. Yes, mother
		16,544	3. Yes, both
		60	4. No
		478	8. Missing/Unknown
		64,441	9. DK or refused
			Blank. NA (**)

**See footnote on page 56.

1989 NHIS DIABETES PUBLIC USE TAPE RECORD

Tape Locations	Item No.	Frequency	Items and Codes
583-584	16		TOTAL NUMBER OF CHILDREN
		6,175	00. None
		13,876	01-29. 1-29 Total number of children
		1	30. 30+ Total number of children
		52	98. Missing/Unknown
		28	99. DK or refused
		64,441	Blank. NA (**)
585-600			BLANK

**See footnote on page 56.

INDUSTRY RECODES OUTLINE

Recodes				
No. 1 Chrs. 80-81	No. 2 Chrs. 82-83	Detail Code (Chrs. 77-79)	Industry Title	SIC Code*
01	01	010-011,020-021	AGRICULTURE	01-02,07,078
02	01	030-031	FORESTRY AND FISHERIES	08-09
10	02	040-042,050	MINING	10-14
20	03	060	CONSTRUCTION	15-17
(30-34, 40-46)	(04)	-	MANUFACTURING:	
(30-34)			NONDURABLE GOODS	
30	04	100-102,110-112, 120-122	Food and kindred products	201-209
31	04	132,140-142, 150-152	Textile mill and finished textile products	221-229,231-239
32	04	171-172	Printing, publishing and allied industries	271-279
33	04	180-182,190-192	Chemicals and allied products	281-287,289
34	04	130,160-162, 200-201,210-212, 220-222	Other nondurable goods	21,261-266,291,295, 299,301-304,306-307, 311,313-317,319

*Standard Industrial Classification

INDUSTRY RECODES OUTLINE

Recodes				
No. 1 Chrs. 80-81	No. 2 Chrs. 82-83	Detail Code (Chrs. 77-79)	Industry Title	SIC Code*
(30-34, 40-46)	(04)	-	MANUFACTURING: - continued	
(40-46)			DURABLE GOODS	
40	04	230-232,241-242	Furniture, lumber and wood	
41	04	270-272,280	Primary metal industries	331-332,334,3331- 3334,3339,3351,3353- 3357,3361-3362,3369, 339
42	04	281-282,290-292, 300	Fabricated metal industries, including ordnance	341-349
43	04	310-312,320-322, 331-332	Machinery, except electrical	351-359
44	04	340-342,350	Electrical machinery, equipment and supplies	361-367,369
45	04	351-352,360-362, 370	Transportation equipment	371-376,379
46	04	250-252,261-262, 301,371-372, 380-382,390-392	Other and not specified durable goods	321-329,381-387,394
(50-54)	(05)	-	TRANSPORTATION, COMMUNICATIONS AND OTHER PUBLIC UTILITIES	
50	05	400	Railroads	40
51	05	410-411	Trucking service and warehousing	421-423
52	05	401-402,412, 420-422,432	Other transportation	41,43-47
53	05	440-442	Communications	481-483,489
54	05	460-462,470-472	Utilities and sanitary	491-497

*Standard Industrial Classification

INDUSTRY RECODES OUTLINE

Recodes				
No. 1 Chrs. 80-81	No. 2 Chrs. 82-83	Detail Code (Chrs. 77-79)	Industry Title	SIC Code*
60	06	500-502,510-512, 521-522,530-532, 540-542,550-552, 560-562,571	WHOLESALE TRADE	501-508,5093,5094, 5099,511-518,5191, 5194,5198,5199
(61-65)	(07)	-	RETAIL TRADE	
61	07	591-592,600	General merchandise stores	531,533,539
62	07	601-602,610-611	Food, bakery and dairy stores	541-546,549
63	07	612,620-622	Automotive dealers and gasoline stations	551-557,559
64	07	641	Eating and drinking places	58
65	07	580-582,590, 630-632,640,642, 650-652,660-662, 670-672,681-682, 691	Other and not specified retail trade	521,523,525-527,56, 571-573,591-593, 5941-5949,5961-5963, 598,5992-5994,5999
(70-71)	(08)	-	FINANCE, INSURANCE, AND REAL ESTATE	
70	08	700-702	Banking and credit agencies	60-61
71	08	710-712	Insurance, real estate, and other finance	62-67

*Standard Industrial Classification

INDUSTRY RECODES OUTLINE

Recodes				
No. 1 Chrs. 80-81	No. 2 Chrs. 82-83	Detail Code (Chrs. 77-79)	Industry Title	SIC Code*
(75-85)	(09-12)	-	SERVICES:	
(75-76)	(09)		BUSINESS AND REPAIR SERVICES	
75	09	721-722,730-732, 740-742,750	Business services	731-737,7391-7397, 7399,751,752,754
76	09	751-752,760	Repair services	753,762-764,7692, 7694,7699
(77-78)	(10)	-	PERSONAL SERVICES	
77	10	761	Private households	88
78	10	762,770-772, 780-782,790-791	Other personal services	701-704,721-726,729
79	11	800-802	ENTERTAINMENT AND RECREATION SERVICES	78,791-794,799
(80-85)	(12)	-	PROFESSIONAL AND RELATED SERVICES	
80	12	831	Hospitals	806
81	12	812,820-822,830, 832,840	Health services, except hospitals	801-803,8041-8042, 8049,805,807-809
82	12	842,850	Elementary and secondary schools and colleges	821-822
83	12	851-852,860	Other educational services	823-824,829
84	12	861-862,870-872, 880-881	Social services, religious and membership organizations	832-833,835-836, 839,84,861-866,869
85	12	841,882,890-892	Legal, engineering and other professional services	81,891-893,899

*Standard Industrial Classification

INDUSTRY RECODES OUTLINE

Recodes				
No. 1	No. 2			
Chrs.	Chrs.	Detail Code	Industry Title	SIC Code*
80-81	82-83	(Chrs. 77-79)		
90	13	900-901,910, 921-922,930-932	PUBLIC ADMINISTRATION	911-913,919,92-97
95	14	990 and all other codes except 996	UNKNOWN INDUSTRY	-
96	14	996	NEW WORKER	
97	15	Not applicable	NOT IN LABOR FORCE - codes Blank and 8 in current activity recode (loc. 75) (Under 18 or 18+ and not in Labor Force).	
98	16	942	ARMED FORCES (excludes Reserves and National Guard)	

*Standard Industrial Classification

INDUSTRY RECODE TITLES

Code	Titles	Recode No. 1 Inclusions
01	AGRICULTURE, FORESTRY AND FISHERIES	01,02
02	MINING	10
03	CONSTRUCTION	20
04	MANUFACTURING	30-34, 40-46
05	TRANSPORTATION, COMMUNICATIONS AND OTHER PUBLIC UTILITIES	50-54
06	WHOLESALE TRADE	60
07	RETAIL TRADE	61-65
08	FINANCE, INSURANCE, AND REAL ESTATE	70-71
09	BUSINESS AND REPAIR SERVICES	75-76
10	PERSONAL SERVICES	77-78
11	ENTERTAINMENT AND RECREATION SERVICES	79
12	PROFESSIONAL AND RELATED SERVICES	80-85
13	PUBLIC ADMINISTRATION	90
14	UNKNOWN (includes new workers)	95-96
15	NOT IN LABOR FORCE	97
16	ARMED FORCES	98

OCCUPATION RECODE OUTLINE

Recodes				
No. 1 Chrs. 87-88	No. 2 Chrs. 89-90	Detail Code (Chrs. 84-86)	Occupation Title	SOC Code*
(01-03)	(01)	-	EXECUTIVE, ADMINISTRATIVE, AND MANAGERIAL OCCUPATIONS	-
01	01	003-006	Officials and administrators, public administration	111-113
02	01	007-009,013-019	Managers and administrators, except public administration	121-128,132-139
03	01	023-029,033-037	Management related occupations	1412,1414-1415, 1419,142-143, 1442-1443,1449, 145,1472-1473,149
(04-11)	(02)	-	PROFESSIONAL SPECIALTY OCCUPATIONS	-
04	02	044-049,053-059	Engineers	1622-1628,1632- 1637,1639
05	02	043,063	Architects and surveyors	161,164
06	02	064-069,073-079 083	Natural mathematical and computer scientists	171-172,1732- 1733,1739,1842- 1843,1845-1847, 1849,1852-1855
07	02	084-089	Health diagnosing occupations	27,261-262,281, 283,289
08	02	095-099,103-106	Health assessment and treating occupations	29,301-302,3031- 3034,3039,304,
09	02	113-119,123-129, 133-139,143-149 153-159,163-165	Teachers, librarians and counselors	2212-2218,2222- 2228,2231-2238, 2242-2247,2249, 231-233,235,236, 239,24,251,252
10	02	183-189,193-195, 197-199	Writers, artists, entertainers and athletes	34,321-329,331- 333,398
11	02	166-169,173-179	Other professional specialty occupations	1912-1916,1919, 192,2032-2033, 2042,2049,211-212

*Standard Occupational Classification.

OCCUPATION RECODE OUTLINE

Recodes				
No. 1 Chrs. 87-88	No. 2 Chrs. 89-90	Detail Code (Chrs. 84-86)	Occupation Title	SOC Code*
(12-13)	(03)	-	TECHNICIANS AND RELATED SUPPORT OCCUPATIONS	-
12	03	203-208	Health technologists and technicians	362-366, 369
13	03	213-218, 223-229, 233-235	Technologists, technicians except health	3711-3713, 3719, 372-373, 382, 3831- 3833, 384, 389, 392- 393, 396, 3971- 3972, 3974, 399, 825
(14-16)	(04)	-	SALES OCCUPATIONS	-
14	04	243	Supervisors and proprietors	40
15	04	253-259	Sales representatives, commodities and finance	4122-4124, 4152- 4153, 421, 423-424
16	04	263-269, 274-278, 283-285	Other sales	4342-4348, 4351- 4354, 4356, 4359, 4362-4367, 4369, 444-447, 449
(17-21)	(05)	-	ADMINISTRATIVE SUPPORT OCCUPATIONS, INCLUDING CLERICAL	-
17	05	308-309	Computer equipment operators	4612-4613
18	05	313-315	Secretaries, stenographers and typists	4622-4624
19	05	337-339, 343-344	Financial records processing occupations	4712-4713, 4715- 4716, 4718
20	05	354-357	Mail and message distributing	4742-4745
21	05	303-307, 316-319, 323, 325-329, 335-336, 345-349, 353, 359, 363-366, 368-369, 373-379, 383-387, 389	Other administrative support	4511-4519, 4521- 4529, 463, 4642- 4645, 4649, 4662- 4664, 4692, 4694, 4696, 4699, 4722- 4723, 4729, 4732- 4733, 4739, 4751- 4759, 4782-4784, 4786-4787, 4791- 4795, 4799

*Standard Occupational Classification.

OCCUPATION RECODE OUTLINE

Recodes				
No. 1 Chrs. 87-88	No. 2 Chrs. 89-90	Detail Code (Chrs. 84-86)	Occupation Title	SOC Code*
22	06	403-407	PRIVATE HOUSEHOLD OCCUPATIONS	502-507,509
(23-24)	(07)	-	PROTECTIVE SERVICE OCCUPATIONS	
23	07	413-414,416-418, 423-424	Police and firefighters	5111-5112,5122- 5123,5132-5134
24	07	415,425-427	Other protective service occupations	5113,5142,5144, 5149
(25-28)	(08)	-	SERVICE OCCUPATIONS, EXCEPT PROTECTIVE AND HOUSEHOLD	
25	08	433-439,443-444	Food service	5211-5219
26	08	445-447	Health service	5232-5233,5236
27	08	448-449,453-455	Cleaning and building service	5241-5242,5244- 5246,5249
28	08	456-459,463-469	Personal service	5251-5258,5262- 5264,5269
(29-31)	(09)	-	FARMING, FORESTRY AND FISHING OCCUPATIONS	
29	09	473-476	Farm operators and managers	5512-5515,5522- 5525
30	09	477,479,483-489	Farm workers and other agricultural workers	5611-5619,5621- 5622,5624-5625, 5627
31	09	494-499	Forestry and fishing occupations	571-573,579, 583-584,8241(pt.)

*Standard Occupational Classification.

OCCUPATION RECODE OUTLINE

Recodes				
No. 1	No. 2			
Chrs. 87-88	Chrs. 89-90	Detail Code (Chrs. 84-86)	Occupation Title	SOC Code*
(32-34)	(10)	-	PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS	
32	10	503,505-509, 514-519,523, 525-527,529 533-536,538-539, 543-544,547,549	Mechanics and repairers	60,6111-6118, 613-614,6151- 6159,616,6171- 6179
33	10	553-558,563-567, 569,573,575-577, 579,583-585, 587-589,593-599, 613-617	Construction and extractive trades	6311-6316,6318, 632,6412-6414, 6422,6424,6432- 6433,6442-6444, 645,6462-6468, 6472,6476,6479, 652-654,656
34	10	633-637,639, 643-647,649, 653-659,666-669, 673-679,683-684, 686-689,693-696, 699	Precision production occupations	67,71,6811-6814, 6816-6817,6821- 6824,6829,6831- 6832,6835,6839, 6844,6852-6854, 6856,6859,6861- 6862,6864-6867, 6869,6871-6873, 6879,6881-6882, 691-696,7447, 7668,7677,7752, 828

*Standard Occupational Classification

OCCUPATION RECODE OUTLINE

Recodes				
No. 1	No. 2			
Chrs.	Chrs.	Detail Code	Occupation Title	SOC Code*
87-88	89-90	(Chrs. 84-86)		
OPERATORS, FABRICATORS AND LABORERS				
(35-36)	(11)		MACHINE OPERATORS, ASSEMBLERS AND INSPECTORS	
35	11	703-709,713-715, 717,719,723-729, 733-739,743-745, 747-749,753-759, 763-766,768-769, 773-774,777,779	Machine operators and tenderers,except precision	6841-6842,6849, 6855,6863,6868, 7312-7319,7322, 7324,7326,7329, 7339,7342-7344, 7349,7431-7435, 7439,7443-7444, 7449,7451-7452, 7459,7462-7463, 7467,7472,7474, 7476-7478, 7479(pt.),7512- 7519,7522,7529, 7539,7542-7544, 7549,7631-7636, 7639,7642-7644, 7649,7651-7652, 7654-7659,7661- 7667,7669,7671- 7676,7677(pt.), 7678-7679
36	11	783-787,789, 793-799	Fabricators, assemblers, inspectors and samplers	7332-7333,7532- 7533,7714,7717, 772,774,7753- 7759,782-785,787
(37-39)	(12)	-	TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS	
37	12	803-806,808-809, 813-814	Motor vehicle operators	8111,8212-8216, 8218-8219,874
38	12	823-826,828-829, 833-834	Other transportation, except motor vehicles	8113,8232-8233, 8239,8241(pt.), 8242-8245
39	12	843-845,848-849, 853,855-856,859	Material moving equipment operators	812,8312-8319

*Standard Occupational Classification

OCCUPATION RECODE OUTLINE

Recodes				
No. 1 Chrs. 87-88	No. 2 Chrs. 89-90	Detail Code (Chrs. 84-86)	Occupation Title	SOC Code*
(40-41)	(13)		HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS	
40	13	869	Construction laborers	871
41	13	863-867,873, 875-878,883,885, 887-889	Freight, stock and material handlers	85,861-863, 8641-8646, 8648,865, 8722-8726,873, 875,8761,8769
95	14	999 and all other codes except 990	UNKNOWN OCCUPATION	
96	14	990	NEW WORKER	
97	15	Not applicable	NOT IN LABOR FORCE - codes Blank and 8 in current activity recode (Loc. 75). (Under 18 or 18+ and Not in Labor Force)	
98	16	905	MILITARY	

*Standard Occupational Classification

OCCUPATION RECODE TITLES

Code	Titles	Recode No. 1 Inclusions
MANAGERIAL AND PROFESSIONAL SPECIALTY OCCUPATIONS		
01	EXECUTIVE, ADMINISTRATIVE AND MANAGERIAL OCCUPATIONS	01-03
02	PROFESSIONAL SPECIALTY OCCUPATIONS	04-11
TECHNICAL, SALES AND ADMINISTRATIVE SUPPORT OCCUPATIONS		
03	TECHNICIANS AND RELATED SUPPORT OCCUPATIONS	12-13
04	SALES OCCUPATIONS	14-16
05	ADMINISTRATIVE SUPPORT OCCUPATIONS, INCLUDING CLERICAL	17-21
SERVICE OCCUPATIONS		
06	PRIVATE HOUSEHOLD OCCUPATIONS	22
07	PROTECTIVE SERVICE OCCUPATIONS	23-24
08	SERVICE OCCUPATIONS, EXCEPT PROTECTIVE AND HOUSEHOLD	25-28
09	FARMING, FORESTRY AND FISHING OCCUPATIONS	29-31
10	PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS	32-34
OPERATORS, FABRICATORS AND LABORERS		
11	MACHINE OPERATORS, ASSEMBLERS AND INSPECTORS	35-36
12	TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS	37-39
13	HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS	40-41
14	UNKNOWN OCCUPATION (includes New Workers)	95-96
15	NOT IN LABOR FORCE	97
16	MILITARY	98

Section Q — DIABETES

PERSON 1

RT 71

3-4

Section Q1 — DIABETES SCREENING

5

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.

1 ☐ Diabetes

c. Has any other adult in this household 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

- 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

- 1 ☐ Available (1)
2 ☐ Callback required (Hhid 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.

- 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.

- 1 ☐ Yes
2 ☐ No (NP)

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.

- 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.

- 1 ☐ Doctor's office
2 ☐ Patient in hospital
3 ☐ Somewhere else
9 ☐ DK

c. Was the diabetes discovered while getting a routine physical, a screening test for diabetes, or while being treated for something else?

c.

- 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.

- 1 ☐ Blood
2 ☐ Urine (5)
3 ☐ Both
9 ☐ DK (5)

b. Was the blood test an oral glucose tolerance test?

b.

- 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.

- 1 ☐ Yes
2 ☐ No (6)

b. Other than during pregnancy, did a doctor EVER tell you that you had diabetes?

b.

- 1 ☐ Yes
2 ☐ No (NP)

Notes

	PERSON 2	PERSON 3	PERSON 4	PERSON 5
	3-4	3-4	3-4	3-4
	6	6	6	6
b.	6	6	6	6
	1 <input type="checkbox"/> Diabetes	1 <input type="checkbox"/> Diabetes	1 <input type="checkbox"/> Diabetes	1 <input type="checkbox"/> Diabetes
CK 2	7	7	7	7
	0 <input type="checkbox"/> Under 18 (NP) 1 <input type="checkbox"/> "Diabetes" box marked in 1b (Check Item 3) 8 <input type="checkbox"/> All others (NP)	0 <input type="checkbox"/> Under 18 (NP) 1 <input type="checkbox"/> "Diabetes" box marked in 1b (Check Item 3) 8 <input type="checkbox"/> All others (NP)	0 <input type="checkbox"/> Under 18 (NP) 1 <input type="checkbox"/> "Diabetes" box marked in 1b (Check Item 3) 8 <input type="checkbox"/> All others (NP)	0 <input type="checkbox"/> Under 18 (NP) 1 <input type="checkbox"/> "Diabetes" box marked in 1b (Check Item 3) 8 <input type="checkbox"/> All others (NP)
CK 3	8	8	8	8
	1 <input type="checkbox"/> Available (1) 2 <input type="checkbox"/> Callback required (Hhld page of HIS-1, THEN NP) 3 <input type="checkbox"/> Noninterview (Cover page of HIS-1A, THEN NP)	1 <input type="checkbox"/> Available (1) 2 <input type="checkbox"/> Callback required (Hhld page of HIS-1, THEN NP) 3 <input type="checkbox"/> Noninterview (Cover page of HIS-1A, THEN NP)	1 <input type="checkbox"/> Available (1) 2 <input type="checkbox"/> Callback required (Hhld page of HIS-1, THEN NP) 3 <input type="checkbox"/> Noninterview (Cover page of HIS-1A, THEN NP)	1 <input type="checkbox"/> Available (1) 2 <input type="checkbox"/> Callback required (Hhld page of HIS-1, THEN NP) 3 <input type="checkbox"/> Noninterview (Cover page of HIS-1A, THEN NP)
1.	9-10	9-10	9-10	9-10
	00 <input type="checkbox"/> Don't have diabetes (NP) 98 <input type="checkbox"/> Have pre, potential, or borderline diabetes (NP) ____ Years old 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> Don't have diabetes (NP) 98 <input type="checkbox"/> Have pre, potential, or borderline diabetes (NP) ____ Years old 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> Don't have diabetes (NP) 98 <input type="checkbox"/> Have pre, potential, or borderline diabetes (NP) ____ Years old 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> Don't have diabetes (NP) 98 <input type="checkbox"/> Have pre, potential, or borderline diabetes (NP) ____ Years old 99 <input type="checkbox"/> DK
2.	11	11	11	11
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)
3a.	12	12	12	12
	1 <input type="checkbox"/> Sick/symptoms 2 <input type="checkbox"/> By chance (3c) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Sick/symptoms 2 <input type="checkbox"/> By chance (3c) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Sick/symptoms 2 <input type="checkbox"/> By chance (3c) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Sick/symptoms 2 <input type="checkbox"/> By chance (3c) 9 <input type="checkbox"/> DK
b.	13	13	13	13
	1 <input type="checkbox"/> Doctor's office 2 <input type="checkbox"/> Patient in hospital 3 <input type="checkbox"/> Somewhere else 9 <input type="checkbox"/> DK } (4)	1 <input type="checkbox"/> Doctor's office 2 <input type="checkbox"/> Patient in hospital 3 <input type="checkbox"/> Somewhere else 9 <input type="checkbox"/> DK } (4)	1 <input type="checkbox"/> Doctor's office 2 <input type="checkbox"/> Patient in hospital 3 <input type="checkbox"/> Somewhere else 9 <input type="checkbox"/> DK } (4)	1 <input type="checkbox"/> Doctor's office 2 <input type="checkbox"/> Patient in hospital 3 <input type="checkbox"/> Somewhere else 9 <input type="checkbox"/> DK } (4)
c.	14	14	14	14
	1 <input type="checkbox"/> Routine physical 2 <input type="checkbox"/> Screening test for diabetes 3 <input type="checkbox"/> Treated for something else 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Routine physical 2 <input type="checkbox"/> Screening test for diabetes 3 <input type="checkbox"/> Treated for something else 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Routine physical 2 <input type="checkbox"/> Screening test for diabetes 3 <input type="checkbox"/> Treated for something else 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Routine physical 2 <input type="checkbox"/> Screening test for diabetes 3 <input type="checkbox"/> Treated for something else 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK
4a.	15	15	15	15
	1 <input type="checkbox"/> Blood 2 <input type="checkbox"/> Urine (5) 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK (5)	1 <input type="checkbox"/> Blood 2 <input type="checkbox"/> Urine (5) 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK (5)	1 <input type="checkbox"/> Blood 2 <input type="checkbox"/> Urine (5) 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK (5)	1 <input type="checkbox"/> Blood 2 <input type="checkbox"/> Urine (5) 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK (5)
b.	16	16	16	16
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
5a.	17	17	17	17
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)
b.	18	18	18	18
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)

Notes

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued

PERSON 1

6a. Are you NOW taking insulin?

6a.

- 1 ☐ Yes
2 ☐ No (6e)

19

b. For how long have you been taking insulin?

b.

000 ☐ Less than 1 month

20-22

_____ { 1 ☐ Months
2 ☐ Years
999 ☐ DK

c. Currently, about how often do you use insulin?

c.

_____ { 1 ☐ Day
Times per 2 ☐ Week
998 ☐ Use insulin pump
999 ☐ DK

23-25

d. On an average day, about how many units of insulin do you take?

d.

_____ Units per day
999 ☐ DK

26-28

Mark without asking if known.

e. Have you EVER used an insulin pump?

e.

- 1 ☐ Yes
2 ☐ No
9 ☐ DK

29

f. Are you NOW taking diabetes pills to lower your blood sugar?

f.

- 1 ☐ Yes
2 ☐ No } (7)
9 ☐ DK

30

Read if necessary: These are sometimes called oral agents or oral hypoglycemic agents.

g. For how long have you been taking them?

g.

000 ☐ Less than 1 month

31-33

_____ { 1 ☐ Months
2 ☐ Years
999 ☐ DK

h. About how often do you take them?

h.

_____ { 1 ☐ Day
Times per 2 ☐ Week
999 ☐ DK

34-36

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.

- 1 ☐ Yes
2 ☐ No } (9)
9 ☐ DK

37

b. In the past 12 months, have you tried to follow the diet or instructions?

b.

- 1 ☐ Yes
2 ☐ No (9)

38

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.

- 1 ☐ Always (9)
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely
5 ☐ Never } (8b)
9 ☐ DK

39

Notes

	PERSON 2	PERSON 3	PERSON 4	PERSON 5
a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6e) 19	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6e) 19	6a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6e) 19	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6e) 19
b.	000 <input type="checkbox"/> Less than 1 month 20-22 _____ { 3 <input type="checkbox"/> Months 999 <input type="checkbox"/> DK { 4 <input type="checkbox"/> Years	000 <input type="checkbox"/> Less than 1 month 20-22 _____ { 3 <input type="checkbox"/> Months 999 <input type="checkbox"/> DK { 4 <input type="checkbox"/> Years	b. 000 <input type="checkbox"/> Less than 1 month 20-22 _____ { 3 <input type="checkbox"/> Months 999 <input type="checkbox"/> DK { 4 <input type="checkbox"/> Years	000 <input type="checkbox"/> Less than 1 month 20-22 _____ { 3 <input type="checkbox"/> Months 999 <input type="checkbox"/> DK { 4 <input type="checkbox"/> Years
c.	_____ { 1 <input type="checkbox"/> Day Times per { 2 <input type="checkbox"/> Week 23-25 998 <input type="checkbox"/> Use insulin pump 999 <input type="checkbox"/> DK	_____ { 1 <input type="checkbox"/> Day Times per { 2 <input type="checkbox"/> Week 23-25 998 <input type="checkbox"/> Use insulin pump 999 <input type="checkbox"/> DK	c. _____ { 1 <input type="checkbox"/> Day Times per { 2 <input type="checkbox"/> Week 23-25 998 <input type="checkbox"/> Use insulin pump 999 <input type="checkbox"/> DK	_____ { 1 <input type="checkbox"/> Day Times per { 2 <input type="checkbox"/> Week 23-25 998 <input type="checkbox"/> Use insulin pump 999 <input type="checkbox"/> DK
d.	_____ Units per day 26-28 999 <input type="checkbox"/> DK	_____ Units per day 26-28 999 <input type="checkbox"/> DK	d. _____ Units per day 26-28 999 <input type="checkbox"/> DK	_____ Units per day 26-28 999 <input type="checkbox"/> DK
e.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 29	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 29	e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 29	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 29
f.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK 30	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK 30	f. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK 30	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK 30
g.	000 <input type="checkbox"/> Less than 1 month 31-33 _____ { 3 <input type="checkbox"/> Months 999 <input type="checkbox"/> DK { 4 <input type="checkbox"/> Years	000 <input type="checkbox"/> Less than 1 month 31-33 _____ { 3 <input type="checkbox"/> Months 999 <input type="checkbox"/> DK { 4 <input type="checkbox"/> Years	g. 000 <input type="checkbox"/> Less than 1 month 31-33 _____ { 3 <input type="checkbox"/> Months 999 <input type="checkbox"/> DK { 4 <input type="checkbox"/> Years	000 <input type="checkbox"/> Less than 1 month 31-33 _____ { 3 <input type="checkbox"/> Months 999 <input type="checkbox"/> DK { 4 <input type="checkbox"/> Years
h.	_____ { 1 <input type="checkbox"/> Day Times per { 2 <input type="checkbox"/> Week 34-36 999 <input type="checkbox"/> DK	_____ { 1 <input type="checkbox"/> Day Times per { 2 <input type="checkbox"/> Week 34-36 999 <input type="checkbox"/> DK	h. _____ { 1 <input type="checkbox"/> Day Times per { 2 <input type="checkbox"/> Week 34-36 999 <input type="checkbox"/> DK	_____ { 1 <input type="checkbox"/> Day Times per { 2 <input type="checkbox"/> Week 34-36 999 <input type="checkbox"/> DK
7a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK 37	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK 37	7a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK 37	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK 37
b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9) 38	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9) 38	b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9) 38	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9) 38
c.	1 <input type="checkbox"/> Always (9) 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never } (8b) 9 <input type="checkbox"/> DK 39	1 <input type="checkbox"/> Always (9) 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never } (8b) 9 <input type="checkbox"/> DK 39	c. 1 <input type="checkbox"/> Always (9) 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never } (8b) 9 <input type="checkbox"/> DK 39	1 <input type="checkbox"/> Always (9) 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never } (8b) 9 <input type="checkbox"/> DK 39

Notes

Section Q2 – DIABETES FOLLOWUP QUESTIONS – Continued

PERSON 1

8a. Is it difficult for you to stay on your diet –

8a.
(1)

- 0 ☐ Not applicable
 1 ☐ Yes
 2 ☐ No
 9 ☐ DK

40

(1) When you eat in restaurants?
 -----(2) When you go to parties or social events?

(2)

- 0 ☐ Not applicable
 1 ☐ Yes
 2 ☐ No
 9 ☐ DK

41

(3) When you are busy with other activities?

(3)

- 0 ☐ Not applicable
 1 ☐ Yes
 2 ☐ No
 9 ☐ DK

42

(4) When you go on a trip?

(4)

- 0 ☐ Not applicable
 1 ☐ Yes
 2 ☐ No
 9 ☐ DK

43

(5) When you are feeling upset or angry?

(5)

- 0 ☐ Not applicable
 1 ☐ Yes
 2 ☐ No
 9 ☐ DK

44

(6) When you are feeling sad, depressed, or blue?

(6)

- 0 ☐ Not applicable
 1 ☐ Yes
 2 ☐ No
 9 ☐ DK

45

(7) When you are feeling bored?

(7)

- 0 ☐ Not applicable
 1 ☐ Yes
 2 ☐ No
 9 ☐ DK

46

b. Do you (also) find it difficult to stay on your diet –

b.
(1)

- 0 ☐ Not applicable
 1 ☐ Yes
 2 ☐ No
 9 ☐ DK

47

(1) Because foods you should eat do not taste good?
 -----(2) Because you crave foods not on your diet?

(2)

- 0 ☐ Not applicable
 1 ☐ Yes
 2 ☐ No
 9 ☐ DK

48

(3) Because you have to prepare food separately for yourself?

(3)

- 0 ☐ Not applicable
 1 ☐ Yes
 2 ☐ No
 9 ☐ DK

49

(4) Because of lack of help or support from your family or friends?

(4)

- 0 ☐ Not applicable
 1 ☐ Yes
 2 ☐ No
 9 ☐ DK

50

(5) Because you are unsure about what foods you should eat?

(5)

- 0 ☐ Not applicable
 1 ☐ Yes
 2 ☐ No
 9 ☐ DK

51

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.

- 1 ☐ Very important
 2 ☐ Somewhat important
 3 ☐ Not important
 9 ☐ DK

52

	PERSON 2	PERSON 3		PERSON 4	PERSON 5
8a. (1)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	8a. (1)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(2)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(2)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(3)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(3)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(4)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(4)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(5)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(5)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(6)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(6)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(7)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(7)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
b. (1)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	b. (1)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(2)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(2)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(3)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(3)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(4)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(4)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(5)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(5)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
9.	<input type="checkbox"/> Very important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not important <input type="checkbox"/> DK	<input type="checkbox"/> Very important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not important <input type="checkbox"/> DK	9.	<input type="checkbox"/> Very important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not important <input type="checkbox"/> DK	<input type="checkbox"/> Very important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not important <input type="checkbox"/> DK

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
(1) 2 ☐ No
9 ☐ DK

56

(1) A cardiologist or heart doctor?

(1) 1 ☐ Yes
2 ☐ No
9 ☐ DK

57

(2) An ophthalmologist, that is, a medical doctor who specializes in eye care?

(2) 1 ☐ Yes
2 ☐ No
9 ☐ DK

58

Ask if female; otherwise go to (4).

(3) An obstetrician or gynecologist?

(3) 1 ☐ Yes
2 ☐ No
9 ☐ DK

59

(4) A podiatrist or foot doctor?

(4) 1 ☐ Yes
2 ☐ No
9 ☐ DK

60

(5) A psychologist or psychiatrist?

(5) 1 ☐ Yes
2 ☐ No
9 ☐ DK

61

(6) A dietitian or nutritionist?

(6) 1 ☐ Yes
2 ☐ No
9 ☐ DK

62

(7) Any other medical doctor? — Specify

(7) 1 ☐ Yes — Specify _____
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

76

	PERSON 2	PERSON 3		PERSON 4	PERSON 5
10a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (10c)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (10c)	10a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (10c)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (10c)
b.	____ Times 99 <input type="checkbox"/> DK	____ Times 99 <input type="checkbox"/> DK	b.	____ Times 99 <input type="checkbox"/> DK	____ Times 99 <input type="checkbox"/> DK
c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(1)			(1)		
(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(4)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(4)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(5)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(5)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(6)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(6)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(7)	1 <input type="checkbox"/> Yes - Specify _____ 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes - Specify _____ 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(7)	1 <input type="checkbox"/> Yes - Specify _____ 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes - Specify _____ 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
11a.	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	11a.	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK
b.	000 <input type="checkbox"/> Never ____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK	000 <input type="checkbox"/> Never ____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK	b.	000 <input type="checkbox"/> Never ____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK	000 <input type="checkbox"/> Never ____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK
c.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	c.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK
d.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (12) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (12) 9 <input type="checkbox"/> DK	d.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (12) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (12) 9 <input type="checkbox"/> DK
e.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	e.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
12a.	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	12a.	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK
b.	000 <input type="checkbox"/> Never ____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK	000 <input type="checkbox"/> Never ____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK	b.	000 <input type="checkbox"/> Never ____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK	000 <input type="checkbox"/> Never ____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK
c.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	c.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK

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

	PERSON 2	PERSON 3		PERSON 4	PERSON 5
13a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14a)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14a)	13a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14a)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14a)
b.	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	b.	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK
14a.	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	14a.	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> None ____ Times 99 <input type="checkbox"/> DK
b.	000 <input type="checkbox"/> Never ____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK	000 <input type="checkbox"/> Never ____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK	b.	000 <input type="checkbox"/> Never ____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK	000 <input type="checkbox"/> Never ____ Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 999 <input type="checkbox"/> DK
15.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	15.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
16.	1 <input type="checkbox"/> Less than 1 month } (18) 2 <input type="checkbox"/> 1 to 12 months 3 <input type="checkbox"/> 13 to 24 months (17b) 4 <input type="checkbox"/> More than 2 years 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Less than 1 month } (18) 2 <input type="checkbox"/> 1 to 12 months 3 <input type="checkbox"/> 13 to 24 months (17b) 4 <input type="checkbox"/> More than 2 years 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	16.	1 <input type="checkbox"/> Less than 1 month } (18) 2 <input type="checkbox"/> 1 to 12 months 3 <input type="checkbox"/> 13 to 24 months (17b) 4 <input type="checkbox"/> More than 2 years 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Less than 1 month } (18) 2 <input type="checkbox"/> 1 to 12 months 3 <input type="checkbox"/> 13 to 24 months (17b) 4 <input type="checkbox"/> More than 2 years 5 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK
17a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (18) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (18) 9 <input type="checkbox"/> DK	17a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (18) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (18) 9 <input type="checkbox"/> DK
b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
18a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK	18a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK
b.	____ Years old 99 <input type="checkbox"/> DK	____ Years old 99 <input type="checkbox"/> DK	b.	____ Years old 99 <input type="checkbox"/> DK	____ Years old 99 <input type="checkbox"/> DK
19a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK	19a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK
b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (20) 9 <input type="checkbox"/> DK
c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
20.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	20.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
21.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	21.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1	RT 72
		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 <input type="checkbox"/> None Times 999 <input type="checkbox"/> DK	5-7
b. Has a doctor EVER told you that you had high blood pressure or hypertension?	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	8
c. Are you doing any of the following (for your/to prevent) high blood pressure —	c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	9
(1) Taking prescribed medication?	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	10
(2) Losing weight or controlling weight?	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	11
(3) Cutting down on salt or sodium?	(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	12
(4) Getting physical activity or exercise?	(4)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	13
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 <input type="checkbox"/> High 2 <input type="checkbox"/> Borderline 3 <input type="checkbox"/> Low 4 <input type="checkbox"/> Normal 5 <input type="checkbox"/> Not told 6 <input type="checkbox"/> Never checked 9 <input type="checkbox"/> DK	
23. Has a doctor EVER told you that you had —	23a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (23c)	14
a. Glaucoma?	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	15
b. Are you NOW taking any medication for it?	c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (23e)	16
c. Angina?	d.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	17
d. Are you NOW taking any medication for it?	e.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (23g)	18
e. Any other heart trouble?	f.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	19
f. Are you NOW taking any medication for it?	g.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	20
g. A stroke?	h.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	21
h. Cataracts?	i.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	22
i. Protein or albumin in your urine?	j.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	23
j. Periodontal or gum disease?			
24. Has a doctor EVER told you that you had —	24a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (25)	24
a. Kidney disease? Do not include kidney stones or bladder infection.	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	25
b. Polycystic kidney disease?			
25. About how many different times in the past 12 months have you had a bladder or urinary tract infection?	25.	00 <input type="checkbox"/> None Times 99 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (29)	28

	PERSON 2	3-4	PERSON 3	3-4		PERSON 4	3-4	PERSON 5	3-4
22a.	000 <input type="checkbox"/> None	5-7	000 <input type="checkbox"/> None	5-7	22a.	000 <input type="checkbox"/> None	5-7	000 <input type="checkbox"/> None	5-7
	Times		Times			Times		Times	
	999 <input type="checkbox"/> DK		999 <input type="checkbox"/> DK			999 <input type="checkbox"/> DK		999 <input type="checkbox"/> DK	
b.	1 <input type="checkbox"/> Yes	8	1 <input type="checkbox"/> Yes	8	b.	1 <input type="checkbox"/> Yes	8	1 <input type="checkbox"/> Yes	8
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
c.	1 <input type="checkbox"/> Yes	9	1 <input type="checkbox"/> Yes	9	c.	1 <input type="checkbox"/> Yes	9	1 <input type="checkbox"/> Yes	9
(1)	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No		(1)	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
(2)	1 <input type="checkbox"/> Yes	10	1 <input type="checkbox"/> Yes	10	(2)	1 <input type="checkbox"/> Yes	10	1 <input type="checkbox"/> Yes	10
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
(3)	1 <input type="checkbox"/> Yes	11	1 <input type="checkbox"/> Yes	11	(3)	1 <input type="checkbox"/> Yes	11	1 <input type="checkbox"/> Yes	11
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
(4)	1 <input type="checkbox"/> Yes	12	1 <input type="checkbox"/> Yes	12	(4)	1 <input type="checkbox"/> Yes	12	1 <input type="checkbox"/> Yes	12
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
d.	1 <input type="checkbox"/> High	13	1 <input type="checkbox"/> High	13	d.	1 <input type="checkbox"/> High	13	1 <input type="checkbox"/> High	13
	2 <input type="checkbox"/> Borderline		2 <input type="checkbox"/> Borderline			2 <input type="checkbox"/> Borderline		2 <input type="checkbox"/> Borderline	
	3 <input type="checkbox"/> Low		3 <input type="checkbox"/> Low			3 <input type="checkbox"/> Low		3 <input type="checkbox"/> Low	
	4 <input type="checkbox"/> Normal		4 <input type="checkbox"/> Normal			4 <input type="checkbox"/> Normal		4 <input type="checkbox"/> Normal	
	5 <input type="checkbox"/> Not told		5 <input type="checkbox"/> Not told			5 <input type="checkbox"/> Not told		5 <input type="checkbox"/> Not told	
	6 <input type="checkbox"/> Never checked		6 <input type="checkbox"/> Never checked			6 <input type="checkbox"/> Never checked		6 <input type="checkbox"/> Never checked	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
23.	1 <input type="checkbox"/> Yes	14	1 <input type="checkbox"/> Yes	14	23.	1 <input type="checkbox"/> Yes	14	1 <input type="checkbox"/> Yes	14
a.	2 <input type="checkbox"/> No } (23c)		2 <input type="checkbox"/> No } (23c)		a.	2 <input type="checkbox"/> No } (23c)		2 <input type="checkbox"/> No } (23c)	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
b.	1 <input type="checkbox"/> Yes	15	1 <input type="checkbox"/> Yes	15	b.	1 <input type="checkbox"/> Yes	15	1 <input type="checkbox"/> Yes	15
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
c.	1 <input type="checkbox"/> Yes	16	1 <input type="checkbox"/> Yes	16	c.	1 <input type="checkbox"/> Yes	16	1 <input type="checkbox"/> Yes	16
	2 <input type="checkbox"/> No } (23e)		2 <input type="checkbox"/> No } (23e)			2 <input type="checkbox"/> No } (23e)		2 <input type="checkbox"/> No } (23e)	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
d.	1 <input type="checkbox"/> Yes	17	1 <input type="checkbox"/> Yes	17	d.	1 <input type="checkbox"/> Yes	17	1 <input type="checkbox"/> Yes	17
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
e.	1 <input type="checkbox"/> Yes	18	1 <input type="checkbox"/> Yes	18	e.	1 <input type="checkbox"/> Yes	18	1 <input type="checkbox"/> Yes	18
	2 <input type="checkbox"/> No } (23g)		2 <input type="checkbox"/> No } (23g)			2 <input type="checkbox"/> No } (23g)		2 <input type="checkbox"/> No } (23g)	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
f.	1 <input type="checkbox"/> Yes	19	1 <input type="checkbox"/> Yes	19	f.	1 <input type="checkbox"/> Yes	19	1 <input type="checkbox"/> Yes	19
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
g.	1 <input type="checkbox"/> Yes	20	1 <input type="checkbox"/> Yes	20	g.	1 <input type="checkbox"/> Yes	20	1 <input type="checkbox"/> Yes	20
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
h.	1 <input type="checkbox"/> Yes	21	1 <input type="checkbox"/> Yes	21	h.	1 <input type="checkbox"/> Yes	21	1 <input type="checkbox"/> Yes	21
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
i.	1 <input type="checkbox"/> Yes	22	1 <input type="checkbox"/> Yes	22	i.	1 <input type="checkbox"/> Yes	22	1 <input type="checkbox"/> Yes	22
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
j.	1 <input type="checkbox"/> Yes	23	1 <input type="checkbox"/> Yes	23	j.	1 <input type="checkbox"/> Yes	23	1 <input type="checkbox"/> Yes	23
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
24.	1 <input type="checkbox"/> Yes	24	1 <input type="checkbox"/> Yes	24	24.	1 <input type="checkbox"/> Yes	24	1 <input type="checkbox"/> Yes	24
a.	2 <input type="checkbox"/> No } (25)		2 <input type="checkbox"/> No } (25)		a.	2 <input type="checkbox"/> No } (25)		2 <input type="checkbox"/> No } (25)	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
b.	1 <input type="checkbox"/> Yes	25	1 <input type="checkbox"/> Yes	25	b.	1 <input type="checkbox"/> Yes	25	1 <input type="checkbox"/> Yes	25
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	
25.	00 <input type="checkbox"/> None	26-27	00 <input type="checkbox"/> None	26-27	25.	00 <input type="checkbox"/> None	26-27	00 <input type="checkbox"/> None	26-27
	Times		Times			Times		Times	
	99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	
26.	1 <input type="checkbox"/> Yes	28	1 <input type="checkbox"/> Yes	28	26.	1 <input type="checkbox"/> Yes	28	1 <input type="checkbox"/> Yes	28
	2 <input type="checkbox"/> No } (29)		2 <input type="checkbox"/> No } (29)			2 <input type="checkbox"/> No } (29)		2 <input type="checkbox"/> No } (29)	
	9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		9 <input type="checkbox"/> DK	

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.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (29)	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.	____ Years old 99 <input type="checkbox"/> DK	30-31
29. When you urinate — a. Do you USUALLY have trouble starting?	29a.	0 <input type="checkbox"/> NA/Dialysis (31) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	32
b. Do you USUALLY feel like you have not completely emptied your bladder?	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	33
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.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (31)	34
b. About how many times each night do you have to get up?	b.	____ Times 00 <input type="checkbox"/> Less than once a night	35-36
31. Have you ever had an amputation of your toe, foot, leg, or part of a leg? <i>If "Yes," ask: Which?</i> <i>Mark all that apply.</i>	31.	1 <input type="checkbox"/> Yes, toe 2 <input type="checkbox"/> Yes, foot 3 <input type="checkbox"/> Yes, leg or part of leg 4 <input type="checkbox"/> No	37 38
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.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	39
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.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	40
c. Decreased ability to feel hot or cold in things you touch?	c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	41
33a. Do you NOW smoke cigarettes?	33a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (34)	42
b. About how many cigarettes do you smoke per day?	b.	00 <input type="checkbox"/> Less than one per day ____ Per day 99 <input type="checkbox"/> Don't smoke regularly	43-44
34a. Have you tried to lose weight in the past year?	34a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	45
b. Is your weight now more, less, or about the same as a year ago?	b.	1 <input type="checkbox"/> More 2 <input type="checkbox"/> Less 3 <input type="checkbox"/> About the same (35)	46
c. In the past year, about how much weight have you [gained/lost]?	c.	____ Pounds 999 <input type="checkbox"/> DK	47-49
35a. About how much did you weigh when you were 25 years old? <i>Read if female: If you were pregnant when you were 25, tell me your weight just before you became pregnant.</i>	35a.	____ Pounds 999 <input type="checkbox"/> DK	50-52
b. What is the most you have EVER weighed? <i>Read if female: Except when you were pregnant.</i>	b.	____ Pounds 999 <input type="checkbox"/> DK	53-55
c. About how old were you when you FIRST weighed that much?	c.	00 <input type="checkbox"/> Now ____ Years old	56-57

	PERSON 2	PERSON 3		PERSON 4	PERSON 5
27.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (29)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (29)	27.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (29)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (29)
28.	_____ Years old <input type="checkbox"/> DK	_____ Years old <input type="checkbox"/> DK	28.	_____ Years old <input type="checkbox"/> DK	_____ Years old <input type="checkbox"/> DK
29a.	<input type="checkbox"/> NA/Dialysis (31) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> NA/Dialysis (31) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	29a.	<input type="checkbox"/> NA/Dialysis (31) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> NA/Dialysis (31) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
b.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	b.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
30a.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (31)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (31)	30a.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (31)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (31)
b.	_____ Times <input type="checkbox"/> Less than once a night	_____ Times <input type="checkbox"/> Less than once a night	b.	_____ Times <input type="checkbox"/> Less than once a night	_____ Times <input type="checkbox"/> Less than once a night
31.	<input type="checkbox"/> Yes, toe <input type="checkbox"/> Yes, foot <input type="checkbox"/> Yes, leg or part of leg <input type="checkbox"/> No	<input type="checkbox"/> Yes, toe <input type="checkbox"/> Yes, foot <input type="checkbox"/> Yes, leg or part of leg <input type="checkbox"/> No	31.	<input type="checkbox"/> Yes, toe <input type="checkbox"/> Yes, foot <input type="checkbox"/> Yes, leg or part of leg <input type="checkbox"/> No	<input type="checkbox"/> Yes, toe <input type="checkbox"/> Yes, foot <input type="checkbox"/> Yes, leg or part of leg <input type="checkbox"/> No
32a.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	32a.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
b.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	b.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
c.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	c.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
33a.	<input type="checkbox"/> Yes <input type="checkbox"/> No (34)	<input type="checkbox"/> Yes <input type="checkbox"/> No (34)	33a.	<input type="checkbox"/> Yes <input type="checkbox"/> No (34)	<input type="checkbox"/> Yes <input type="checkbox"/> No (34)
b.	<input type="checkbox"/> Less than one per day _____ Per day <input type="checkbox"/> Don't smoke regularly	<input type="checkbox"/> Less than one per day _____ Per day <input type="checkbox"/> Don't smoke regularly	b.	<input type="checkbox"/> Less than one per day _____ Per day <input type="checkbox"/> Don't smoke regularly	<input type="checkbox"/> Less than one per day _____ Per day <input type="checkbox"/> Don't smoke regularly
34a.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	34a.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> About the same (35)	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> About the same (35)	b.	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> About the same (35)	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> About the same (35)
c.	_____ Pounds <input type="checkbox"/> DK	_____ Pounds <input type="checkbox"/> DK	c.	_____ Pounds <input type="checkbox"/> DK	_____ Pounds <input type="checkbox"/> DK
35a.	_____ Pounds <input type="checkbox"/> DK	_____ Pounds <input type="checkbox"/> DK	35a.	_____ Pounds <input type="checkbox"/> DK	_____ Pounds <input type="checkbox"/> DK
b.	_____ Pounds <input type="checkbox"/> DK	_____ Pounds <input type="checkbox"/> DK	b.	_____ Pounds <input type="checkbox"/> DK	_____ Pounds <input type="checkbox"/> DK
c.	<input type="checkbox"/> Now _____ Years old	<input type="checkbox"/> Now _____ Years old	c.	<input type="checkbox"/> Now _____ Years old	<input type="checkbox"/> Now _____ Years old

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued

Hand card Q2. Read categories if telephone interview.

36a. Where have you obtained information about diabetes?

Mark all mentioned. Do not probe.

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.

36a.

- PERSON 1
- 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

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 94
- 2 ☐ No } (38)
- 9 ☐ DK

b. About how many hours of instructions did you receive on how to manage your diabetes?

b.

- _____ Hours 95-97
- 999 ☐ DK

c. Did this course include any of the following subjects —

c.

- 1 ☐ Yes 98
- 2 ☐ No

(1) How to inject insulin?

(1)

- 1 ☐ Yes 99
- 2 ☐ No

(2) How to change the insulin dose?

(2)

- 1 ☐ Yes 100
- 2 ☐ No

(3) How to manage your diabetes when you are sick?

(3)

- 1 ☐ Yes 101
- 2 ☐ No

(4) How to test your blood or urine for sugar?

(4)

- 1 ☐ Yes 102
- 2 ☐ No

(5) How to plan meals?

(5)

- 1 ☐ Yes 103
- 2 ☐ No

(6) How to take care of your feet?

(6)

- 1 ☐ Yes 104
- 2 ☐ No

38. Have you ever attended any (other) education program or class about your diabetes?

38.

- 1 ☐ Yes 105
- 2 ☐ No
- 9 ☐ DK

39. Were either of your parents EVER told that they had diabetes? Do not include pre, potential, or borderline diabetes.

39.

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

If "Yes," ask: Which?

40. How many children have you had, including any that may have died?

40.

- 00 ☐ None 106-107

Read if female: Do not include stillbirths or miscarriages.

_____ Total number of children

	PERSON 2	PERSON 3		PERSON 3	PERSON 4
36a.	00 <input type="checkbox"/> Nowhere (39) 58-59 01 <input type="checkbox"/> Doctor's office - doctor 60-61 02 <input type="checkbox"/> Doctor's office - nurse 62-63 03 <input type="checkbox"/> Dietitian or nutritionist 64-65 04 <input type="checkbox"/> Doctor or nurse in a hospital 66-67 05 <input type="checkbox"/> Relative or friend 68-69 06 <input type="checkbox"/> Another diabetic 70-71 07 <input type="checkbox"/> Health department 72-73 08 <input type="checkbox"/> Diabetes organization 74-75 09 <input type="checkbox"/> National Diabetes Information Clearing House 76-77 10 <input type="checkbox"/> Diabetes support group 78-79 11 <input type="checkbox"/> Library 80-81 12 <input type="checkbox"/> Newspapers 82-83 13 <input type="checkbox"/> Diabetes education class 84-85 88 <input type="checkbox"/> Other - Specify 86-87	00 <input type="checkbox"/> Nowhere (39) 58-59 01 <input type="checkbox"/> Doctor's office - doctor 60-61 02 <input type="checkbox"/> Doctor's office - nurse 62-63 03 <input type="checkbox"/> Dietitian or nutritionist 64-65 04 <input type="checkbox"/> Doctor or nurse in a hospital 66-67 05 <input type="checkbox"/> Relative or friend 68-69 06 <input type="checkbox"/> Another diabetic 70-71 07 <input type="checkbox"/> Health department 72-73 08 <input type="checkbox"/> Diabetes organization 74-75 09 <input type="checkbox"/> National Diabetes Information Clearing House 76-77 10 <input type="checkbox"/> Diabetes support group 78-79 11 <input type="checkbox"/> Library 80-81 12 <input type="checkbox"/> Newspapers 82-83 13 <input type="checkbox"/> Diabetes education class 84-85 88 <input type="checkbox"/> Other - Specify 86-87	36a.	00 <input type="checkbox"/> Nowhere (39) 58-59 01 <input type="checkbox"/> Doctor's office - doctor 60-61 02 <input type="checkbox"/> Doctor's office - nurse 62-63 03 <input type="checkbox"/> Dietitian or nutritionist 64-65 04 <input type="checkbox"/> Doctor or nurse in a hospital 66-67 05 <input type="checkbox"/> Relative or friend 68-69 06 <input type="checkbox"/> Another diabetic 70-71 07 <input type="checkbox"/> Health department 72-73 08 <input type="checkbox"/> Diabetes organization 74-75 09 <input type="checkbox"/> National Diabetes Information Clearing House 76-77 10 <input type="checkbox"/> Diabetes support group 78-79 11 <input type="checkbox"/> Library 80-81 12 <input type="checkbox"/> Newspapers 82-83 13 <input type="checkbox"/> Diabetes education class 84-85 88 <input type="checkbox"/> Other - Specify 86-87	00 <input type="checkbox"/> Nowhere (39) 58-59 01 <input type="checkbox"/> Doctor's office - doctor 60-61 02 <input type="checkbox"/> Doctor's office - nurse 62-63 03 <input type="checkbox"/> Dietitian or nutritionist 64-65 04 <input type="checkbox"/> Doctor or nurse in a hospital 66-67 05 <input type="checkbox"/> Relative or friend 68-69 06 <input type="checkbox"/> Another diabetic 70-71 07 <input type="checkbox"/> Health department 72-73 08 <input type="checkbox"/> Diabetes organization 74-75 09 <input type="checkbox"/> National Diabetes Information Clearing House 76-77 10 <input type="checkbox"/> Diabetes support group 78-79 11 <input type="checkbox"/> Library 80-81 12 <input type="checkbox"/> Newspapers 82-83 13 <input type="checkbox"/> Diabetes education class 84-85 88 <input type="checkbox"/> Other - Specify 86-87
b.	01 <input type="checkbox"/> Doctor's office - doctor 88-89 02 <input type="checkbox"/> Doctor's office - nurse 90-91 03 <input type="checkbox"/> Dietitian or nutritionist 92-93 04 <input type="checkbox"/> Doctor or nurse in a hospital 05 <input type="checkbox"/> Relative or friend 06 <input type="checkbox"/> Another diabetic 07 <input type="checkbox"/> Health department 08 <input type="checkbox"/> Diabetes organization 09 <input type="checkbox"/> National Diabetes Information Clearing House 10 <input type="checkbox"/> Diabetes support group 11 <input type="checkbox"/> Library 12 <input type="checkbox"/> Newspapers 13 <input type="checkbox"/> Diabetes education class 88 <input type="checkbox"/> Other - Specify	01 <input type="checkbox"/> Doctor's office - doctor 88-89 02 <input type="checkbox"/> Doctor's office - nurse 90-91 03 <input type="checkbox"/> Dietitian or nutritionist 92-93 04 <input type="checkbox"/> Doctor or nurse in a hospital 05 <input type="checkbox"/> Relative or friend 06 <input type="checkbox"/> Another diabetic 07 <input type="checkbox"/> Health department 08 <input type="checkbox"/> Diabetes organization 09 <input type="checkbox"/> National Diabetes Information Clearing House 10 <input type="checkbox"/> Diabetes support group 11 <input type="checkbox"/> Library 12 <input type="checkbox"/> Newspapers 13 <input type="checkbox"/> Diabetes education class 88 <input type="checkbox"/> Other - Specify	b.	01 <input type="checkbox"/> Doctor's office - doctor 88-89 02 <input type="checkbox"/> Doctor's office - nurse 90-91 03 <input type="checkbox"/> Dietitian or nutritionist 92-93 04 <input type="checkbox"/> Doctor or nurse in a hospital 05 <input type="checkbox"/> Relative or friend 06 <input type="checkbox"/> Another diabetic 07 <input type="checkbox"/> Health department 08 <input type="checkbox"/> Diabetes organization 09 <input type="checkbox"/> National Diabetes Information Clearing House 10 <input type="checkbox"/> Diabetes support group 11 <input type="checkbox"/> Library 12 <input type="checkbox"/> Newspapers 13 <input type="checkbox"/> Diabetes education class 88 <input type="checkbox"/> Other - Specify	01 <input type="checkbox"/> Doctor's office - doctor 88-89 02 <input type="checkbox"/> Doctor's office - nurse 90-91 03 <input type="checkbox"/> Dietitian or nutritionist 92-93 04 <input type="checkbox"/> Doctor or nurse in a hospital 05 <input type="checkbox"/> Relative or friend 06 <input type="checkbox"/> Another diabetic 07 <input type="checkbox"/> Health department 08 <input type="checkbox"/> Diabetes organization 09 <input type="checkbox"/> National Diabetes Information Clearing House 10 <input type="checkbox"/> Diabetes support group 11 <input type="checkbox"/> Library 12 <input type="checkbox"/> Newspapers 13 <input type="checkbox"/> Diabetes education class 88 <input type="checkbox"/> Other - Specify
37a.	1 <input type="checkbox"/> Yes 94 2 <input type="checkbox"/> No } (38) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 94 2 <input type="checkbox"/> No } (38) 9 <input type="checkbox"/> DK	37a.	1 <input type="checkbox"/> Yes 94 2 <input type="checkbox"/> No } (38) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 94 2 <input type="checkbox"/> No } (38) 9 <input type="checkbox"/> DK
b.	_____ Hours 95-97 999 <input type="checkbox"/> DK	_____ Hours 95-97 999 <input type="checkbox"/> DK	b.	_____ Hours 95-97 999 <input type="checkbox"/> DK	_____ Hours 95-97 999 <input type="checkbox"/> DK
c.	1 <input type="checkbox"/> Yes 98 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 98 2 <input type="checkbox"/> No	c.	1 <input type="checkbox"/> Yes 98 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 98 2 <input type="checkbox"/> No
(2)	1 <input type="checkbox"/> Yes 99 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 99 2 <input type="checkbox"/> No	(2)	1 <input type="checkbox"/> Yes 99 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 99 2 <input type="checkbox"/> No
(3)	1 <input type="checkbox"/> Yes 100 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 100 2 <input type="checkbox"/> No	(3)	1 <input type="checkbox"/> Yes 100 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 100 2 <input type="checkbox"/> No
(4)	1 <input type="checkbox"/> Yes 101 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 101 2 <input type="checkbox"/> No	(4)	1 <input type="checkbox"/> Yes 101 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 101 2 <input type="checkbox"/> No
(5)	1 <input type="checkbox"/> Yes 102 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 102 2 <input type="checkbox"/> No	(5)	1 <input type="checkbox"/> Yes 102 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 102 2 <input type="checkbox"/> No
(6)	1 <input type="checkbox"/> Yes 103 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 103 2 <input type="checkbox"/> No	(6)	1 <input type="checkbox"/> Yes 103 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 103 2 <input type="checkbox"/> No
38.	1 <input type="checkbox"/> Yes 104 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 104 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	38.	1 <input type="checkbox"/> Yes 104 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 104 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
39.	1 <input type="checkbox"/> Yes, father 105 2 <input type="checkbox"/> Yes, mother 3 <input type="checkbox"/> Yes, both 4 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes, father 105 2 <input type="checkbox"/> Yes, mother 3 <input type="checkbox"/> Yes, both 4 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	39.	1 <input type="checkbox"/> Yes, father 105 2 <input type="checkbox"/> Yes, mother 3 <input type="checkbox"/> Yes, both 4 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes, father 105 2 <input type="checkbox"/> Yes, mother 3 <input type="checkbox"/> Yes, both 4 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
40.	00 <input type="checkbox"/> None 106-107 _____ Total number of children 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> None 106-107 _____ Total number of children 99 <input type="checkbox"/> DK	40.	00 <input type="checkbox"/> None 106-107 _____ Total number of children 99 <input type="checkbox"/> DK	00 <input type="checkbox"/> None 106-107 _____ Total number of children 99 <input type="checkbox"/> DK

Section T — DIABETES RISK FACTOR QUESTIONS (SP)

3-4

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)

5

CHECK
ITEM 2

Refer to Section Q1, item 1b on page 32.

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

6

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

- 1 ☐ Yes
2 ☐ No
9 ☐ DK

7

a. Protein or albumin in your urine?

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

- 1 ☐ Yes
2 ☐ No } (1d)
9 ☐ DK

8

c. Polycystic kidney disease?

- 1 ☐ Yes
2 ☐ No
9 ☐ DK

9

d. Periodontal or gum disease?

- 1 ☐ Yes
2 ☐ No
9 ☐ DK

10

2. About how many times in the past 12 months has a doctor or other health professional —

- 00 ☐ None

11-12

_____ Times

a. Checked you for diabetes?

- 99 ☐ DK

b. Checked your blood pressure?

- 000 ☐ None

13-15

_____ Times

- 999 ☐ DK

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

- 00 ☐ None

16-17

_____ Times

- 99 ☐ DK

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 } (6)
9 ☐ DK

18

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

- 1 ☐ Yes
2 ☐ No } (6)
9 ☐ DK

19

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

_____ Years old

20-21

- 99 ☐ DK

6. When you urinate —

- 0 ☐ NA/Dialysis (8)

22

a. Do you USUALLY have trouble starting?

- 1 ☐ Yes
2 ☐ No
9 ☐ DK

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

- 1 ☐ Yes
2 ☐ No
9 ☐ DK

23

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 } (8)
9 ☐ DK

24

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

_____ Times

25-26

- 00 ☐ Less than once a night

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

27

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

Have you ever had an amputation of your toe, foot, leg, or part of leg? If "Yes," ask: Which? Mark all that apply.	<input type="checkbox"/> Yes, toe <input type="checkbox"/> Yes, foot <input type="checkbox"/> Yes, leg or part of leg <input type="checkbox"/> No	28 29
During the past 3 months have you had --	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	30
8. Numbness or loss of feeling in your hands or feet other than from your hands or feet falling asleep?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	31
b. A painful sensation or tingling in your hands or feet? Do not include normal foot aches from standing or walking for long periods.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	32
c. Decreased ability to feel hot or cold in things you touch?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	33
1a. Do you NOW smoke cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No (12)	34-35
b. About how many cigarettes do you smoke per day?	<input type="checkbox"/> Less than 1 per day _____ Per day <input type="checkbox"/> Don't smoke regularly	36
2a. Have you tried to lose weight in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	37
b. Is your weight now more, less, or about the same as a year ago?	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> About the same (13)	38-40
c. In the past year, about how much weight have you (gained/lost)?	_____ Pounds <input type="checkbox"/> DK	41-43
Ask if 26 or older; otherwise, go to 14.		44-46
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.	_____ Pounds <input type="checkbox"/> DK	47-48
b. What is the most you have ever weighed? For females: Except when you were pregnant?	_____ Pounds <input type="checkbox"/> DK	49
c. About how old were you when you FIRST weighed that much?	<input type="checkbox"/> Now _____ Years old	50
14. Do you have serious trouble seeing with one or both eyes even when wearing glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	51-52
15. Were either of your parents ever told that they had diabetes? Do not include pre, potential, or borderline diabetes. If "Yes," ask: Which?	<input type="checkbox"/> Yes, father <input type="checkbox"/> Yes, mother <input type="checkbox"/> Yes, both <input type="checkbox"/> No <input type="checkbox"/> DK	
16. How many children have you had, including any that may have died? For females: Do not include stillbirths or miscarriages.	<input type="checkbox"/> None _____ Total number of children <input type="checkbox"/> DK	

Notes