The next questions are about specific medical conditions.

(Other than during pregnancy, have you/has SP)/(Have you/Has SP) ever been told by a doctor or health professional that you have/(he/she/SP) has diabetes or sugar diabetes?

**CAPI INSTRUCTION:**
If SP age < 12, display "HAVE YOU" for the first display and "SP HAS" for the second display.
If SP is female and age >= 20, display "OTHER THAN DURING PREGNANCY, HAVE YOU/HAS SP".

YES .............................. 1
NO .............................. 2 (DIQ.050)
BORDERLINE ...................... 3 (DIQ.050)
REFUSED .......................... 7 (DIQ.050)
DON'T KNOW ...................... 9 (DIQ.050)

How old (was SP/were you) when a doctor or other health professional first told (you/him/her) that you/he/she had diabetes or sugar diabetes?

**CAPI INSTRUCTION:**
If SP age < 12, display "YOU" for the second display.

|___|___|
ENTER AGE IN YEARS

LESS THAN 1 YEAR ..................... 666
REFUSED .......................... 777
DON'T KNOW ........................ 999

(Is SP/Are you) now taking insulin?

YES .............................. 1
NO .............................. 2 (BOX 0)
REFUSED .......................... 7 (BOX 0)
DON'T KNOW ...................... 9 (BOX 0)

For how long (have you/has SP) been taking insulin?

|___|___|___|
ENTER NUMBER (OF MONTHS OR YEARS)

LESS THAN 1 MONTH ............... 666
REFUSED .......................... 777
DON'T KNOW ........................ 999

ENTER UNIT

MONTHS ......................... 1
YEARS .......................... 2
REFUSED ........................ 7
DON'T KNOW ...................... 9
BOX 0

CHECK ITEM DIQ.065:
IF ‘YES’ (CODE 1) IN DIQ.010, CONTINUE.
OTHERWISE, GO TO BOX 2.

DIQ.070 {Is SP/Are you} now taking diabetic pills to lower {(his/her)/your} blood sugar?  These are sometimes called oral agents or oral hypoglycemic agents.

YES ...................................... 1
NO ........................................ 2
REFUSED .............................. 7
DON'T KNOW ......................... 9

BOX 1

CHECK ITEM DIQ.075:
IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

DIQ.080 Has a doctor ever told (you/SP) that diabetes has affected (your/his/her) eyes or that (you/s/he) had retinopathy?

YES ...................................... 1
NO ........................................ 2
REFUSED .............................. 7
DON'T KNOW ......................... 9

BOX 2

CHECK ITEM DIQ.085:
IF SP AGE >= 40, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

DIQ.090 {Have you/Has SP} ever had an ulcer or sore on (your/his/her) leg or foot that took more than 4 weeks to heal?

YES ...................................... 1
NO ........................................ 2
REFUSED .............................. 7
DON'T KNOW ......................... 9

DIQ.100 During the past 3 months, {have you/has SP} had numbness or loss of feeling in (your/his/her) hands or feet, other than from (your/his/her) hands or feet falling asleep?

YES ...................................... 1
NO ........................................ 2  (DIQ.120)
REFUSED .............................. 7  (DIQ.120)
DIQ.110  Has the numbness or loss of feeling been in {your/SP's} hands, feet, or both?

HANDS .................................. 1
FEET ...................................... 2
BOTH ...................................... 3
REFUSED .................................. 7
DON'T KNOW ............................ 9

DIQ.120  During the past 3 months, {have you/has SP} had a painful sensation or tingling in {your/his/her} hands or feet?  Do not include normal foot aches from standing or walking for long periods.

YES ...................................... 1
NO .......................................... 2 (DIQ.140)
REFUSED .................................. 7 (DIQ.140)
DON'T KNOW ............................ 9 (DIQ.140)

DIQ.130  Has the painful sensation or tingling been in {your/his/her} hands, feet, or both?

HANDS .................................. 1
FEET ...................................... 2
BOTH ...................................... 3
REFUSED .................................. 7
DON'T KNOW ............................ 9

DIQ.140  {Do you/Does SP} ever get pain in either leg while {you are/s/he is} walking?

YES ...................................... 1
NO .......................................... 2 (END OF SECTION)
REFUSED .................................. 7 (END OF SECTION)
DON'T KNOW ............................ 9 (END OF SECTION)

DIQ.150  Does this pain include pain in {your/SP's} calf or calves?

YES ...................................... 1
NO .......................................... 2
REFUSED .................................. 7
DON'T KNOW ............................ 9