

7/8/11

DIABETES – DIQ
Target Group: 3 to 15 years

DIQ.010 {Other than during pregnancy, {have you/has SP}/{Have you/Has SP}} **ever** been told by a doctor or other health professional that {you have/{s/he/SP} has} diabetes or sugar diabetes?

CAPI INSTRUCTION:

IF SP AGE >= 16, DISPLAY "HAVE YOU" AND "YOU HAVE"
 IF SP AGE 12-15, DISPLAY "HAS {SP}" AND "S/HE HAS"
 IF SP AGE <12, DISPLAY "HAVE YOU" AND "{SP} HAS"
 IF SP IS FEMALE AND AGE >= 20, DISPLAY "OTHER THAN DURING PREGNANCY, {HAVE YOU/HAS SP}":

- YES 1
- NO 2 (BOX 4)
- BORDERLINE OR PREDIABETES 3 (BOX 4)
- REFUSED 7 (BOX 4)
- DON'T KNOW 9 (BOX 4)

DIQ.040 How old {was SP/were you} when a doctor or other health professional **first** told {you/him/her} that {you/s/he} had diabetes or sugar diabetes?
 G/Q

CAPI INSTRUCTION:

IF SP AGE >= 16, DISPLAY "WERE YOU" AND "YOU" AND "YOU"
 IF SP AGE 12-15, DISPLAY "WAS {SP}" AND "HIM/HER" AND "S/HE"
 IF SP AGE <12, DISPLAY "WAS {SP}" AND "YOU" AND "S/HE"

- ENTER AGE IN YEARS 1
- LESS THAN 1 YEAR 2 (BOX 4)
- REFUSED 7 (BOX 4)
- DON'T KNOW 9 (BOX 4)

- ENTER AGE IN YEARS
- REFUSED 77777
- DON'T KNOW 99999

BOX 4

CHECK ITEM DIQ.159:
 IF AGE < 12 OR DIQ.010 = 1 (YES) GO TO DIQ.050.
 IF AGE >= 12 AND DIQ.010 = 3, GO TO DIQ.050.
 OTHERWISE, CONTINUE.

DIQ.160 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you have/SP has} any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes or that {your/her/his} blood sugar is higher than normal but not high enough to be called diabetes or sugar diabetes?

HAND CARD DIQ1

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

HELP SCREEN: **PREDIABETES, IMPAIRED FASTING GLUCOSE, IMPAIRED GLUCOSE TOLERANCE, OR BORDERLINE DIABETES** OCCURS WHEN BLOOD SUGAR (GLUCOSE) LEVELS ARE HIGHER THAN NORMAL BUT NOT HIGH ENOUGH TO BE DIABETES.

DIQ.050 {Is SP/Are you} **now** taking insulin?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

HELP SCREEN:

Insulin: Insulin is administered with a needle and syringe by the patient.

BOX 0

CHECK ITEM DIQ.065:

IF DIQ.010 = 1 (YES) OR DIQ.160 = 1 (YES) OR DIQ.010 = 3, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

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