



DIABETES QUESTIONNAIRE

ID NUMBER:

FORM CODE:

DATE: 09/15/2016
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Items 1 through 4 should be asked to all participants. For items 5a-5d we have included on the Participant's Snapshot Report the most current diabetic status from the medical conditions update form (MCU). If the participant has previously been diagnosed with diabetes, then you will complete item 5a with the participant. If the Participant's Snapshot Report indicates the participant has never indicated they have diabetes, then the interviewer should enter "No" on item 5a and continue with item 5c.

A. General Preventive Care Practices

1. During the past 12 months, have you had a flu shot?.....

Yes Y
No N

2. Have you ever had a pneumonia vaccination? This shot is usually given only once in a person's lifetime and is different from a flu shot.

Yes Y
No N

B. Diabetes History

3. Did your mother ever have diabetes, or sugar in the blood?.....

Yes Y
No N

4. Did your father ever have diabetes, or sugar in the blood?

Yes Y
No N

For the interviewer: ask question 5a OR 5c, based on the diabetes status previously reported by the participant (as found on the Visit Preparation Report)]

[If the participant has previously been diagnosed with diabetes:]

5a. We believe you may have previously told ARIC that you have diabetes; is that correct?

Yes Y
No N → **GO TO QUESTION 5c**

5b. At what age were you first told you have diabetes?

years → **GO TO QUESTION 6**

[If the participant was NOT previously diagnosed with diabetes:]

5c. Has a doctor ever said you have diabetes, or sugar in the blood?.....

Yes..... Y
No..... N → **End of form**

5d. At what age were you first told you have diabetes?

years

C. Diabetes Preventive Care Practice

6. Are you taking insulin?

Yes Y
No N

7. Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

Yes Y
No N

8. How often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional.

number of times → **GO TO QUESTION 9 if 0**

8a. Number of times by day, week or month?

Per Day..... D
Per Week..... W
Per Month..... M

9. Glycosylated hemoglobin or the A1C test measures your average level of blood sugar for the past three months, and usually ranges between 5.0 and 13.9. During the past 12 months, has a doctor or other health professional checked your glycosylated hemoglobin A1C?

Yes Y
No N → **GO TO QUESTION 11**

10. What was your last A1C level?

.

11. What does your doctor or other health professional say your A1C level should be? (Pick the lowest level recommended by your health care professional)

- Less than 6 1
- Less than 7 2
- Less than 8 3
- Less than 9 4
- Any value greater than or equal to 9 5
- Provider did not specify goal 6

12. During the past 12 months, has a doctor or other health professional checked your feet for any sores or irritations?

- Yes.....Y
- No.....N → **GO TO QUESTION 13**
- Both Feet amputatedA → **GO TO QUESTION 14**

12a. During the past 12 months, about how many times has a doctor or other health professional checked your feet for any sores or irritations?

13. How often do you check your feet for sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional.

number of times → **GO TO QUESTION 14 if 0**

13a. Number of times by day, week, month or year?

- Per Day.....D
- Per Week.....W
- Per Month.....M
- Per Year.....Y

14. When was the last time you had an eye exam in which the pupils were dilated, other than during an ARIC study visit? This would have made you temporarily sensitive to bright light.

- Less than 1 month 1
- 1-12 months..... 2
- 13-24 months 3
- Greater than 2 years 4
- Never 5

15. Has a doctor ever told you that your diabetes has affected your eyes or that you had retinopathy?

Yes Y
No N

16. Has a doctor or other health professional ever said you had peripheral neuropathy or nerve damage in your lower legs, feet or hands?

Yes Y
No N

17. In the past 12 months, has a doctor or other health professional checked your urine for protein?.....

Yes Y
No N

18. Has a doctor or other health professional ever told you that you have protein in your urine also called proteinuria?.....

Yes Y
No N → **GO TO QUESTION 19**

18a. Are you taking any medication to treat this?

Yes Y
No N

D. Hypoglycemia Assessment

19. How many times in the last month have you had a low blood sugar (glucose) reaction with symptoms such as sweating, weakness, anxiety, trembling, hunger, or headache?

times

20. How many times in the last year have you had severe low blood sugar reactions such as passing out or needing help to treat the reaction?

times

During the past year, how often did your blood sugar become too low because:

21. You were sick or had an infection?

- Never N
- Sometimes..... S
- Often..... O

22. You were upset or angry?

- Never N
- Sometimes..... S
- Often..... O

23. During the past year, you took the wrong amount of medicine?

- Never N
- Sometimes..... S
- Often..... O

24. You ate the wrong types of food?

- Never N
- Sometimes..... S
- Often..... O

25. During the past year, you had more physical activity than usual?

- Never N
- Sometimes..... S
- Often..... O
- Unknown..... U

26. You waited too long to eat or skipped a meal?

- Never N
- Sometimes..... S
- Often..... O

27. You were feeling stressed?

- Never N
- Sometimes..... S
- Often..... O

28. Are there other reasons your blood sugar become too low?

Yes Y

No N → **End of form**

28a. If, other please specify:
