



# INSTRUCTIONS FOR THE DIABETES QUESTIONNAIRE (DQF) FORM Version 1.0

## I. General Instructions

The Diabetes Questionnaire Form should be completed by all participants. This form should be completed during the participant's clinic or home visit to record information on general preventive care, diabetes history and diabetes preventive care practices. Staff members completing this form should be certified and have a working knowledge of the relevant Manual of Operations.

Sections A (General Preventive Care Practices) should be asked of all participants regardless of their current diabetes status. For Section B (Diabetes History), items 3-4 should be asked of all participants. Questions 5a-5b should be asked of those with a history of diabetes, and questions 5c-5d should be asked of those without a history of diabetes. The participant's current diabetes status will be included on the Participant Snapshot Report. Sections C (Diabetes Preventative Care Practice) and D (Hypoglycemia Assessment) should be asked in participants with diabetes (participants who answered Yes to question 5a or 5c).

### Administrative Information

- 0a. Enter the date the diabetes questionnaire form is collected.
- 0b. Enter the staff code of the person completing this form.

## A. General Preventive Care Practices

- 1. During the **past 12 months** if the participant had a flu shot enter Y
- 2. During any time in the participant's life span if they have had a pneumonia vaccination enter Y. If the participant is unsure if he/she has had a pneumonia vaccine, you may provide the following information to help them answer the question. "You may have been told the pneumonia vaccine would be given once in a lifetime or with a booster after 5 years." Recently, a 13-valent pneumonia (pneumococcal) vaccine has been added to vaccination recommendations for older adults. It should be given once for all adults 65 years old or older, in addition to the previous vaccine (23-valent). The new 13-valent vaccine can be given first, followed by the older vaccine 6-12 months later, or one year after the older vaccine was received. If the participant describes receiving either of these vaccines, the response to the question should be "Yes".

## B. Diabetes History

- 3. Ask the participant if their mother ever had diabetes, or sugar in the blood, if yes mark Y
- 4. Ask the participant if their father ever had diabetes, or sugar in the blood, if yes mark Y
- 5a. 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. Ask the participant to reconfirm that they have diabetes, if they say yes then enter Y in 5a and continue to the 5b. If they say no then enter N in 5a, skip to question 5c.

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.

- 5b. Enter the age, in years, that the participant was first told they had diabetes.
- 5c. If the Participant Snapshot indicated the participant has NOT been previously diagnosed with diabetes then you will ask them if a doctor ever said they have diabetes, or sugar in the blood, if they respond yes, enter Y and continue to item 5d. If they respond no, enter N, skip to the end of the form, they will not answer the remaining items and they will also not complete the Diabetes Treatment Form (DTF).
- 5d. Enter the age, in years, that the participant was first told they had diabetes or sugar in the blood.

### **C. Diabetes Preventive Care Practice**

- 6. Enter Y if the participant is currently taking insulin.
- 7. Enter Y if the participant is currently taking diabetic pills to lower blood sugar. These are sometimes called oral agents or oral hypoglycemic agents.
- 8. Enter how often (number of times) the participant checks their blood for glucose or sugar. This includes times when checked by a family member or friend. This does not include times when checked by a doctor or health professional. If they never check their blood for glucose or sugar enter 0 and skip to question 9. Enter in item 8a if this number is based on per day, week or month.
- 8a. If the participant checks their blood for glucose or sugar daily then enter D, enter W if the number of times checked is per week. Enter M if the number of times checked is per month.
- 9. Enter Y if a doctor or other health professional has checked the participant's glycated hemoglobin A1C (also called glycosylated hemoglobin, hemoglobin A1c, HbA1c, or A1C) in the last 12 months. Glycated hemoglobin or the A1C test measures the average level of blood sugar for the past three months and usually ranges between 5.0 and 13.9. If they respond N then skip to Question 12.
- 10. Enter the participant's last A1C level, if the participant cannot recall their A1C value then set this data field to permanently missing. To do this you will need to click on the small double bracket icon which look like this >> which is located by the data field input box. This will display a field dialogue box, in this box you will click on the *Set the field status to a value*. Using the drop down list choose the appropriate response from the list.
- 11. Enter the lowest A1C level recommended to the participant by their doctor or other health care professional. If the participant cannot recall the lowest A1C value recommended by their doctor or other health care professional then set this data field to permanently missing.
- 12. Enter Y if during the past 12 months, a doctor or other health care professional has checked the participant's feet for any sores or irritations. If they respond N, skip to question 13. If both feet are amputated then enter A, then skip to question 14.
- 12a. Enter the number of times during the past 12 months a doctor or other health care professional has checked the participant's feet for any sores or irritations.

13. Enter the number of times the participant checks their feet for sores or irritations. Include times when checked by a family member or friend. Do not include times when checked by a doctor or health professional. If the participant does not check their feet for sores or irritations then enter 0, skip to question 14. Enter in item 13a if this number is based on per day, week, month or year.
- 13a. If the participant checks their feet for sores or irritations daily then enter D. Enter W if the number of times checked is per week. Enter M if the number of times checked is per month. Enter Y if the number of times checked is per year.
14. Enter the last time the participant had an eye exam in which the pupils were dilated (this would have made them temporarily sensitive to bright light) other than during an ARIC study visit.
15. Enter Y if a doctor has ever told the participant that their diabetes has affected their eyes or that they had retinopathy.
16. Enter Y if a doctor or other health professional has ever told the participant that they had peripheral neuropathy or nerve damage in their lower legs, feet or hands.
17. Enter Y if in the past 12 months, a doctor or other health professional has checked the participant's urine for protein.
18. Enter Y if a doctor or other health professional has ever told the participant that they have protein in their urine also called proteinuria. Proteinuria is also called albuminuria or urine albumin. If they respond N then skip to question 19.
- 18a. Enter Y if the participant is currently taking medication to treat proteinuria.

#### **D. Hypoglycemia Assessment**

19. Enter the number of times in the last month that the participant has had a low blood sugar (glucose) reaction with symptoms such as sweating, weakness, anxiety, trembling, hunger, or headache.
20. Enter the number of times in the last year that the participant has had severe low blood sugar reactions such as passing out or needing help to treat the reaction.

#### **Items 21-28a are all looking at during the past year; how often the participant's blood sugar became too low**

21. Enter how often during the past year that the participant's blood sugar became too low because they were sick or had an infection.
22. Enter how often during the past year that the participant's blood sugar became too low because they were upset or angry.
23. Enter how often during the past year that the participant's blood sugar became too low because they took the wrong amount of medicine.
24. Enter how often during the past year that the participant's blood sugar became too low because they ate the wrong types of food.
25. Enter how often during the past year that the participant's blood sugar became too low because they had more physical activity than usual.
26. Enter how often during the past year that the participant's blood sugar became too low because they waited too long to eat or skipped a meal,

27. Enter how often during the past year that the participant's blood sugar became too low because they were feeling stressed.
28. Enter Y if over the past year that the participant's blood sugar became too low due to other reasons. If N, skip to end of form.
- 28a. If the participant's blood sugar became too low due to other reasons, please specify.

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Per Day

Per Week

Per Month

# Q. 8

Less than 6

Less than 7

Less than 8

Less than 9

Any value greater than or equal to 9

Provider did not specify goal



# Q. 11

Per Day

Per Week

Per Month

Per Year

# Q. 13a

Less than 1 month

1-12 months

13-24 months

Greater than 2 years

Never

# Q. 14

Never

Sometimes

Often

# Q. 21-27