

**Attachment A**

**Questionnaire**

Public reporting burden for this collection of information is estimated to average **15 minutes** per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Office, 6701 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730, ATTN: PRA (0925-0552\*).

**INTRODUCTION**

**Si1. Hello, my name is \_\_\_\_\_, and I'm calling on behalf of the National Institutes of Health. We're gathering information about health issues.**

**IF LETTER SENT: You may have received a letter about this study from the US Department of Health and Human Services.**

- 1. English, Continue**
- 2. Spanish, Conitinue**
- 3. Spanish, Spanish Interviewer, Call back**
- 4. Business, Government Office, Other organization**
- 5. Institution**
- 6. Group Home**
- 7. Hard of Hearing**
- 8. Physically or mentally/incompetent**
- 9. Cell phone/Teen phone**
- 10. Dedicated fax/Computer Line, No Home Use**

**Si2. Could you tell me how many members of your household, including yourself, are 35 years of age or older?**

- 1.....1 GO TO S3
- 2.....2 GO TO S3
- 3.....3 GO TO S3
- 4.....4 GO TO S3
- NONE.....5 END SURVEY

**S2a. Thank you, but we're only gathering information from adults who are 35 years or older. Thank you and good-bye.**

OMB no:0925-0552

Exp. Date 11/30/2008

IF BUSINESS, OR R REFUSES, VERIFY PHONE NUMBER. END CALL IF  
WRONG NUMBER, GO BACK TO INTRODUCTION AND REDIAL PHONE  
NUMBER.

Si3. IF S2=1: Is it you or someone else?  
IF S2=2, 3, OR 4: Who is the person 35 years old or older with the most recent birthday?

SELF.....1 (s4)  
SOMEONE ELSE.....2 (s4)

IF R REFUSES, VERIFY PHONE NUMBER. END CALL IF WRONG NUMBER, GO BACK TO INTRODUCTION AND REDIAL PHONE NUMBER.

Si4. May I have (your/his/her) first name?

\_\_\_\_\_

Si5. I want to verify that the phone number I dialed is XXX-XXX-XXXX. Is that correct?

YES.....1 (s6)  
NO.....2 (s5a)

Si5a. For this study I need to speak to someone at the phone number I mentioned. Thank you for your time.

ENTER 1 TO CONTINUE

Si6. May I speak to (NAME FROM S4)?

YES, AVAILABLE.....1 (S10)  
NO, NOT AVAILABLE.....2 (S6a)

S6a. IF NOT AVAILABLE: When would be a good time to reach him/her?

**GO TO APPOINTMENT SCREEN**

IF R REFUSES, VERIFY PHONE NUMBER. END CALL.  
IF WRONG NUMBER, GO BACK TO INTRODUCTION AND REDIAL PHONE NUMBER.

S7. This is (INTERVIEWER) calling on behalf of the National Institutes of Health. May I please speak to (NAME FROM S4)?

YES, AVAILABLE.....1 (S8)  
NO, NOT AVAILABLE.....2 (S7a)

S7a. IF NOT AVAILABLE: When would be a good time to reach him/her?

**GO TO APPOINTMENT SCREEN**

S8. (Good morning/afternoon/evening), this is (INTERVIEWER) calling on behalf of the National Institutes of Health, which is gathering information about health issues. We spoke to someone in your household earlier and learned you may be eligible for this study. First, I would like to verify that you are age 35 years or older.

YES.....1 (S9/10)  
NO.....2 (S7a)

S8a. For this study I need to speak to someone who is at least 35 years old. Thank you for your time.

ENTER 1 TO END STUDY

Si10. (Hello, my name is XXX, and I'm calling on behalf of the National Institutes of Health.)

We're gathering information on health issues. Although your participation in this study is voluntary, it is very important. It will take only 15 minutes, and I won't ask your full name, address or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the call at any time. All information you give me will be kept confidential to the extent allowed under law.

ENTER 1 TO CONTINUE

AFTER MAKING APPT:

AP1: If you have any questions, you can always call our toll-free number, 1-800-598-2888.

Thank you very much for your time.

**Section A: Survey of People with Diabetes and their Families,  
People with Pre-diabetes and  
People at High Risk of Developing Diabetes**

**Section A: Identifies People with Diabetes (PWD) and their families, People with Pre Diabetes (PPD) and People at High Risk for Developing Diabetes (PHR).**

A1Mo. First, in what month and year were you born?

- 1. JANUARY
- 2. FEBRUARY
- 3. MARCH
- 4. APRIL
- 5. MAY
- 6. JUNE
- 7. JULY
- 8. AUGUST
- 9. SEPTEMBER
- 10. OCTOBER
- 11. NOVEMBER
- 12. DECEMBER
- DON'T KNOW.....8
- REFUSED.....R
- NOT ASCERTAINED.....9 (ENTER NOTE)

IF BIRTH YEAR IS NOT ASCERTAINED, ASK ONCE AGAIN IF THE R IS AGE 45 OR OLDER. IF NO OR NOT KNOWN, END SURVEY.

A1Yr. [ENTER FOUR-DIGIT YEAR, I.E. YYYY]

A2. ASK ONLY IF NECESSARY:

- MALE.....1
- FEMALE.....2

Now I'm going to ask some questions about diabetes.

A3. Have you ever had a blood test to see if you have diabetes or high blood sugar?

- YES.....1
  - NO.....2
  - REFUSED.....R
- GO TO A5

A4. About how long has it been since you had this test? Would you say:

- Less than 1 year ago.....1
- At least 1 year but less than 2 years ago.....2
- At least 2 years but less than 3 years ago.....3
- At least 3 years but less than 5 years ago.....4
- At least 5 years or more.....5

A5. {(IF A2=2) Other than during pregnancy}, has a doctor or other health professional ever told you that you have diabetes or **sugar diabetes**?

- YES.....1
- NO.....2 GO TO A7
- REFUSED.....R GO TO A7
- DON'T KNOW.....8 GO TO A7

A6. How old were you when a doctor or other health professional **first** told you that you had diabetes or **sugar diabetes**? Please give me your best estimate.

ENTER AGE IN YEARS

A7. Does anyone {(IF A5=YES)} else in your immediate family have diabetes?

- YES.....1
- NO.....2 GO TO A9
- REFUSED.....R GO TO A9
- DON'T KNOW.....8 GO TO A9

A8. May I ask which member of your immediate family has diabetes? (DO NOT READ, ENTER ALL THAT APPLY)

- SPOUSE (HUSBAND/WIFE).....01
- MOTHER .....02
- FATHER .....03
- SISTER.....04
- BROTHER.....05
- DAUGHTER.....06
- SON.....07
- GRANDPARENT.....08
- OTHER.....09

A9. Have you ever heard of the term pre-diabetes?

YES.....1  
NO.....2  
REFUSED.....R  
DON'T KNOW.....8

ASK A10 – A12 ONLY IF A5 IS NO



A10intro.

{(IF A9=YES) As you may already know} Pre-diabetes is a term that means a person is at high risk for developing diabetes or a person has blood sugar levels that are higher than normal but do not yet reach the level of diabetes.

Have you ever been told by a doctor or other health professional that you have:

A10a. Pre-diabetes?  
 YES.....1 **GO TO A12**  
 NO.....2  
 REFUSED.....R  
 DON'T KNOW.....8

A10b. Impaired fasting glucose?  
 YES.....1 **GO TO A12**  
 NO.....2  
 REFUSED.....R  
 DON'T KNOW.....8

A10c. Impaired glucose tolerance?  
 YES.....1 **GO TO A12**  
 NO.....2  
 REFUSED.....R  
 DON'T KNOW.....8

A10d. Borderline diabetes?  
 YES.....1 **GO TO A12**  
 NO.....2  
 REFUSED.....R  
 DON'T KNOW.....8

A10e. High blood sugar?  
 YES.....1 **GO TO A12**  
 NO.....2  
 REFUSED.....R  
 DON'T KNOW.....8

A10f. Have you ever been told by a doctor or other health professional that you are at high risk for diabetes?  
 YES.....1 **GO TO A12**  
 NO.....2  
 REFUSED.....R  
 DON'T KNOW.....8

A11. Do you feel you could be at risk for diabetes?

- YES.....1
- NO.....2 GO TO A13
- REFUSED.....R GO TO A 13
- DON'T KNOW.....8 GO TO A13

A12. Why do you think you are at risk for diabetes?

**(DO NOT READ; ENTER ALL THAT APPLY)**

**RISK FACTORS**

- FAMILY HISTORY.....1
- OVERWEIGHT.....2
- AGE.....3
- POOR DIETARY HABITS.....4
- RACE.....5
- HAD A BABY THAT WEIGHED  
OVER 9 LBS. AT BIRTH.....6

**MEDICAL CONDITIONS**

- HIGH BLOOD PRESSURE.....1
- HIGH BLOOD SUGAR.....2
- HIGH CHOLESTEROL.....3
- HYPOGLYCEMIC.....4

**EXPERIENCED SYMPTOMS**

- EXTREME HUNGER.....1
- TINGLING/NUMBNESS  
IN HANDS OR FEET.....2
- BLURRED VISION.....3
- INCREASED FATIGUE.....5

**OTHER FACTORS**

- ANYONE COULD BE AT RISK.....6
- DOCTOR WARNING.....7
- OTHER.....4
- DON'T KNOW .....8

A13. How much do you weigh without shoes?

\_\_\_\_\_ LBS  
**ENTER WEIGHT**  
 (RANGE 75-400 – SOFT EDIT)

A14ft. How tall are you without shoes?

A14in.

\_\_\_\_\_ FEET \_\_\_\_\_ INCHES  
**ENTER HEIGHT**  
 (RANGE 4'6" – 7'0" – soft edit)

FOR WOMEN ONLY (A2=2)

A15. Have you ever been pregnant?

YES.....1

NO.....2 GO TO

SECTION B

A16. Were you ever told by a health care provider that you had gestational diabetes or high blood sugar during pregnancy?

YES.....1

NO.....2

DON'T KNOW.....8

**Section B:  
Health Care Practices Questions**

**Sección B:  
Preguntas sobre las Prácticas de Cuidado de la Salud**

B1. Have you ever heard of the term glycosylated hemoglobin <gly-KOH-sil-lated HEE-muh-globe-in> or hemoglobin A1c?

YES.....1  
NO.....2

B2. {(IF B1=YES)} As you may know glycosylated hemoglobin <gly-KOH-sil-lated HEE-muh-globe-in> or the “A one C” test measures the average level of blood sugar over the past 3 months, and usually ranges between 5 and 14. During the past 12 months, how many times has a doctor, nurse, or other health care professional checked you for glycosylated hemoglobin or “A one C”?

            
TIMES (RANGE 1-50)

NONE.....0  
DON'T KNOW.....8

**IF DIABETIC (A5=1), CONTINUE. IF NOT AND B2=0, DK, OR RF, GO TO B5.**

B3. What was your last “A one C” level?

            
**ENTER VALUE (RANGE = 1-400)**

REFUSED.....R  
DON'T KNOW.....8

B4. What does your doctor or other health professional say your “A one C” level should be?

7 or less.....1  
8 or less.....2  
9 or less.....3

10 or less.....4  
 More than 10.....5  
 NO GOAL SPECIFIED.....96

B5. Has a doctor or other health professional ever told you that you have high blood pressure or hypertension?

YES.....1  
 NO.....2  
 DON'T KNOW.....8

B6sys.

B6dia.

Blood pressure is usually given as one number over another. What was your most recent blood pressure in numbers?

**ENTER VALUES:**

\_\_\_/\_\_\_/\_\_\_/ SYSTOLIC (RANGE 50-500)  
 \_\_\_/\_\_\_/\_\_\_/ DIASTOLIC (RANGE 50-500)

REFUSED.....R  
 DON'T KNOW.....8

B7. What does your doctor or other health professional say your blood pressure should be?

**ENTER VALUES. IF RANGE GIVEN, RECORD UPPER VALUE OF RANGE:**

\_\_\_/\_\_\_/\_\_\_/ SYSTOLIC (RANGE 50-500)  
 \_\_\_/\_\_\_/\_\_\_/ DIASTOLIC (RANGE 50-500)

REFUSED.....R  
 DON'T KNOW.....8  
 NO GOAL SPECIFIED.....996

IF B5 IS YES

B8. Are you currently taking medications for high blood pressure?

YES.....1  
 NO.....2  
 DON'T KNOW.....8

B9. Has a doctor or other health professional ever told you that you have high cholesterol <koh-LESS-ter-all>?

YES.....1  
 NO.....2  
 DON'T KNOW.....8

B10. What was your most recent cholesterol level?

**ENTER VALUES. IF RANGE GIVEN, RECORD UPPER VALUE OF RANGE:**

\_\_\_/\_\_\_/\_\_\_/ (ALLOWABLE RANGE: 30 - 600)

REFUSED.....R (GO TO B12)  
DON'T KNOW.....8 (GO TO B12)

B11. Is that your total cholesterol level?

YES.....1  
NO.....2  
DON'T KNOW.....8

B12. One part of total serum cholesterol in your blood is bad cholesterol, called LDL, which builds up and clogs your arteries. What was your most recent LDL cholesterol number?

**ENTER VALUE (RANGE: 30 - 600)**

REFUSED.....R  
DON'T KNOW.....8

B13. What does your doctor or other health professional say your LDL cholesterol should be?

**ENTER VALUE. IF RANGE GIVEN, RECORD UPPER VALUE OF RANGE (RANGE: 30 - 600)**

REFUSED.....R  
DON'T KNOW.....8  
NO GOAL SPECIFIED.....996

**IF B9 IS YES:**

B14. Are you currently taking medications for high cholesterol?

YES.....1  
NO.....2  
DON'T KNOW.....8

B15. To lower your risk for any type of disease, has a doctor or other health professional ever told you to:

Control your weight or lose weight?

- YES.....1
- NO.....2 (GO TO B16)
- DON'T KNOW.....8
- REFUSED.....R

B15i. Are you now following this advice? (to control or lose weight)

- YES.....1
- NO.....2
- DON'T KNOW.....8

B16. (Has a doctor or other health professional ever told you to) Increase your physical activity or exercise?

- YES.....1
- NO.....2 (GO TO B17)
- DON'T KNOW.....8
- REFUSED.....R

B16i. Are you now following this advice? (to increase your physical activity or exercise)

- YES.....1
- NO.....2
- DON'T KNOW.....8

B17. (Has a doctor or other health professional ever told you to) Reduce the amount of fat or calories in your diet?

- YES.....1
- NO.....2 (GO TO B18)
- DON'T KNOW.....8
- REFUSED.....R

B17i. Are you now following this advice? (to reduce the amount of fat or calories in your diet)

- YES.....1
- NO.....2
- DON'T KNOW.....8

B18. (Has a doctor or other health professional ever told you to) Take prescribed medication to lower your risk for any type of disease?

- YES.....1

NO.....2 (GO TO B19)  
DON'T KNOW.....8  
REFUSED.....R

B18i. Are you now following this advice (to take prescribed medication)?

YES.....1  
NO.....2  
DON'T KNOW.....8

B19. (Has a doctor or other health professional ever told you to) Take daily aspirin?

YES.....1  
NO.....2 (GO TO B20)  
DON'T KNOW.....8  
REFUSED.....R

B19i. Are you now following this advice (to take daily aspirin)?

YES.....1  
NO.....2  
DON'T KNOW.....8

B20. (Has a doctor or other health professional ever told you to) Reduce the amount of salt in your diet?

YES.....1  
NO.....2 (GO TO B21)  
DON'T KNOW.....8  
REFUSED.....R

B20i. Are you now following this advice (to reduce the amount of salt in your diet)?

YES.....1  
NO.....2  
DON'T KNOW.....8

B21. (Has a doctor or other health professional ever told you to) do anything else to lower your risk for any type of disease?

YES.....1  
B21sp \_\_\_\_\_ (250 characters)  
ENTER RESPONSE  
NO.....2 (GO TO C1)  
DON'T KNOW.....8



B21i. Are you now following this advice? (to FILL FROM B21sp)?

YES.....1  
NO.....2  
DON'T KNOW.....8

**Section C: People with Diabetes  
Self-Management Questions**

**ASK SECTION C ONLY IF A3 IS YES; OTHERWISE GO TO SECTION D**

Now I'd like to ask you some questions about how you manage your diabetes.

C1. Do you check your own blood sugar?  
 YES.....1  
 NO.....2 (GO TO C4)

C2. On days that you test, how many times do you test your blood sugar?  
 \_\_\_\_\_  
 TIMES/ DAY (RANGE 1-20)  
 DON'T KNOW.....8

C3. Do you keep a record of your blood sugar test results?  
 YES.....1  
 NO.....2  
 ONLY UNUSUAL VALUES.....3

C4. Do you now use insulin <IN-su-lin>?  
 YES.....1  
 NO.....2

C5. Are you now taking diabetic pills to lower blood sugar? These are sometimes called oral agents or oral hypoglycemic <HIPE-o-gli-SEE-mik> agents.  
 YES.....1  
 NO.....2  
 REFUSED.....R  
 DON'T KNOW.....8

C6. Have you ever received diabetes education, for example, attended a series of classes or series of meetings with a diabetes educator?  
 YES.....1  
 NO.....2  
 NOT SURE.....8

C7. Using a scale of 1-5 with **1=poor and 3=good and 5=excellent**, Please tell me how you would rate your understanding of the following: (INSERT):

C7a. The role of diet in blood sugar control?  
 1.....1 (POOR)  
 2.....2  
 3.....3 (GOOD)  
 4.....4

5

5 (EXCELLENT)

C7b. The role of exercise in diabetes care?

- 1.....1 (POOR)
- 2.....2
- 3.....3 (GOOD)
- 4.....4
- 5.....5 (EXCELLENT)

C7c. Medications you are taking?

- 1.....1 (POOR)
- 2.....2
- 3.....3 (GOOD)
- 4.....4
- 5.....5 (EXCELLENT)

C7d. How to use the result of blood sugar monitoring?

- 1.....1 (POOR)
- 2.....2
- 3.....3 (GOOD)
- 4.....4
- 5.....5 (EXCELLENT)

C7e. The prevention and treatment of high blood sugar?

- 1.....1 (POOR)
- 2.....2
- 3.....3 (GOOD)
- 4.....4
- 5.....5 (EXCELLENT)

C7f. The prevention and treatment of low blood sugar?

- 1.....1 (POOR)
- 2.....2
- 3.....3 (GOOD)
- 4.....4
- 5.....5 (EXCELLENT)

C7g. The prevention of long-term complications of diabetes?

- 1.....1 (POOR)
- 2.....2
- 3.....3 (GOOD)
- 4.....4
- 5.....5 (EXCELLENT)

C7h. Proper foot care?

- 1.....1 (POOR)

- 2.....2
- 3.....3 (GOOD)
- 4.....4
- 5.....5 (EXCELLENT)

C7i. The benefits of improving blood sugar control?

- 1.....1 (POOR)
- 2.....2
- 3.....3 (GOOD)
- 4.....4
- 5.....5 (EXCELLENT)

**Section D: Public Knowledge of NDEP Messages**

**Sección D: Conocimiento Público de los Mensajes de NDEP**

D1. In the past year, have you heard or seen any ads or education materials with the following messages about diabetes?

- D1a. Control Your Diabetes for Life
  - YES.....1
  - NO.....2
  - DON'T KNOW.....8
  
- D1b. Be Smart About Your Heart. Control the ABCs of Diabetes.
  - YES.....1
  - NO.....2
  - DON'T KNOW.....8
  
- D1c. Make the link: Diabetes, heart disease and stroke
  - YES.....1
  - NO.....2
  - DON'T KNOW.....8
  
- D1d. Don't be blind to diabetes
  - YES.....1
  - NO.....2
  - DON'T KNOW.....8
  
- D1e. Small Steps. Big Rewards. Prevent Type 2 Diabetes.
  - YES.....1
  - NO.....2
  - DON'T KNOW.....8

D2. To the best of your knowledge, what are the most serious health problems caused by diabetes? ( DO NOT READ. ENTER ALL THAT APPLY.)

- BLINDNESS.....1
- AMPUTATION.....2
- KIDNEY DISEASE.....3
- CARDIOVASCULAR DISEASE.....4
- HEART CONDITION.....5
- HEART ATTACK.....6
- FOOT ULCERS.....7
- DEATH.....8
- STROKE.....9
- HIGH BLOOD PRESSURE/HYPERTENSION...10
- D2sp OTHER, SPECIFY.....11

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(100 characters)

D3. To the best of your knowledge, what are the most important things a person with diabetes can do to reduce the chance of having a heart attack or stroke?

**(DO NOT READ, ENTER ALL THAT APPLY)**

- DIET: Healthier/better diet.....1
- EXERCISE: Regular exercise.....2
- BLOOD SUGAR: Control/check blood sugar.....3
- WEIGHT: Lose weight.....4
- MEDICATIONS: Take prescription medications....5
- CHOLESTEROL: Lower cholesterol.....6
- SMOKING: Quit smoking .....7
- LIFESTYLE: Lead a healthy lifestyle.....8
- BLOOD PRESSURE: Lower blood pressure.....9
- CHECK-UPS: Regular check-ups.....10
- STRESS: Reduce stress.....11
- ASPIRIN: Take aspirin.....12
- OTHER, SPECIFY..... 13

D3sp \_\_\_\_\_  
(250 characters)

DON'T KNOW.....98

**Section G. Public Attitudes and Education Needs**  
**Sección G. Actitudes del Público y Necesidades Educativas**

- G1. How serious do you consider diabetes to be? Would you say:
- Very serious.....1
  - Somewhat serious.....2
  - Not very serious, or .....3
  - Not serious at all?.....4

- G2. Thinking about people your own age, how serious do you think it would be if someone your own age were to have diabetes? Would you say:
- Very serious.....1
  - Somewhat serious.....2
  - Not very serious, or .....3
  - Not serious at all?.....4

- G3. How closely do you follow news stories about diabetes? Would you say:
- Very closely.....1
  - Somewhat closely.....2
  - Not too closely, or.....3
  - Not at all closely?.....4

G4intro.

I am now going to read you a list of health-related statements about diabetes that have appeared in the news.

For each please tell me if you were aware of or had heard the information included in the statement.

- G4a. 40 percent of adults currently have a condition called pre-diabetes. Were you aware of this?

- WAS AWARE.....1
- WAS NOT AWARE.....2 (GO TO G4b)

- G4ai. To the best of your recollection where did you hear this information?

CHECK ALL THAT APPLY

- NEWSPAPER.....1
- TV NEWS.....2
- TV COMMERCIAL.....3
- TV, Other.....4
- RADIO.....54
- POSTER..... 6
- BILLBOARD.....7
- BROCHURE.....8
- OTHER, SPECIFY.....9

G4aisp \_\_\_\_\_ (100 characters)

G4b. About one third of persons with diabetes in the United States do not know they have it. (Were you aware of this?)

- WAS AWARE.....1
- WAS NOT AWARE.....2 (GO TO G4c)

G4bi To the best of your recollection where did you hear this information?  
CHECK ALL THAT APPLY

- NEWSPAPER.....1
- TV NEWS.....2
- TV COMMERCIAL.....3
- TV, Other.....4
- RADIO.....5
- POSTER..... 6
- BILLBOARD.....7
- BROCHURE.....8
- OTHER, SPECIFY.....9

G4bisp \_\_\_\_\_ (100 characters)

G4c. Diabetes can be prevented. (Were you aware of this?)

- WAS AWARE.....1
- WAS NOT AWARE.....2 (GO TO G5intro)

G4ci To the best of your recollection where did you hear this information?  
CHECK ALL THAT APPLY

- NEWSPAPER.....1
- TV NEWS.....2
- TV COMMERCIAL.....3
- TV, Other.....4
- RADIO.....5
- POSTER..... 6
- BILLBOARD.....7
- BROCHURE.....8
- OTHER, SPECIFY.....9

G4cisp \_\_\_\_\_ (100 characters)



G5 intro

I'd like to read you a list of some things that other people we have interviewed have said are possible causes of diabetes.

For each one, would you please tell me, from what you know or have heard, if you feel it is a definite cause of diabetes, a possible cause, or not a cause?

What about:

G5a. Race or ethnic group?  
READ AS NECESSARY: Is this a definite cause, possible cause, or not a cause of diabetes?

- Definite cause,.....1
- Possible cause,.....2
- Not a cause of diabetes.....3

G5b. Being overweight?  
READ AS NECESSARY: Is this a definite cause, possible cause, or not a cause of diabetes?

- Definite cause,.....1
- Possible cause,.....2
- Not a cause of diabetes.....3

G5c. Heredity, that is, people are born with it or the tendency for it.  
READ AS NECESSARY: Is this a definite cause, possible cause, or not a cause of diabetes?

- Definite cause,.....1
- Possible cause,.....2
- Not a cause of diabetes.....3

G5d. Eating too much sugar.  
READ AS NECESSARY: Is this a definite cause, possible cause, or not a cause of diabetes?

- Definite cause,.....1
- Possible cause,.....2
- Not a cause of diabetes.....3

G5e. Eating too much salt.  
READ AS NECESSARY: Is this a definite cause, possible cause, or not a cause of diabetes?

- Definite cause,.....1
- Possible cause,.....2

Not a cause of diabetes.....3

G5f. Eating fatty foods.  
 READ AS NECESSARY: Is this a definite cause, possible cause, or not a cause of diabetes?  
 Definite cause,.....1  
 Possible cause,.....2  
 Not a cause of diabetes.....3

G5g. Not getting enough exercise.  
 READ AS NECESSARY: Is this a definite cause, possible cause, or not a cause of diabetes?  
 Definite cause,.....1  
 Possible cause,.....2  
 Not a cause of diabetes.....3

G5h. Old age.  
 READ AS NECESSARY: Is this a definite cause, possible cause, or not a cause of diabetes?  
 Definite cause,.....1  
 Possible cause,.....2  
 Not a cause of diabetes.....3

G6 intro.

I'd like to read you a list of illnesses or complications.

For each one, would you please tell me if you think it can be caused by diabetes or not?

Do you think (READ ITEM BELOW) can be caused by diabetes?

G6a. Heart disease  
 YES.....1  
 NO.....2  
 DON'T KNOW.....3

G6b. Stroke  
 YES.....1  
 NO.....2  
 DON'T KNOW.....3

G6c. Kidney disease  
 YES.....1  
 NO.....2  
 DON'T KNOW.....3

G6d. Blindness  
 YES.....1  
 NO.....2  
 DON'T KNOW.....3

- G6e. Gum disease or loss of teeth
  - YES.....1
  - NO.....2
  - DON'T KNOW.....3

- G6f. Nerve damage
  - YES.....1
  - NO.....2
  - DON'T KNOW.....3

G7 intro.

I'd like to read you a list of possible treatments for diabetes that other people we have interviewed have mentioned.

For each one would you please tell me if you feel it is a treatment that would definitely help lower one's blood sugar level, might help lower one's blood sugar level or would not help lower one's blood sugar level?

- G7a. Taking medication.
 

READ AS NECESSARY: Do you think this would definitely help, might help, or would not help lower blood sugar?

  - Would definitely help,.....1
  - Might help, or.....2
  - Would not help lower blood sugar .....3

- G7b. Low salt diet.
 

READ AS NECESSARY: Do you think this would definitely help, might help, or would not help lower blood sugar?

  - Would definitely help,.....1
  - Might help, or.....2
  - Would not help lower blood sugar .....3

- G7c. Low fat diet.
 

READ AS NECESSARY: Do you think this would definitely help, might help, or would not help lower blood sugar?

  - Would definitely help,.....1
  - Might help, or.....2
  - Would not help lower blood sugar .....3

- G7d. Losing weight.
 

READ AS NECESSARY: Do you think this would definitely help, might help, or would not help lower blood sugar?

  - Would definitely help,.....1
  - Might help, or.....2
  - Would not help lower blood sugar .....3

G7e. Engaging in regular physical activity  
READ AS NECESSARY: Do you think this would definitely help, might help, or would not help lower blood sugar?

- Would definitely help.....1
- Might help, or.....2
- Would not help .....3

**Demographic Questions**

H1intro  
Thank you. I have just a few final questions

H1.Are you Hispanic or Latino?

- YES.....1
- NO.....2
- DON'T KNOW.....9
- REFUSED.....R

H2.What is your race? Please select one or more of the following:

- American Indian or Alaska Native.....1
- Asian.....2
- Black or African American.....3
- Native Hawaiian or Other Pacific Islander.....4
- White.....5
- OTHER.....6
- DON'T KNOW/NOT SURE.....8
- REFUSED.....R

H3. What is the HIGHEST level of school you've finished or the highest degree you have received?

NEVER ATTENDED SCHOOL.....	00
1 <sup>st</sup> GRADE.....	01
2 <sup>nd</sup> GRADE.....	02
3 <sup>rd</sup> GRADE.....	03
4th GRADE.....	04
5th GRADE.....	05
6th GRADE.....	06
7th GRADE.....	07
8th GRADE.....	08
9th GRADE.....	09
10th GRADE.....	10
11th GRADE.....	11
12 <sup>TH</sup> GRADE, NO DIPLOMA.....	12
HIGH SCHOOL DIPLOMA .....	13
GED.....	14
VOCATIONAL TRAINING.....	15
SOME COLLEGE, NO DIPLOMA.....	16
ASSOCIATE'S DEGREE.....	17
BACHELOR'S DEGREE.....	18
MASTER'S DEGREE.....	19
PROFESSIONAL DEGREE .....	20
DOCTORATE.....	21
REFUSED .....	97
NOT ASCERTAINED .....	98
DON'T KNOW.....	99

These are all the questions I have. Thank you very much for taking the time to take part in this study.

COMPLETE.....1