

## Attachment 1: 2016 NHIS Diabetes Primary Prevention Questions to be cognitively tested

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OMB #0920-0222; Expiration Date: 06/30/2015

### Doctors and other health professionals often advise patients on ways they can lower their risk for health problems and/or certain diseases.

1. Question ID: APP.001\_00.000 Instrument Variable Name: DIBWEIGHT  
**DURING THE PAST 12 MONTHS, have you tried to lose or control your weight?**

01 Yes  
02 No  
07 Refused  
09 Don't know

2. Question ID: APP.002\_00.000 Instrument Variable Name: DIBBEHAV  
**Are you NOW doing any of the following?**

Interviewer Instruction: \*Enter all that apply, separate with commas.

01 Increasing your physical activity or exercise  
02 Reducing the amount of fat or calories in your diet  
03 Participating in a weight loss program  
07 Refused  
09 Don't know

3. Question ID: APP.003\_00.000 Instrument Variable Name: DIBTEST  
**About how long has it been since you last had a blood test for high blood sugar or diabetes?**

01 Less than 1 year  
02 More than 1 year, but not more than 2 years ago  
03 More than 2 years, but not more than 3 years ago  
04 More than 3 years ago  
05 Never  
07 Refused  
09 Don't know

4. Question ID: APP.004\_00.000 Instrument Variable Name: DIBREL  
**Has your mother, father, brother, or sister EVER been told by a doctor or other health professional that they have diabetes or sugar diabetes?**
- 01 Yes
  - 02 No
  - 07 Refused
  - 09 Don't know
5. Question ID: ACN.160\_00.000 Instrument Variable Name: DIBEV  
**[Females: Other than during pregnancy, have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]/[Males: Have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]**
- 01 Yes (Go to Q7)
  - 02 No (Go to Q6)
  - 03 Borderline (Go to Q9)
  - 07 Refused (Go to Q6)
  - 09 Don't know (Go to Q6)
6. Question ID: ACN.165\_00.000 Instrument Variable Name: DIBPRE1  
**Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?**
- 01 Yes (Go to Q9)
  - 02 No (Male Go to Q16; Female Go to Q14)
  - 07 Refused (Male Go to Q16; Female Go to Q14)
  - 09 Don't know (Male Go to Q16; Female Go to Q14)
7. Question ID: ACN.170\_00.000 Instrument Variable Name: DIBAGE  
**How old were you when a doctor or other health professional FIRST told you that you had diabetes or sugar diabetes?**
- 01-84 1-84 years
  - 85 85+ years
  - 97 Refused
  - 99 Don't know
8. Question ID: APP.005\_00.000 Instrument Variable Name: DIBTYPE  
**What type of diabetes do you have?**
- 01 Type 1
  - 02 Type 2
  - 03 Other
  - 07 Refused
  - 09 Don't know

9. Question ID: ACN.180\_00.000 Instrument Variable Name: INSLN  
**Are you NOW taking insulin?**  
01 Yes (Go to Q10)  
02 No (Go to Q13)  
07 Refused (Go to Q13)  
09 Don't know (Go to Q13)
10. Question ID: APP.006\_00.000 Instrument Variable Name: DIBINS2  
**Thinking back to when you were first diagnosed with diabetes, how long was it before you started taking insulin?**  
01 Less than 1 month  
02 1 month to less than 6 months  
03 6 months to less than 1 year  
04 More than 1 year  
07 Refused  
09 Don't know
11. Question ID: APP.007\_00.000 Instrument Variable Name: DIBINS3  
**Since you started taking insulin, have you ever stopped taking it for more than 6 months?**  
01 Yes (If Q10=1, 2, or 3, Go to Q12; If Q10=4,R,D, Go to Q 13)  
02 No (Go to Q13)  
07 Refused (Go to Q13)  
09 Don't know (Go to Q13)
12. Question ID: APP.008\_00.000 Instrument Variable Name: DIBINS4  
**Was this only during the first year after you were diagnosed with diabetes?**  
01 Yes  
02 No  
07 Refused  
09 Don't know
13. Question ID: ACN.190\_00.000 Instrument Variable Name: DIBPILL  
**Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.**  
01 Yes (If Male Go to Q16; If Female Go to Q14)  
02 No (If Male Go to Q16; If Female Go to Q14)  
07 Refused (If Male Go to Q16; If Female Go to Q14)  
09 Don't know (If Male Go to Q16; If Female Go to Q14)

14. Question ID: APP.009\_00.000 Instrument Variable Name: DIBGDM  
**[If Female] During pregnancy, were you ever told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes? Please do NOT include diabetes that you may have known about before pregnancy.**

- 01 Yes
- 02 No
- 03 Never been pregnant (If Q5=Y, End Interview; If Q5=N, R, D, Go to Q16)
- 07 Refused
- 09 Don't know

15. Question ID: APP.010\_00.000 Instrument Variable Name: DIBBABY  
**[If Female] Have you EVER had a baby that weighed 9 pounds (4 kg) or more at birth?**

- 01 Yes (If Q5=Y, End Interview; If Q5=N, R, D, Go to Intro before Q16)
- 02 No (If Q5=Y, End Interview; If Q5=N, R, D, Go to Intro before Q16)
- 07 Refused (If Q5=Y, End Interview; If Q5=N, R, D, Go to Intro before Q16)
- 09 Don't Know (If Q5=Y, End Interview; If Q5=N, R, D, Go to Intro before Q16)

**These next questions are about a year-long program that can help people prevent type 2 diabetes. This program has 16 weekly sessions during the first 6 months and 6 monthly sessions over the following 6 months. People in the program receive support from a lifestyle coach on achieving and maintaining a healthy lifestyle.**

16. Question ID: APP.011\_00.000 Instrument Variable Name: DIBPRGM  
**Have you EVER participated in this type of year-long program to prevent type 2 diabetes?**

- 01 Yes
- 02 No
- 07 Refused
- 09 Don't know

17. Question ID: APP.012\_00.000 Instrument Variable Name: DIBREFER  
**Has a doctor or other health care professional ever referred you to such a program to prevent type 2 diabetes?**

- 01 Yes (If Q16=Y, End Interview)
- 02 No
- 07 Refused
- 09 Don't know

- 18.** Question ID: APP.013\_00.000 Instrument Variable Name: DIBBEGIN  
**How interested are you in beginning such a year-long program to prevent type 2 diabetes?  
Would you say...**

Interviewer Instruction: \*Read answer categories if necessary.

- 01 Very interested
- 02 Somewhat interested
- 03 Not interested
- 07 Refused
- 09 Don't know

- 19.** Question ID: APP.014\_00.000 Instrument Variable Name: DIBBARR  
**Imagine that this type of year-long program to prevent type 2 diabetes is available to you free of charge at a convenient location OR, if you prefer, through your television or the internet. Which of the following reasons is MOST LIKELY to keep you from participating?**

Interviewer Instruction: \* Read answer choices if necessary.

- 01 Not worried about diabetes
- 02 Doctor hasn't recommended
- 03 Other programs haven't helped
- 04 Transportation issues
- 05 Child care issues
- 06 Caring for an elderly or disabled person
- 07 Other