

## Participant Questionnaire

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### This is an interviewer-administered questionnaire

Date of Clinic Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

First, I would like to verify the spelling of your name, your address, and your telephone numbers:

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

What is the best telephone number at which to reach you?

Telephone number: \_\_\_\_\_

Is there another telephone number at which we can reach you?

Telephone number: \_\_\_\_\_

Are there any other telephone numbers at which we can reach you?

Telephone number: \_\_\_\_\_

**INSTRUCTIONS FOR INTERVIEWER: Record information on race and ethnicity from "Telephone Recruitment and Screening Script" form:**

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Ethnicity: \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

Race: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
(Select one or more.)

**INSTRUCTIONS FOR INTERVIEWER: The following question is asked to verify that age has not changed, i.e., a birthday occurred, since recruitment and screening.**

What is your age? Age: \_\_\_\_\_ years

Do you live alone or with someone?

- \_\_\_\_\_ Alone
- \_\_\_\_\_ Live with someone/others
- \_\_\_\_\_ Refused
- \_\_\_\_\_ Don't know

Do you currently smoke cigarettes?

- \_\_\_\_\_ Yes (current smoker)
- \_\_\_\_\_ No (not current smoker)
- \_\_\_\_\_ Refused
- \_\_\_\_\_ Don't know

**HELP FOR INTERVIEWER: Cigarette: Respondent defined. Do not include cigars or marijuana.**

Have you ever been told by a doctor or other health professional that you had hypertension (hy-per-ten-shun), also called high blood pressure?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No
- \_\_\_\_\_ Refused
- \_\_\_\_\_ Don't know

**INTERVIEWER INSTRUCTION:IF HIGH BLOOD PRESSURE ONLY DURING PREGNANCY, CODE "No."**

**IF SAYS “HIGH NORMAL BLOOD PRESSURE”, “BORDERLINE HYPERTENSION” OR “PREHYPERTENSION” CODE “No”.**

**HELP FOR INTERVIEWER:Hypertension (High Blood Pressure): A repeatedly increased blood pressure with the first number 140 or higher and the second number 90 or higher.**

**IF YES [participant has hypertension/high blood pressure],**

**Because of your high blood pressure/hypertension (hy-per-ten-shun), have you ever been told to take prescribed medicine?**

- Yes
- No
- Don't know
- Refused

**HELP FOR INTERVIEWER:**

**Prescribed Medicine: Prescribed medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.**

**If YES [ever told to take prescribed medicine],**

**Are you now taking a prescribed medicine [for your high blood pressure/hypertension (hy-per-ten-shun)?**

- Yes
- No
- Don't know
- Refused

**INTERVIEWER INSTRUCTIONS: In the next questions Read “Other than during Pregnancy” for FEMALES ONLY:**

**[FOR FEMALES ONLY: Other than during pregnancy], have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?**

- Yes
- No
- BORDERLINE OR PREDIABETES
- Don't know
- Refused

**HELP FOR INTERVIEWERS: 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. INTERVIEWER INSTRUCTIONS: If participant states they were told they have one of these please check "BORDERLINE or PREDIABETES"**

**If YES (been told have diabetes or sugar diabetes):**

**Are you currently taking insulin or diabetic pills to lower your blood sugar?**

- Yes**
- No**
- Don't know**
- Refused**

**HELP FOR INTERVIEWERS : Insulin: A chemical used in the treatment of diabetes. Typically, insulin is administered with a syringe by the patient. Diabetic pills are sometimes called oral agents or oral hypoglycemic agents.**

**What is the highest grade or level of school you have completed or the highest degree you have received?**

**English Instructions:**

**HAND CARD DMQ1 READ HAND CARD CATEGORIES IF NECESSARY  
ENTER HIGHEST LEVEL OF SCHOOL**

- Less than 9<sup>th</sup> grade**
- 9-11th Grade (Includes 12th grade with no diploma)**
- High School Grad/GED or Equivalent**
- Some College or AA degree**
- College Graduate or above**
- Refused/ Don't know**