**Participant Questionnaire**

Public reporting burden of this collection of information is estimated to average 10 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  CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, M/S D74, Atlanta, GA 30333, ATTN: PRA 0920-xxxx.

**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 9th 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**