

DM-1
 NHIS FISCAL YEAR 1965
 PUBLIC USE FILE
 DIABETES RECORD (RECORD TYPE 5)
 Number of records - 1,719

File Location	Var. Name Quest. No.	Title and Code
1-3	PSURANDR	PSU - RANDOM RECODE
4-5	WEEK HH-7	WEEK OF QUARTER Serially numbered from 01-13 within quarter
6-7	SEGMENT HH-7	SEGMENT NUMBER
8-9	HHID HH-8	HOUSEHOLD NUMBER Numbers assigned within Quarter-Week-PSU-Segment
10-11	PERSON 1	PERSON COLUMN NUMBER
12	RESPOND R (Q6-13)	WHO IS RESPONDENT Compare identification on Basic Questionnaire to Supplement to be Sure correct person has been selected 1. Self 2. Proxy 3. Nonresponse. No supplement or a blank Supplement for this Individual. (Remaining columns will not be coded). -. Blank
13-14	AGEDB_85	AGE WHEN DIABETES DIAGNOSED - 85 MAXIMUM 00. Under 1 year 01-84. Number of years 85. 85 years or older --. Blank or DK
15	DIAGDB1 2a	DIAGNOSIS FIRST INDICATION OF DIABETES 0. No 1. Yes 2. DK -. Blank
16	GLUTOLE 2b	GLUCOSE TOLERANCE TEST 0. No 1. Yes 2. DK -. Blank

File Location	Var. Name Quest. No.	Title and Code
17-27	3a, 3b	<p>SYMPTOMS PRESENT AT TIME OF DIAGNOSIS? SYMPTOMS PRESENT DURING PAST MONTH?</p> <p>0. Both 3a and 3b blank 1. Yes at diagnosis, Yes in past month 2. Yes at diagnosis, No in past month 3. Yes at diagnosis, DK in past month 4. No at diagnosis, No in past month 5. No at diagnosis, Yes in past month 6. No at diagnosis, DK in past month 7. DK at diagnosis, Yes in past month 8. DK at diagnosis, No in past month 9. DK at diagnosis, DK in past month -. All of 3a blank &. All of 3b blank (applies only if the 'No' box is <u>not</u> checked in answer to the question).</p> <p>If in question 3a, 1 or more symptoms are checked "Yes" and some are left blank, consider the blank items as "No".</p> <p>If in question 3b, 1 or more symptoms are checked "Yes" and some are left blank, consider the blank items as "No".</p>
17	THIRST	THIRST
18	LARAPPET	LARGER APPETITE THAN USUAL
19	SMLAPPET	SMALLER APPETITE THAN USUAL
20	LEGPAIN	LEG PAIN
21	EXTRTIRE	EXTREME TIREDNESS
22	ITROUBLE	EYE TROUBLE
23	ITCHING	ITCHING
24	WEAKNESS	SUDDEN WEAKNESS
25	WEIGHLOS	LOSS OF WEIGHT
26	FREURIN	FREQUENT URINATION
27	CARBUNCL	BOILS OR CARBUNCLES
28	DIAGHOSP 4a, 4b	<p>IN HOSPITAL WHEN DIABETES DIAGNOSED? IN HOSPITAL BECAUSE OF DIABETES?</p> <p>0. No to 4a, 4b does not apply 1. Yes to 4a, Yes to 4b 2. Yes to 4a, No to 4b 3. Yes to 4a, DK to 4b 4. Yes to 4a, Blank to 4b 5. DK to 4a, 4b does not apply -. Both 4a and 4b blank.</p>

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29	REGULAT 5	HOSPITALIZED FOR REGULATION WHEN DIABETES DIAGNOSED? 0. No 1. Yes 2. DK -. Blank (Only if Question 4a=No) &. Not applicable (Question 4a in Yes, DK, blank)
30	EVERHOSP 6a, 6b	EVER HOSPITALIZED FOR DIABETES (not counting first)? NUMBER OF TIMES HOSPITALIZED FOR DIABETES 0. No in 6a, 6b does not apply 1. Yes in 6a and 1 in 6b 2. Yes in 6a and 2 in 6b 3. Yes in 6a and 3 in 6b 4. Yes in 6a and 4 in 6b 5. Yes in 6a and 5 in 6b 6. Yes in 6a and 6 in 6b 7. Yes in 6a and 7 in 6b 8. Yes in 6a and 8 or more in 6b 9. Yes in 6a and DK in 6b -. 6a blank or DK, 6b does not apply &. Yes in 6a and 6b blank
31-34	6c	EVER HOSPITALIZED FOR 0. No 1. Yes 2. DK -. Blank (Only if 6a=Yes & all items blank) &. Not applicable (6a in No, DK, blank)
31	COMA	EVER HOSPITALIZED FOR DIABETIC COMA
32	INSULIN	EVER HOSPITALIZED FOR INSULIN REACTION
33	GANGRENE	EVER HOSPITALIZED FOR GANGRENE
34	REGULATN	EVER HOSPITALIZED FOR REGULATION
35	EVRNURSE 7a, 7b	EVER VISITED BY NURSE AT HOME FOR ASSISTANCE WITH CARE OF DIABETES? NUMBER OF TIMES VISITED BY NURSE IN PAST 12 MONTHS 0. No to 7a 1. Yes in 7a and 1 in 7b 2. Yes in 7a and 2 in 7b 3. Yes in 7a and 3 in 7b 4. Yes in 7a and 4 in 7b 5. Yes in 7a and 5 in 7b 6. Yes in 7a and 6 in 7b 7. Yes in 7a and 7 in 7b 8. Yes in 7a and 8 or more in 7b 9. Yes in 7a and DK or blank in 7b -. 7a blank or DK &. Yes in 7a and no visits during the past 12M

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36	GOWHERE 7c	WHERE USUALLY GO FOR CARE OF DIABETES? 0. Do not go anywhere 1. Clinic 2. Doctor's office 3. Some other place 4. More than one place 5. DK -. Blank
37	DOCTOR 7d	DOCTOR SPECIALIZES IN DIABETES? 0. No 1. Yes 2. DK 3. 'Do not go to a Doctor' or similar response -. Blank
38	HOWLONG 7e	HOW MANY YEARS GOING TO DOCTOR FOR DIABETES? 0. Less than 1 year 1. 1-2 years but less than 3 years 2. 3-4 years but less than 5 years 3. 5-6 years but less than 7 years 4. 7-8 years but less than 9 years 5. 9-10 years but less than 11 years 6. 11 or more years 7. DK -. Blank &. Not applicable (7c,7d='Do not go to a doctor')
39	SIBLING 8a	NUMBER OF BROTHERS AND/OR SISTERS EITHER LIVING OR DEAD? 0. None 1-8. 1-8 9. 9 or more -. Blank or DK
40	ANYDIABE 8b	ANY BROTHERS OR SISTERS HAVE DIABETES? 0. None 1-7. 1-7 8. 8 or more 9. DK -. Blank &. Not applicable (8a=none)
41	MOMDIABE 8c	MOTHER HAVE DIABETES? 0. No 1. Yes 2. DK -. Blank

File Location	Var. Name Quest. No.	Title and Code
42	DADDIABE 8d	FATHER HAVE DIABETES? 0. No 1. Yes 2. DK -. Blank
43	CHILDREN 9a	NUMBER OF CHILDREN EVER HAD? 0. None (if ever married) 1-8. 1-8 9. 9 or more -. Blank or DK (if applicable) &. Not applicable (never married)
44-48	BRWEIGHT 9b	BIRTH WEIGHT OF CHILDREN ----- All weight data missing or DK &&&&&. Not applicable (Person never married, or 9a=none) 00000. None
44	BELW5LBS	NUMBER OF CHILDREN LESS THAN 5 POUNDS 1-8. 1-8 children 9. 9 or more children
45	LBS5TO8	NUMBER OF CHILDREN 5-8 POUNDS, BUT LESS THAN 9 POUNDS 1-8. 1-8 children 9. 9 or more children
46	LBSEQ9	NUMBER OF CHILDREN 9 POUNDS, BUT LESS THAN 10 POUNDS 1-8. 1-8 children 9. 9 or more children
47	LBS10PLS	NUMBER OF CHILDREN 10 OR MORE POUNDS 1-8. 1-8 children 9. 9 or more children
48	LBSDK	NUMBER OF CHILDREN WITH BIRTH WEIGHT UNKNOWN 1-8. 1-8 children 9. 9 or more children
49	CHLDIABE 9c	NUMBER OF CHILDREN WITH DIABETES 0. None 1-8. 1-8 9. 9 or more -. Blank or DK &. Not applicable (Person never married, or 9a=none)
50	INSEVER 10a	EVER TAKEN INSULIN INJECTION? 0. No 1. Yes 2. DK -. Blank

File Location	Var. Name Quest. No.	Title and Code
51-52	INSYEAR 10b	NUMBER OF YEARS TAKEN INSULIN 00. Less than 1 year 01-97. 01-97 years 98. 98 years or more 99. DK --. Blank (if question is applicable) &&. Not applicable (10a = No,DK)
53	INSDY12M 10c,10d	TAKING INSULIN INJECTION DAILY MOST OF PAST 12 MONTHS? TAKING IT NOW? 1. Yes to 10c, Yes to 10d 2. Yes to 10c, No to 10d 3. Yes to 10c, DK to 10d 4. No to 10c, No to 10d 5. No to 10c, Yes to 10d 6. No to 10c, DK or blank to 10d 7. DK or blank to 10c, Yes to 10d 8. DK or blank to 10c, No to 10d 9. DK to 10c, DK to 10d -. Both 10c and 10d blank (if applicable) &. Not applicable (10a = No,DK)
54-55	INSKIND 11a	KIND OF INSULIN NOW USING 00. DK 01. Regular, plain or crystalline (include Regular Iletin) 02. Semi-lente 04. Protamine Zinc (include Pro U40) 05. 04. and 01. 08. Globin 16. Ultra-lente 18. 16. and 02. 32. NPH (include Isophane Suspension PH & Iletin Isophane-Insulin Suspension USP) 33. 32 and 01. 36. 32. and 04. 64. Lente 65. 64. and 01. 80. 64. and 16. 97. 64. and 32. and 01. 99. Other, or sum of marked compounds equals or exceeds 99 --. Blank (if applicable) &&. Not applicable (10a or 10d in No,DK)
56	INSSTREN 11b	STRENGTH OF INSULIN NOW USING 1. U40 2. U80 3. Both U40 and U80 4. Other (strength or combination) 5. DK -. Blank (if applicable) &. Not applicable (10a,10d in No,DK)

File Location	Var. Name Quest. No.	Title and Code
57	INSBMEAL 11c,11d	USUALLY TAKE INSULIN INJECTION BEFORE MEALS? BEFORE WHICH MEAL? 0. No to 11c 1. Yes, breakfast 2. Yes, breakfast and lunch 3. Yes, breakfast and supper 4. Yes, breakfast, lunch and supper 5. Yes, lunch 6. Yes, lunch and supper 7. Yes, supper 8. Yes to 11c, DK to 11d 9. DK to both 11c and 11d -. Both 11c,11d blank (if applicable) &. Not applicable (10a or 10d in No,DK)
58	INSDELAY 11f	DOES DELAY OF MORE THAN 1 HOUR IN TAKING INSULIN MAKE YOU FEEL SICK? 0. No 1. Yes 2. Never delay 3. DK -. Blank (if applicable) &. Not applicable (10a,10d in No,DK)
59	DELAY1HR 11g	LAST TIME INSULIN DELAYED FOR HOUR OR MORE 1. Less than 30 days 2. 30 days or more 3. Never delay 4. DK -. Blank (if applicable) &. Not applicable (10a,10d in No,DK, or 11f='never delay')
60	INSYSELF 11h	INJECT INSULIN YOURSELF? 0. Yes, self 1. No, relative 2. No, nurse 3. 02. and 01. 4. No, other person 8. DK -. Blank (if applicable) &. Not applicable (10a or 10d in No,DK)
61	INSTEACH 12	WHO TAUGHT YOU TO INJECT INSULIN? 1. Doctor 2. Nurse 3. Relative 4. Other person 5. Not taught 6. DK -. Blank (if applicable) &. Not applicable (10a or 10d or 10h in No,DK)

File	Var. Name	
Location	Quest. No.	Title and Code
62-63	BODYPART	PART OF BODY INJECTED IN PAST WEEK?
	13a	01. One arm 02. Both arms 03. 02. and 01. 04. One leg 05. 04. and 01. 06. 04. and 02. 08. Both legs 09. 08. and 01. 10. 08. and 02. 16. Abdomen 17. 16. and 01. 18. 16. and 02. 20. 16. and 04. 21. 16. and 04. and 01. 24. 16. and 08. 25. 16. and 08. and 01. 26. 16. and 08. and 02. 32. Buttocks 34. 32. and 02. 36. 32. and 04. 37. 32. and 04. and 01. 40. 32. and 08. 42. 32. and 08. and 02. 44. 32. and 08. and 04. 48. 32. and 16. 58. 32. and 16. and 08. and 02. 64. Other 65. 64. and 01. 66. 64. and 02. 74. 64. and 08. and 02. 88. 64. and 16. and 08. 96. 64. and 32. 99. Sum of marked compounds equals or exceeds 99 --. Blank or DK (if applicable) &&. Not applicable (10a,10d in No,DK)
64-65	STERILIZ	HOW DO YOU CLEAN AND STERILIZE SYRINGES AND NEEDLES?
	13b	00. Does not sterilize 01. Alcohol 02. Boil 03. 02. and 01. 04. Use disposable needle 05. 04. and 01. 06. 04. and 02. 07. 04. and 02. and 01. 08. Use disposable syringe 09. 08. and 01. 12. 08. and 04. 14. 08. and 04. and 02. 15. 08. and 04. and 02. and 01. 16. Other 18. 16. and 02. 31. 16. and 08. and 04. and 02. and 01. 32. DK --. Blank (if applicable) &&. Not applicable (10a,10d in No,DK)

File Location	Var. Name Quest. No.	Title and Code
66	CANDY 14	USUALLY CARRY CANDY, FRUIT, SUGAR OR SIMILAR ITEMS 0. No 1. Yes 2. DK -. Blank
67	INSREACT 15a	KNOW WHAT INSULIN REACTION IS? 0. No 1. Yes 2. DK -. Blank
68	EVRREACT 15b	EVER HAD INSULIN REACTION? 0. No 1. Yes 2. DK -. Blank (if applicable) &. Not applicable (15a in No,DK,Blank)
69	REACT30D 15c	NUMBER OF INSULIN REACTIONS IN PAST 30 DAYS 0. None 1-7. 1-7 8. 8 or more 9. DK -. Blank (if applicable) &. Not applicable (15a,15b in No,DK,Blank)
70	REACT12M 15d	NUMBER OF INSULIN REACTIONS DURING PAST 12 MONTHS 0. None 1-4. 1-4 5. 5-9 6. 10-14 7. 15 or more 8. DK -. Blank (if applicable) &. Not applicable (15a,15b in No,DK,Blank)
71	GLUCAGON 15e	EVER USED GLUCAGON? 0. No 1. Yes 2. Don't know what it is -. Blank (if applicable) &. Not applicable (15a,15b in No,DK,Blank)
72	BYFOOD 16a	CAN INSULIN REACTION BE CAUSED BY TOO MUCH FOOD? 0. No 1. Yes 2. DK -. Blank (if applicable) &. Not applicable (15a in No,DK,Blank)

File Location	Var. Name Quest. No.	Title and Code
73	BYEXER 16b	CAN INSULIN REACTION BE CAUSED BY TOO MUCH EXERCISE? 0. No 1. Yes 2. DK -. Blank (if applicable) &. Not applicable (15a in No,DK,Blank)
74	ASCOMA 16c	CAN INSULIN REACTION THE SAME AS A DIABETIC COMA? 0. No 1. Yes 2. DK -. Blank (if applicable) &. Not applicable (15a in No,DK,Blank)
75	DIABEXER 17	CAN DIABETIC EXERCISE AS MUCH AS OTHERS? 0. No 1. Yes 2. DK -. Blank
76	DIABPILL 18a,18b	EVER TAKEN DIABETES PILLS? NUMBER OF YEARS TAKING DIABETES PILLS? 0. Yes to 18a - Less than 1 year 1. Yes to 18a - 1 year but less than 2 years 2. Yes to 18a - 2 years but less than 3 years 3. Yes to 18a - 3 years but less than 4 years 4. Yes to 18a - 4 years but less than 5 years 5. Yes to 18a - 5 years but less than 6 years 6. Yes to 18a - 6-7 years 7. Yes to 18a - 8-9 years 8. Yes to 18a - 10 or more years 9. Yes to 18a - Blank or DK -. Blank or DK to both 18a and 18b &. No to 18a
77	PILL12M 18c,18d	TAKING PILLS MOST OF PAST 12 MONTHS? TAKING PILLS NOW? 1. Yes to 18c, Yes to 18d 2. Yes to 18c, No to 18d 3. Yes to 18c, DK or blank to 18d 4. No to 18c, No to 18d 5. No to 18c, Yes to 18d 6. No to 18c, DK or blank to 18d 7. DK or blank to 18c, Yes to 18d 8. DK or blank to 18c, No to 18d 9. DK to 18c, DK to 18d -. Both 18c and 18d blank (if applicable) &. Not applicable (18a = No,DK,blank)

File Location	Var. Name Quest. No.	Title and Code
78	PILLADAY 19a	NUMBER OF PILLS TAKEN EACH DAY 1-7. 1-7 8. 8 or more 9. DK -. Blank (if applicable) &. Not applicable (18a or 18d in No,DK,Blank)
79	PILBMEAL 19b,19c	USUALLY TAKE PILLS BEFORE MEALS? BEFORE WHICH MEAL? 0. No to 19b 1. Yes to 19b, breakfast 2. Yes to 19b, breakfast and lunch 3. Yes to 19b, breakfast and supper 4. Yes to 19b, breakfast, lunch and supper 5. Yes to 19b, lunch 6. Yes to 19b, lunch and supper 7. Yes to 19b, supper 8. Other 9. DK -. Both 19b,19c blank (if applicable) &. Not applicable (18a or 18d in No,DK)
80	PILDELAY 19d	DELAY OF MORE THAN 1 HOUR IN TAKING PILLS MAKE YOU FEEL SICK? 0. No 1. Yes 2. Never delay 3. DK -. Blank (if applicable) &. Not applicable (18a,18d in No,DK)
81	PIDEL1HR 19e	LAST TIME PILLS DELAYED FOR HOUR OR MORE 1. Less than 30 days 2. 30 days or more 3. Never delay 4. DK -. Blank (if applicable) &. Not applicable (18a or 18d=No,DK, or 19d='never delay')
82-83	URISUGAR 20a,20b	TEST URINE FOR SUGAR? TEST USED 00. No to 20a 01. Yes to 20a, Benedict's test 02. Yes to 20a, Clinistix 04. Yes to 20a, Testape 05. 04. and 01. 06. 04. and 02. 08. Yes to 20a, Clinitest 10. 08. and 02. 12. 08. and 04. 16. Yes to 20a, 'Other' with name 20. 16. and 04. 21. 16. and 04. and 01. 24. 16. and 08. 28. 16. and 08. and 04. 32. Yes to 20a, DK, do not know name of test or 'other' with description

File Location	Var. Name Quest. No.	Title and Code
82-83	URISUGAR	TEST URINE FOR SUGAR? TEST USED (continued) 36. 32. and 04. 40. 32. and 08. 64. Blank in 20b --. Blank or DK to both 20a and 20b
84	URITEST 20c	NUMBER OF TIMES URINE TESTED LAST WEEK? 0. None 1-4. 1-4 times 5. 5-6 times 6. 7 times 7. 8-13 times 8. 14 or more times 9. DK -. Blank (if applicable) &. Not applicable (20a in No,DK,Blank)
85	WHENUTST 20d	LAST TIME URINE TESTED? 0. Within past month 1. 1-3 months ago 2. More than 3 months ago 3. DK -. Blank (if applicable) &. Not applicable (20a in No,DK,blank, or 20c blank)
86	TSTRESUL 20e,20f	WRITE DOWN RESULTS OF TESTS? SHOW RESULTS OF TESTS TO DOCTOR? 0. No to 20e 1. Yes to 20e, Yes to 20f 2. Yes to 20e, No to 20f 3. Yes to 20e, DK to 20f 4. DK to 20e (20f not applicable) -. Both 20e and 20f blank (if applicable) &. Not applicable (20a in No,DK,blank)
87	UTSTOTHR 20g	TEST URINE FOR ANYTHING BESIDES SUGAR DURING PAST 12 MONTHS? WHAT ELSE? 0. No 1. Yes, acetone 2. Yes, for anything other than acetone 3. Yes, DK or blank 4. DK -. Blank (if applicable) &. Not applicable (20a in No,DK,blank)
88-89	HEIGHT 21	HEIGHT (IN INCHES) 30-84. Inches --. Blank or DK
90-92	WEIGHT 22a	WEIGHT (IN POUNDS) 030-500. Pounds ---. Blank or DK

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93-95	MWEI12M 22b	MOST WEIGHED DURING PAST 12 MONTHS 030-500. Pounds ---. Blank or DK
96-98	LWEI12M 22c	LEAST WEIGHED DURING PAST 12 MONTHS 030-500. Pounds ---. Blank or DK
99	OVERWEIG 23a	OVERWEIGHT AS A YOUNGSTER? 0. No 1. Yes 2. DK -. Blank &. Not applicable - Person LT 25 years old
100-102	MWEI25Y 23b	MOST WEIGHED SINCE 25 YEARS OLD 030-500. Pounds &&&. Not applicable - Person LT 25 years old ---. Blank or DK
103-105	LWEI25Y 23c	LEAST WEIGHED SINCE 25 YEARS OLD 030-500. Pounds &&&. Not applicable - Person LT 25 years old ---. Blank or DK
106	PROVRWT 24	EITHER PARENT OVERWEIGHT? 0. No 1. Yes 2. DK -. Blank
107	COOK 25a	WHO PREPARES MOST MEALS? 1. Spouse or other relative 2. Self 3. Other 4. More than one checked 5. DK -. Blank
108	DRECIPES 25b	USE ANY SPECIAL RECIPES FOR DIABETES? 0. No 1. Yes 2. DK -. Blank
109-114	WT65	WEIGHT 6.5
115-120	WTFQ	QUARTERLY FINAL BASIC WEIGHT

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121	MEATSUB 26a	<p>MEAT SUBSTITUTES</p> <p><u>Code the number of the following meat substitutes listed:</u></p> <p>Eggs Chicken (poultry) Fish or shellfish (any kind) Peanut butter Cheese (all except cream cheese)</p> <p>0. Neither answer included above 1. One answer included above 2. Both answers included above 3. DK or No -. Blank</p>																																										
122	LCALDRK 26b	<p>LOW-CALORIE DRINKS</p> <p><u>Code the number of the following low-calorie drinks listed:</u></p> <p>Water Tea Coffee Tomato juice Diabetic or low-calorie carbonated beverage Lemonade Broth or bouillon</p> <p>0. Neither answer included above 1. One answer included above 2. Both answers included above 3. DK or No -. Blank</p>																																										
123	LCALVEG 26c	<p>LOW-CALORIE VEGETABLES</p> <p><u>Correct low-calorie vegetables</u></p> <table> <tbody> <tr> <td>Asparagus</td> <td>Kohlrabi</td> </tr> <tr> <td>Artichokes</td> <td>Lettuce, Romaine</td> </tr> <tr> <td>Bamboo shoots</td> <td>Mushrooms</td> </tr> <tr> <td>Bean sprouts</td> <td>Okra</td> </tr> <tr> <td>Broccoli</td> <td>Pepper</td> </tr> <tr> <td>Brussel sprouts</td> <td>Poke (American Hellebore)</td> </tr> <tr> <td>Cabbage</td> <td>Radishes</td> </tr> <tr> <td>Cauliflower</td> <td>Sauerkraut</td> </tr> <tr> <td>Celery</td> <td>Scallions, young green onions</td> </tr> <tr> <td>Chicory</td> <td>String beans, green beans, wax beans</td> </tr> <tr> <td>Chinese cabbage</td> <td>Summer squash</td> </tr> <tr> <td>Cucumbers</td> <td>Zucchini</td> </tr> <tr> <td>Endive</td> <td>Yellow crook neck</td> </tr> <tr> <td>Escarole</td> <td>Yellow straight neck</td> </tr> <tr> <td>Eggplant</td> <td>Flat scalloped</td> </tr> <tr> <td colspan="2"><u>GREEN</u></td> </tr> <tr> <td>Beet green</td> <td>Mustard</td> </tr> <tr> <td>Chard</td> <td>Spinach</td> </tr> <tr> <td>Collard</td> <td>Turnip greens</td> </tr> <tr> <td>Dandelion</td> <td>Tomato</td> </tr> <tr> <td>Kale</td> <td>Watercress</td> </tr> </tbody> </table>	Asparagus	Kohlrabi	Artichokes	Lettuce, Romaine	Bamboo shoots	Mushrooms	Bean sprouts	Okra	Broccoli	Pepper	Brussel sprouts	Poke (American Hellebore)	Cabbage	Radishes	Cauliflower	Sauerkraut	Celery	Scallions, young green onions	Chicory	String beans, green beans, wax beans	Chinese cabbage	Summer squash	Cucumbers	Zucchini	Endive	Yellow crook neck	Escarole	Yellow straight neck	Eggplant	Flat scalloped	<u>GREEN</u>		Beet green	Mustard	Chard	Spinach	Collard	Turnip greens	Dandelion	Tomato	Kale	Watercress
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123	LCALVEG	LOW-CALORIE VEGETABLES (continued) 0. Neither answer is on list of correct vegetables 1. One answer is on list 2. Both answers are on list 3. DK or No -. Blank
124	PASTR30D 27a,27b	EATEN PASTRIES DURING PAST 30 DAYS? EATEN CANDY DURING PAST 30 DAYS? 1. Yes to 27a, Yes to 27b 2. Yes to 27a, No to 27b 3. Yes to 27a, DK or blank to 27b 4. No to 27a, No to 27b 5. No to 27a, Yes to 27b 6. No to 27a, DK or blank to 27b 7. DK or blank to 27a, Yes to 27b 8. DK or blank to 27a, No to 27b 9. DK to 27a, DK to 27b -. Both 27a and 27b blank
125-126	DIETE1W 28	DIETETIC FOODS EATEN DURING PAST WEEK? 00. No to all items mentioned in this question 01. Yes, soft drinks 02. Yes, canned fruit 03. 02. and 01. 04. Yes, artificial sweeteners 05. 04. and 01. 06. 04. and 02. 07. 04. and 02. and 01. 08. Yes, other diabetic foods 09. 08. and 01. 10. 08. and 02. 11. 08. and 02. and 01. 12. 08. and 04. 13. 08. and 04. and 01. 14. 08. and 04. and 02. 15. 08. and 04. and 02. and 01. 16. DK --. Blank
127-128	CALORIES 29	NUMBER OF CALORIES ALLOWED PER DAY (ROUNDED TO THE NEAREST HUNDRED) 00. DK 01-98. 100-9,800 calories 99. 9,900 or more --. Blank

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129	DIABDIET 30a,30b	GIVEN A DIET FOR DIABETES - WHO TAUGHT USE OF DIET? 0. No to 30a 1. Yes to 30a, Taught by doctor 2. Yes to 30a, Taught by dietitian 3. Yes to 30a, Taught by nurse 4. Yes to 30a, Taught by doctor and dietitian 5. Yes to 30a, Taught by doctor and nurse 6. Yes to 30a, Not taught, given by doctor 7. Yes to 30a, Not taught, given by nurse 8. Yes to 30a, Not taught, given by dietitian or nutritionist 9. Yes to 30a, Not taught, given by other -. 30a blank or DK &. 30b blank or DK (if applicable)
130	DIETTIME 30c	HOW LONG HAD DIET? 1. Less than 3 months 2. 3 months to 1 year 3. Over 1 year 4. DK -. Blank (if applicable) &. Not applicable (30a in No,DK,blank)
131	DIETKEEP 30d	FOLLOW DIET? 1. Yes 2. No, and no reason given 3. No, and reason given 4. DK -. Blank (if applicable) &. Not applicable (30a in No,DK,blank)
132	DIETLIST 30e, 30f	DIET LIST USED AS GUIDE IN PREPARING MEALS? LAST TIME LOOKED AT IT? 1. Yes to 30e 2. No to 30e, and under 1 month to 30f 3. No to 30e, and 1-6 months to 30f 4. No to 30e, and over 6 months to 30f 5. No to 30e, and blank or DK to 30f 6. DK to 30e -. Blank in 30e (if applicable) &. Not applicable (30a or 30d in No,DK,blank)
133	FOODSIZE 31a,31b	DIET GIVE SIZE OF FOOD PORTIONS? DO YOU MEASURE, WEIGH, OR ESTIMATE? 0. No to 31a 1. Yes to 31a, measure 2. Yes to 31a, measure and weigh 3. Yes to 31a, measure and estimate 4. Yes to 31a, measure, weigh, and estimate 5. Yes to 31a, weigh 6. Yes to 31a, weigh and estimate 7. Yes to 31a, estimate 8. Yes to 31a, DK or blank to 31b 9. DK to both 31a and 31b -. Both 31a and 31b blank (if applicable) &. Not applicable (30a or 30d in No,DK,blank)

File Location	Var. Name Quest. No.	Title and Code
134	FEELWELL 32	HAVE TO FOLLOW DIET CAREFULLY TO FEEL WELL? 0. No 1. Yes 2. DK -. Blank (if applicable) &. Not applicable (30a or 30d in No,DK,blank)
135	EATAWAY 33a,33b	EAT AWAY FROM HOME? HAVE TROUBLE FOLLOWING DIET AWAY FROM HOME? 0. No to 33a 1. Yes to 33a, Yes to 33b 2. Yes to 33a, Sometimes to 33b 3. Yes to 33a, No to 33b 4. Yes to 33a, DK to 33b 5. Yes to 33a, Blank to 33b 6. DK to 33a -. Blank in 33a (if applicable) &. Not applicable (30a or 30d in No,DK,blank)
136	EXCHFOOD 34a	DIET INCLUDE A LIST OF FOOD EXCHANGES? 0. No 1. Yes 2. DK -. Blank (if applicable) &. Not applicable (30a or 30d in No,DK,blank)
137	EXCHMAX 34b	NUMBER OF EXCHANGES ALLOWED EACH DAY 0. Number given for bread exchanges is incorrect 1. Only number given for bread exchanges is correct 2. Number given for bread exchanges and number for 1 other exchange are correct 3. Number given for bread exchanges and numbers for 2 other exchanges are correct 4. Number given for bread exchanges and numbers for 3 other exchanges are correct 5. Number given for bread exchanges and numbers for 4 other exchanges are correct 6. All numbers given for bread exchanges are correct 9. DK or No for bread exchanges -. Blank (if applicable) &. Not applicable (30a,30d or 34a in No,DK,blank)
138	EXCPROBL 34c	PROBLEM IN USING EXCHANGE LIST? 0. No 1. Yes 2. DK -. Blank (if applicable) &. Not applicable (30a,30d or 34a in No,DK,blank or indicated bread exchange number incorrect)

File Location	Var. Name Quest. No.	Title and Code
139	PAMPHLET 35a, 35b	EVER HAVE PAMPHLETS? WHICH ONE? 0. No 1. Yes, A 2. Yes, B 3. 2. and 1. 4. Yes, C 5. 4. and 1. 6. 4. and 2. 7. 4. and 2. and 1. 8. DK 9. Yes, but no indication of which pamphlet -. Blank
140-141	FEETCARE 36a, 36b	WERE YOU TAUGHT CARE OF FEET TO AVOID INFECTION? METHOD OF CARE USED? 00. No to 36a 01. Yes to 36a, Keep feet clean 02. Yes to 36a, Examine feet regularly 03. 02. and 01. 04. Yes to 36a, Proper care of nails 05. 04. and 01. 07. 04. and 02. and 01. 08. Yes to 36a, Avoid injuring feet/care if injured 09. 08. and 01. 10. 08. and 02. 11. 08. and 02. and 01. 12. 08. and 04. 13. 08. and 04. and 01. 14. 08. and 04. and 02. 15. 08. and 04. and 02. and 01. 16. Yes to 36a, Keep feet dry/lubricated 17. 16. and 01. 18. 16. and 02. 19. 16. and 02. and 01. 20. 16. and 04. 21. 16. and 04. and 01. 23. 16. and 04. and 02. and 01. 24. 16. and 08. 25. 16. and 08. and 01. 26. 16. and 08. and 02. 28. 16. and 08. and 04. 29. 16. and 08. and 04. and 01. 31. 16. and 08. and 04. and 02. and 01. 32. Yes to 36a, Avoid extreme temperatures 33. 32. and 01. 36. 32. and 04. 37. 32. and 04. and 01. 39. 32. and 04. and 02. and 01. 40. 32. and 08. 41. 32. and 08. and 01. 42. 32. and 08. and 02. 43. 32. and 08. and 02. and 01. 44. 32. and 08. and 04. 45. 32. and 08. and 04. and 01. 48. 32. and 16. 49. 32. and 16. and 01. 51. 32. and 16. and 02. and 01.

File Location	Var. Name Quest. No.	Title and Code
140-141	FEETCARE	WERE YOU TAUGHT CARE OF FEET TO AVOID INFECTION? METHOD OF CARE USED? (continued) 53. 32. and 16. and 04. and 01. 57. 32. and 16. and 08. and 01. 60. 32. and 16. and 08. and 04. 64. See doctor regularly for examination and/or treatment of feet 65. 64. and 01. 67. 64. and 02. and 01. 68. 64. and 04. 72. 64. and 08. 73. 64. and 08. and 01. 81. 64. and 16. and 01. 89. 64. and 16. and 08. and 01. 99. Total of 99+ or miscellaneous comments that do not fit into above codes --. 36a & 36b=bl, or Yes to 36a with no codable comment to 36b &&. DK to 36a with no comment to 36b
142	FTDR12M 36c	VISITED A FOOT DOCTOR DURING PAST 12 MONTHS? 0. No 1. Yes 2. DK -. Blank
143	EYES12M 37a	EYES EXAMINED DURING PAST 2 YEARS? 0. No 1. Yes 2. DK -. Blank
144	SEEBETTR 37b	WHEN DO YOU SEE BETTER? 1. Morning 2. Afternoon 3. No difference 4. DK -. Blank
145	DRCOLD 38a	WOULD YOU TALK TO DOCTOR ABOUT A COLD? 0. No 1. Yes 2. Any written qualification, even if Yes or No checked 3. DK -. Blank
146	DRSKIN 38b	WOULD YOU TALK TO DOCTOR ABOUT SKIN INFECTION? 0. No 1. Yes 2. Any written qualification, even if Yes or No checked 3. DK -. Blank

File Location	Var. Name Quest. No.	Title and Code
147	DRTHROW 38c	WOULD YOU TALK TO DOCTOR ABOUT THROWING UP? 0. No 1. Yes 2. Any written qualification, even if Yes or No checked 3. DK -. Blank
148	DIACLASS 39a,39b	EVER ATTENDED DIABETES CLASSES? WHO SPONSORED CLASSES? 0. No to 39a 1. Yes to 39a, Hospital 2. Yes to 39a, Health Department 3. Yes to 39a, Diabetes Association 4. Yes to 39a, clinic 5. Yes to 39a, Other 6. Yes to 39a, More than 1 checked in 39b 7. DK -. Blank
149	DIAMEMBR 40a,40b	MEMBER OF A DIABETES ASSOCIATION? NAME OF ASSOCIATION? 0. No 1. Yes, American Diabetes Association or (City) Diabetes Association 2. Yes, other name than ADA 3. DK 4. Yes, DK name -. Blank
150-151	DIETPROB 41 Recode	MOST DIFFICULT PROBLEMS IN CARING FOR DIABETES 00. No problems 01. Diet 02. Regulation of blood sugar other than diet 03. 02. and 01. 04. Financial 05. 04. and 01. 08. Injections/Pills/Medication 09. 08. and 01. 10. 08. and 02. 12. 08. and 04. 16. Frequent urination 17. 16. and 01. 32. Problems mentioned by parent or person caring for diabetic 64. Foot care/Problems with feet or legs 65. 64. and 01. 89. 64. and 16. and 08. and 01. 99. Total of 99 or more or miscellaneous comments that do not fit into above codes

File Location	Var. Name Quest. No.	Title and Code
152-153	OTHRPROB	OTHER DIFFICULT PROBLEMS IN CARING FOR DIABETES
	41	00. No problems
	Recode	01. Diet
		02. Regulation of blood sugar other than diet
		04. Financial
		08. Injections/Pills/Medication
		09. 08. and 01.
		10. 08. and 02.
		11. 08. and 02. and 01.
		12. 08. and 04.
		16. Frequent urination
		19. 16. and 02. and 01.
		20. 16. and 04.
		21. 16. and 04. and 01.
		22. 16. and 04. and 02.
		23. 16. and 04. and 02. and 01.
		29. 16. and 08. and 04. and 01.
		30. 16. and 08. and 04. and 02.
		31. 16. and 08. and 04. and 02. and 01.
		32. Problems mentioned by parent or person caring for diabetic
		33. 32. and 01.
		39. 32. and 04. and 02. and 01.
		40. 32. and 08.
		41. 32. and 08. and 01.
		42. 32. and 08. and 02.
		43. 32. and 08. and 02. and 01.
		49. 32. and 16. and 01.
		64. Foot care/Problems with feet or legs
		90. 64. and 16. and 08. and 02.
		91. 64. and 16. and 08. and 02. and 01.
		92. 64. and 16. and 08. and 04.
		99. Total of 99 or more or miscellaneous comments that do not fit into above codes
		--. Blank or comment which specifies problems, but doesn't indicate what the problems are
154	REGION	REGION
	Recode	1. Northeast (includes sections 1 and 2)
		2. North Central (includes sections 3,4 and 5)
		3. South (includes sections 6,7,8 and 9)
		4. West (includes sections 10, and 11)
155-156	FAMILY	FAMILY RELATIONSHIP
	2	
155	FAMTYPE	TYPE OF FAMILY
		&. Primary individual
		-. Secondary individual
		0. Primary family
		1-9. Secondary family
156	FAMREL	RELATIONSHIP TO REFERENCE PERSON
		&. Unrelated individual living alone
		0. Head of family or unrelated individual NOT living alone
		1. Wife
		2. Child
		3. Other relative

File Location	Var. Name Quest. No.	Title and Code
157	SEX 3	SEX 0. Male 1. Female
158-159	AGE_85	AGE 85 00. Under 1 year 01-84. Number of years 85. 85 years or older
160	RACE 3	RACE 0. White 1. Negro 2. Other
161	CURACTAD Recode	CURRENT ACTIVITY - ADDITIONAL CODES 1. Retired male, aged 45+ 2. Not working, has job, looking for work 3. Not working, has job, on layoff 4. Not working, has job, looking for work <u>and</u> on Layoff 5. Not in labor force but not retired male, 45+ 6. Not applicable (code 1,2,4,6 in loc 30)
162	CURACT2W 5	CURRENT ACTIVITY DURING PAST 2 WEEKS 1. Yes worked 2. Not working, has job, not looking nor on layoff 3. Not working, has job, on layoff or looking for work 4. Not working, no job, looking for work or on lay-off 5. Not working, no job, not on lay-off nor looking for work (includes retired males) 6. Under 17 years
163	EDUCFH 24	EDUCATION OF FAMILY HEAD OR OF UNRELATED INDIVIDUAL Education of family head is coded in the records for all family members (identified by codes 0-9 in 1 st digit of relationship code). Records for unrelated individuals (identified by & or - in 1 st digit of relationship code) are coded for the individual's education. - . None 0. Under 17 years of age 1. 1-4 years completed 2. 5-8 years completed 3. 9-12 years completed 4. College, 1-2 years completed 5. College, 3-4 years completed 6. College, 5+ years completed 7. Unknown

File Location	Var. Name Quest. No.	Title and Code
164	EDUCPX 24	EDUCATION OF INDIVIDUAL -. None 0. Under 17 years of age 1. 1-4 years completed 2. 5-8 years completed 3. 9-12 years completed 4. College, 1-2 years completed 5. College, 3-4 years completed 6. College, 5+ years completed 7. Unknown
165	INCOME 25	INCOME OF FAMILY HEAD OR OF UNRELATED INDIVIDUAL Income of family is coded in the records for all family members (identified by codes 0-9 in 1 st digit of relationship code). Records for unrelated individuals (identified by & or - in 1 st digit of relationship code) are coded for the individual's income. -. \$15,000 plus 0. Unknown 1. Under \$500 2. \$500-\$999 3. \$1,000-\$1,999 4. \$2,000-\$2,999 5. \$3,000-\$3,999 6. \$4,000-\$4,999 7. \$5,000-\$6,999 8. \$7,000-\$9,999 9. \$10,000-\$14,999
166	MARSTAT 4	MARITAL STATUS 0. Under 17 years 1. Married 2. No code 3. Widowed 4. Divorced 5. Separated 6. Never married
167	RESPONSE R (Q6-13)	RESPONDENT - QUESTION 6-13 0. Self-entirely 1. Self-partly 2. Spouse 3. Mother 4. Father 5. Other female family member 6. Other male family member 7. Other 8. Unknown
168-169	RESACT2W I-i	RESTRICTED ACTIVITY DAYS IN PAST 2 WEEKS 00. None 01-14. Number of days

File Location	Var. Name Quest. No.	Title and Code
170-171	BDAY2W I-j	BED DAYS IN PAST 2 WEEKS 00. None 01-14. Number of days
172-173	WKSCH2W I-k,l	DAYS LOST FROM WORK OR SCHOOL IN PAST 2 WEEKS 00. None 01-14. Number of days
174-175	HDAY2W II-f	HOSPITAL NIGHTS IN PAST 2 WEEKS * 00. None 01-14. Number of days
176-178	BDAY12M I-q	NUMBER OF BED DAYS IN PAST 12 MONTHS FOR PERSONS WITH 1+ CHRONIC CONDITIONS ** 000. None 001-365. Number of days
179-181	HDAY12M II-e	NUMBER OF SHORT-STAY HOSPITAL NIGHTS IN PAST 12 MONTHS ** 000. None 001-365. Number of days
182	HPTLEPI	NUMBER OF SHORT-STAY HOSPITAL EPISODES ** 0. None 1-9. Number of episodes
183	CHRONIC	NUMBER OF CHRONIC CONDITIONS 0. None 1-8. Number of conditions 9. Nine or more conditions
184	ACTLIMIT I-t	LIMITATION OF ACTIVITY (1+ CHRONIC CONDITIONS) 1. Cannot perform usual activity 2. Can perform usual activity but limited in amount or kind 3. Can perform usual activity but limited in outside activities Bl,4. Not limited in any of these ways
185	MOBLIMIT I-v	LIMITATION OF MOBILITY (1+ CHRONIC CONDITIONS) 1. Confined to bed 2. Confined to house 3. Assistance of another person in movements 4. Assistance of special aid in movements 5. Not limited in mobility

* Exclude hospitals not in index, service codes 93 and 99.

** Short-stay hospital = All hospital service types except Mental (code 02), Tuberculosis (code 03), Orthopedic (code 08), Contagious Disease (code 09), Chronic Disease (code 10), All other (code 12), and not in Index (codes 93,99).

File Location	Var. Name Quest. No.	Title and Code
186	SIZER Recode	SIZE OF FAMILY RECODE 1-6. 1-6 persons 7. 7+ persons
187	BLANK	BLANK
188-189	DRESAC2W I-g	RESTRICTED ACTIVITY DAYS IN PAST 2 WEEKS DUE TO DIABETES 00. None 01-14. Number of days
190-191	DBDAY2W I-h	BED DAYS IN PAST 2 WEEKS DUE TO DIABETES 00. None 01-14. Number of days
192-193	DWKSCH2W I-i,j	WORK OR SCHOOL DAYS LOST IN PAST 2 WEEKS DUE TO DIABETES * 00. None 01-14. Number of days
194-196	DBDAY12M I-n	BED DAYS IN PAST 12 MONTHS DUE TO DIABETES FOR CHRONIC CONDITIONS 000. None 001-365. Number of days
197-214	BLANK	BLANK
215	DDRSEEN I-c	DOCTOR EVER SEEN FOR DIABETES 1. Yes 2. No
216	DONSET I-k,l,m	ONSET OF DIABETES 0. Last week 1. Week before 2. 2 weeks to 3 months 3. During 3 months, unknown as to when 4. 3 to 12 months 5. 12+ months 6. Before 3 months, unknown as to when
217	ACDLIMIT I-q	LIMITATION OF ACTIVITY DUE TO DIABETES (FOR CHRONIC CONDITIONS ONLY) 1. Cannot perform usual activity 2. Can perform usual activity but limited in amount or kind 3. Can perform usual activity but limited in outside activities 4. Not limited in any of these ways

* Only if 188-189 in (01-14).

File Location	Var. Name Quest. No.	Title and Code
218	DACLICAU I-s	CAUSE OF ACTIVITY LIMITATION DUE TO DIABETES bl. Not limited &. Not reported 1. Yes 2. No
219	DMOBLIMI I-v	LIMITATION OF MOBILITY DUE TO DIABETES (FOR CHRONIC CONDITIONS ONLY) 1. Confined to bed 2. Confined to house 3. Assistance of another person in movements 4. Assistance of special aid in movements 6. Not limited in mobility
220	DMOLICAU I-w	CAUSE OF MOBILITY LIMITATION DUE TO DIABETES (CHRONIC CONDITION ONLY) bl. Not limited &. Not reported 1. Yes 2. No
221-222	DDRVT2W I-s	NUMBER OF DOCTOR VISITS IN PAST 2 WEEKS DUE TO DIABETES -bl. Unknown 00. None 01-99. Number of visits
223-226	HNIGHT II-d II-d	TOTAL NIGHTS IN HOSPITAL DUE TO DIABETES 0000. None 0001-3466. Number of days
227-228	HNIGHT2W	NIGHTS IN HOSPITAL IN LAST 2 WEEKS DUE TO DIABETES 00. None 01-14. Number of days
229-231	HNIGH12M	NIGHTS IN HOSPITAL IN LAST 12 MONTHS DUE TO DIABETES 000. None 001-365. Number of days
232-237	II-i	OPERATION FOR AMPUTATION DUE TO DIABETES - OPERATION CODES blbl. No operation --. Unknown operation 00. None 01-99. See Medical Coding Manual Appendix II
232-233	OPERATN1	OPERATION #1 FOR AMPUTATION DUE TO DIABETES
234-235	OPERATN2	OPERATION #2 FOR AMPUTATION DUE TO DIABETES
236-237	OPERATN3	OPERATION #3 FOR AMPUTATION DUE TO DIABETES

File	Var. Name	
Location	Quest. No.	Title and Code
238-241	DMEDCOST	COST OF MEDICINE FOR DIABETES
	E	-blblbl. Unknown
		bl-blbl. Free from doctor
		0000. Free other than doctor
		0001-9999. \$00.01-\$99.99

242	WEIGHTPC	PERCENT OVER OR UNDER WEIGHT
		&. Under 25
		-. Height or weight unknown
		0. Normal
		1. Over
		2. Under
		3. LT 100 pounds male or 80 pounds female
		4. GT 300 pounds male or 250 pounds female
		5. LT 62 inches male or 58 inches female
		6. GT 77 inches male or 73 inches female

243-244	PERCENTR	PERCENT RECODE
	Recode	00. Normal
		01-99. 01-99
		&&. Under 25
		--. Unknown

245	RECTYPE	RECORD TYPE
		5. Diabetes record type

246-251	WTFA	FINAL ANNUAL BASIC WEIGHT
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