

PID:

Visit Date:
 dd MMM yy

Visit:

DIABETES HISTORY

PERSONAL HISTORY OF TYPE 1 AND TYPE 2 DIABETES

1. Has a doctor or healthcare worker ever told you that you have diabetes (sugar in blood)? Yes No Don't know
 → *Skip to end of form.*

1.1. If Yes, what type of diabetes do you have? Type 1
 Type 2
 Type 1 and 2
 Don't know

1.2. If Yes, are you taking medication for it? Yes No Don't know
 → *Skip to Item 2.*

1.3. If Yes, are you taking insulin? Yes No Don't know
 → *Skip to Item 2.*

1.3.1. If you are not taking insulin, are you taking other medication? Yes No Don't know

2. At what age was your diabetes first treated? years **OR** Don't know

3. Was insulin your first diabetes medicine? Yes No Don't know

4. **FOR WOMEN ONLY:** Did diabetes occur only during pregnancy? Yes No Don't know