Diabetes HRA Questions



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| No Yes (NOTE: not applicable if sex = male OR diabetes_type* = 1) Your waist measurement Your waist measurement Smaller than [##] inches [## to ##] inches [## to ##] inches [## to ##] inches Larger than [##] inches Larger than [##] inches Larger than [##] inches | | | |
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| Larger than [##] inches I don't know | | | |
| I don't know | | | |
| | | | |
| | | (Not Answered) | |

| | V | Description of an externation of the |
|--|---|--------------------------------------|
| Have you ever been told by a health care professional that your blood pressure was high? | Yes | Required and not customizeable |
| | No | |
| | I don't know | |
| | (Not Answered) | |
| Have you ever been prescribed medications to control your blood pressure? | (Not Answered) | Required and not customizeable |
| | No | |
| | Yes | |
| Are your cholesterol numbers within the recommended ranges? | (Not Answered) | Required and not customizeable |
| | Yes | |
| | No | |
| | I don't know | |
| Have you ever been prescribed medications to control your cholesterol? | (Not Answered) | Required and not customizeable |
| | No | |
| | Yes | |
| Is your fasting blood sugar within the recommended ranges? | (Not Answered) | Required and not customizeable |
| | Yes | |
| | No | |
| | I don't know | |
| | (NOTE: not applicable when diabetes = 'type1' OR 'type2') | |
| Have you ever been prescribed medications to control your blood sugar? | (Not Answered) | Required and not customizeable |
| | No | |
| | Yes | |
| | (NOTE: not applicable when diabetes = 'type1' OR 'type2') | |
| Is your A1C within the range recommended by your doctor? | (Not Answered) | Required and not customizeable |
| | Yes | |
| | No | |
| | I don't know | |
| | (NOTE: not applicable when diabetes = 'no' OR 'pre') | |
| Have you ever been prescribed medications to control your diabetes? | (Not Answered) | Required and not customizeable |
| ,, | No | |
| | Yes | |
| | (NOTE: not applicable when diabetes = 'no' OR 'pre') | |
| | (NOTE: Not applicable when diabetes = 10 ON pie) | |

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