31a. During the past 12 months, have you experienced any numbness or tingling in either your fingers or your toes that lasted for more than a day?

Yes 1

No *(Skip to Q.31c)* 2

Don't know/Can't recall (Skip to Q.31c) . . *8*

b. In what month and year did this most recently begin?

_____ / 19_____
(month) (year)

c. Have you ever been affected by such a condition in the past?

Yes 1

No *(Skip to Q.32a)* 2

Don't know/Can't recall (Skip to Q.32a) . . *8*

d. How many times has this happened in the past?

_____

Don't know/Can't recall . . *98*

e. In what year did (this/each of these episodes) begin? *(Record first two episodes.)*

1st: 19_____

Don't know/Can't recall . . *98*

2nd: 19_____

Don't know/Can't recall . . *98*

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