There are many reasons why a cookie could not be set correctly. Below are the most common reasons:

- You have cookies disabled in your browser. You need to reset your browser to accept cookies or to ask you if you want to accept cookies.
- Your browser asks you whether you want to accept cookies and you declined. To accept cookies from this site, use the Back button and accept the cookie.
- Your browser does not support cookies. Try a different browser if you suspect this.
- The date on your computer is in the past. If your computer's clock shows a date before 1 Jan 1970, the browser will automatically forget the cookie. To fix this, set the correct time and date on your computer.
- You have installed an application that monitors or blocks cookies from being set.

**Why Does this Site Require Cookies?**

This site uses cookies to improve performance by remembering that you are logged in when you go from page to page. To provide access without cookies would require the site to create a new session for every page you visit, which slows the system down to an unacceptable level.

**What Gets Stored in a Cookie?**

This site stores nothing other than an automatically generated session ID in the cookie; no other information is captured.

In general, only the information that you provide, or the choices you make while visiting a web site, can be stored in a cookie. For example, the site cannot determine your email name unless you choose to type it. Allowing a website to create a cookie does not give that or any other site access to the rest of your computer, and only the site that created the cookie can read it.

The Indian Council of Medical Research–India DIABetes (ICMR–INDIAB) study was initiated, in a phased manner, to estimate the prevalence of diabetes in India. This paper presents the results of phase I of this study, involving three states and one union territory (UT), overall representing a population of 213.5 million people (18.1% of India’s population). The ICMR–INDIAB study methodology has been published separately [1]. This is a cross-sectional survey involving adults aged ≥20 years. The results of Phase I, conducted from November 2008 to April 2010, which includes three states randomly selected to represent the south (Tamilnadu), west (Maharashtra) and east (Jharkhand) of India and one UT representing northern India (Chandigarh) are presented here. "Historical Research and Diabetes in Indian Territory: Revisiting Kelly M. West’s Theory of 1940,” American Indian Culture and Research Journal 40 #4 (2016): 1-21. "Cranberry sauce, fry bread and gratitude? Meh, say tribes,” https://www.joomag.com/magazine/pr-for-people-monthly/M054766100134271936. “Comanche Traditional Foodways and the Decline of Health,” Great Plains Journal 50 (2016), forthcoming. “Sustenance and Health among the Five Tribes in Indian Territory, Post-Removal to Statehood,” Ethnohistory 62#2 (Spring 2015): 263-284. Star Tribune, "American Indians are embracing the "decolonized diet": http://www.startribune.com/lifestyle/health/273612961.html?page=1&c. Phase I of the Indian Council of Medical Research–India Diabetes (ICMR-INDIAB) study was conducted in a representative population of three states of India [Tamil Nadu, Maharashtra and Jharkhand] and one Union Territory [Chandigarh], and covered a population of 213 million people using stratified multistage sampling design to recruit individuals ≥20 years of age. The funders, Indian Council of Medical Research, provided expertise in designing the study and revising the manuscript critically for important intellectual content. Competing interests: The authors have declared that no competing interests exist. Introduction.