



(affix label here)

Patient ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Site	Sub-site	Sequential ID			

SEARCH Medical Record Validation of Self-Report

Record this information for the time period:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	through	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year				Month	Day	Year		

1. Date of encounter:

Month Day Year

(Complete a separate form for each encounter)

2. Site of encounter (window is 6 months before visit):

- 1 Outpatient clinic
- 2 ED
- 3 Inpatient
- 4 Other

3. Provider type:

- 1 Peds endocrinologist
- 2 Pediatrician
- 3 Family practice
- 4 General practice
- 5 Adult endocrinologist/diabetologist
- 6 Internist
- 7 NP/PA
- 8 Eye doctor
- 9 Diabetes educator
- 10 Nutritionist
- 11 Social work
- 12 Unknown
- 13 Other _____

4. Had there been any episodes of severe hypoglycemia?

- 1 Yes
 - 1 Required other's assistance
 - 2 Administered glucagon
 - 3 Called 911
 - 4 Required ED visit
 - 5 Required hospitalization
- 2 No
- 3 Not indicated

5. Had there been any episodes of DKA?

- 1 Yes
 - 1 Required ED visit
 - 2 Required hospitalization
- 2 No
- 3 Not indicated

6. Had diabetes education occurred?

6a. Diabetes nurse education:

- 1 Yes
- 2 No
- 3 Not indicated

6b. Nutritionist:

- 1 Yes
- 2 No
- 3 Not indicated

6c. Social worker or psychologist:

- 1 Yes
- 2 No
- 3 Not indicated

FOR STUDY USE ONLY						
Date Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Completed by	<input type="text"/>
	Month	Day	Year			
Date Reviewed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reviewer Code	<input type="text"/>
	Month	Day	Year			
Date Entered	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Data Entry Code	<input type="text"/>
	Month	Day	Year			