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SEARCH Supplemental Questionnaire for Age 10 or Older

- **The purpose of this questionnaire is to learn more about children, adolescents, and young adults who have diabetes.**
- **These questions deal with issues such as physical activity, your diabetes care and providers, and tobacco and alcohol use.**

Physical Activity

- **The first few questions are about physical activity.**

1. On how many of the past 7 days did you exercise or participate in a physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

0❑ None | 1❑ 1 day | 2❑ 2 days | 3❑ 3 days | 4❑ 4 days | 5❑ 5 days | 6❑ 6 days | 7❑ 7 days

- **These questions are about less vigorous activity.**

2. On how many of the past 7 days did you exericse or participate in a physical activity for at least 30 minutes that did **not** make you sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

0❑ None | 1❑ 1 day | 2❑ 2 days | 3❑ 3 days | 4❑ 4 days | 5❑ 5 days | 6❑ 6 days | 7❑ 7 days

3. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

0❑ None | 1❑ 1 day | 2❑ 2 days | 3❑ 3 days | 4❑ 4 days | 5❑ 5 days | 6❑ 6 days | 7❑ 7 days

4. During the past 12 months, on how many sports teams did you play? Include any teams run by your school or community groups.

0❑ None | 1❑ 1 team | 2❑ 2 teams | 3❑ 3 teams | 4❑ 4 or more teams

◆ **These next questions are about watching TV.**

5. On each *weekday*, about how much time do you usually spend watching TV?

6. On each *weekend* day, about how much time do you usually spend watching TV?

Each weekday	Each weekend day
1❑ None	1❑ None
2❑ Less than 1 hour	2❑ Less than 1 hour
3❑ 1 hour	3❑ 1 hour
4❑ 2 hours	4❑ 2 hours
5❑ 3 hours	5❑ 3 hours
6❑ 4 hours	6❑ 4 hours
7❑ 5 or more hours	7❑ 5 or more hours

◆ **These questions are about using the computer for fun.**

7. On each *weekday,* about how much time do you usually spend on the computer for fun, including playing video or computer games? Please do not include time on the computer for school or work.

8. On each *weekend* day, about how much time do you usually spend on the computer for fun, including playing video or computer games? Please do not include time on the computer for school or work.

Each weekday	Each weekend day
1❑ None	1❑ None
2❑ Less than 1 hour	2❑ Less than 1 hour
3❑ 1 hour	3❑ 1 hour
4❑ 2 hours	4❑ 2 hours
5❑ 3 hours	5❑ 3 hours
6❑ 4 hours	6❑ 4 hours
7❑ 5 or more hours	7❑ 5 or more hours

Diabetes Care/Control

◆ **The following questions are about your diabetes care and diabetes control. When the questions say "doctor", this means doctor or any other health care provider such as a nurse.**

9. How would you rate your diabetes care overall? Would you say:

1❑ Excellent

2❑ Good

3❑ Fair

4❑ Poor

10. How would you rate your diabetes care: *(check the appropriate boxes)*

	Excellent	Good	Fair	Poor	Not Applicable
10a. Diabetes care from your doctor	1❑	2❑	3❑	4❑	5❑
10b. Getting answers to your diabetes questions	1❑	2❑	3❑	4❑	5❑
10c. Access during emergencies	1❑	2❑	3❑	4❑	5❑
10d. Getting an explanation of lab results	1❑	2❑	3❑	4❑	5❑
10e. Courtesy/personal communication style of your doctor	1❑	2❑	3❑	4❑	5❑

11. How often do you miss your diabetes medicine including insulin?

1❑ Don't take diabetes medicine *(skip to question 13)*

2❑ Never *(skip to question 13)*

3❑ 1-3 times a month

4❑ 1-5 times a week

5❑ 1 time a day

6❑ More than 1 time a day

12. When you miss your diabetes medicine is it because: *(check Yes, No, or Not applicable)*

	Yes	No	Not applicable
12a. Forgot	1❑	2❑	3❑
12b. Thought it would help to lose weight	1❑	2❑	3❑
12c. Worried about low blood sugar	1❑	2❑	3❑
12d. Cannot afford insulin supplies or other medicine	1❑	2❑	3❑
12e. Don't want to give insulin when others are around	1❑	2❑	3❑
12f. Tired of shots	1❑	2❑	3❑
12g. Afraid of needles	1❑	2❑	3❑
12h. Other reason *(specify)* → [ ]	1❑	2❑	3❑

The following questions ask about what you usually do to take care of your diabetes. There are no right or wrong answers. Please think about the *past 3 months* and select the answer that comes closest to what you have done.

13. Do you wear or carry anything that identifies you as having diabetes, like a card or bracelet?

1❑ Wear necklace, bracelet or charm

2❑ Carry billfold identification card only

3❑ Have identification but do not wear or carry it

4❑ Do not have identification about diabetes

Please think about what you usually did about low blood sugar reactions in the *past 3 months.*

14. Do you keep something with you to eat in case your blood sugar gets too low?

    1❑ Yes

    2❑ No

    3❑ Do not have low blood sugars/no prescribed diabetes medications➔*(Go to Question 17)*

15. If you think you have a low blood sugar, how often do you test before treating?

    1❑ Always

    2❑ More than half the time

    3❑ Half the time

    4❑ Less than half the time

    5❑ Never

    6❑ Do not have low blood sugars/no prescribed diabetes medications

16. If you think you have a low blood sugar, do you eat until you feel better?

    1❑ Yes ➔ 16a. If Yes, do you take extra insulin for the food eaten while feeling low?

        1❑ No

        2❑ Yes - Always

        3❑ Yes – If more that 15 grams of carbohydrates eaten

        4❑ Yes – If more than 30 grams of carbohydrates eaten

    2❑ No

    3❑ Do not have low blood sugars/no prescribed diabetes medications

17. People with diabetes receive different dietary recommendations, depending on their own individual needs. Please indicate below which of the dietary recommendations you have received from health care providers, and how frequently each method is currently used.

	Have you ever received this recommendation?			**How frequently do you currently use this method?)**		
Dietary recommendations	**Yes**	**No**	**Don't know**	**Often**	**Sometimes**	**Never**
keep track of calories						
count carbohydrates						
choose low glycemic index foods						
use dietary exchanges						
keep track of fat grams						
limit sweets						
limit high fat foods						
drink more milk						
eat more fruits and vegetables						
eat more fiber and whole grains						

18. Have you been taught about how to adjust your insulin depending on how much or what kinds of food you eat?

1❑ Yes ➔ 18a. If YES, how often do you adjust insulin based on what you have eaten?

1❑ Often

2❑ Sometimes

3❑ Never

2❑ No

3❑ Does not apply - insulin not prescribed

The following questions have to do with your habits when it comes to testing blood sugar. Please think about the *<u>past 3 months</u>* and choose the answer that is closest to what you have done.

19. In the past 3 months, how often have you tested your blood sugar?

1❑ 6 or more times <u>daily</u>

2❑ 4 or 5 times <u>daily</u>

3❑ 2 or 3 times <u>daily</u>

4❑ At least once <u>daily</u>

5❑ Do not test, or test less than once a day

20. How often has your diabetes care provider suggested that you test your blood sugar?

1❑ 6 or more times daily

2❑ At least 4 or 5 times daily

3❑ At least 2 or 3 times daily

4❑ At least once daily

5❑ Don't know

Transition from Pediatric to Adult Care

21. Are you 12 years of age or older?

1❑ Yes

2❑ No - *(skip to question 33)*

22. Which of the following best describes your current diabetes provider?

1❑ He/She is a pediatric provider, who treats mainly children

2❑ He/She is an adult provider who treats mainly adults, except for a few children *(skip to question 30)*

3❑ He/She is an adult and pediatric provider, who treats patients of all ages *(skip to question 33)*

4❑ Not sure how to describe my current diabetes provider

23. Have they talked with you about having you eventually see doctors or other health care providers who treat adults?

1❑ Yes *(skip to question 25)*

2❑ No

3❑ Not sure

24. Would a discussion about doctors who treat adults have been helpful to you?

1❑ Yes

2❑ No

3❑ Not sure

25. Have your doctors or other health care providers talked with you about your health care needs as you become an adult?

1❑ Yes (skip to question 27)

2❑ No

3❑ Not sure

26. Would a discussion about your health care needs have been helpful?

1❑ Yes

2❑ No

3❑ Not sure

27. Eligibility for health insurance often changes as children reach adulthood. Has anyone discussed with you how to obtain or keep some type of health insurance coverage as you become an adult?

1❑ Yes *(skip to question 29)*
2❑ No
3❑ Not sure

28. Would a discussion about health insurance have been helpful to you?

1❑ Yes
2❑ No
3❑ Not sure

29. How often do your doctors or other health care providers encourage you to take responsibility for your health care needs, such as taking medication, checking blood sugars, understanding your health, or following medical advice?

1❑ Never
2❑ Sometimes
3❑ Usually
4❑ Always
5❑ Don't know

Questions 30-32 ask about transition to adult diabetes care. If you have not already changed to adult diabetes care, please skip to question 33.

30. Since you have changed to adult diabetes providers, have you experienced an interruption of 3 months or longer in receiving:

a. any primary care that you needed? 1❑ Yes 2❑ No
b. any <u>diabetes</u> care that you needed? 1❑ Yes 2❑ No
c. any <u>medications</u> that you needed? 1❑ Yes 2❑ No
d. any <u>medical insurance coverage</u> that you needed**?** 1❑ Yes 2❑ No

31. How satisfied are you with the support you received from any health professionals for transferring to adult diabetes care?

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

Very/ somewhat satisfied — Very/ somewhat dissatisfied

32. How easy or difficult was it for you to change from pediatric to adult diabetes care?

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

Very/ somewhat easy — Very/ somewhat difficult

33. In the last 12 months, how often did your doctors or health providers:

	Never	Sometimes	Usually	Always
33a. Listen carefully to you?	1❑	2❑	3❑	4❑
33b. Explain things in a way you could understand?	1❑	2❑	3❑	4❑
33c. Show respect for what you had to say?	1❑	2❑	3❑	4❑
33d. Spend enough time with you?	1❑	2❑	3❑	4❑

Education

◆ **The next set of questions concerns your education.**

34. Are you currently in school? 1❑ Yes 2❑ No

35. What is the highest degree or level of school you have COMPLETED?

1❑ No schooling completed

2❑ Nursery school to 4th grade

3❑ 5th grade or 6th grade

4❑ 7th grade or 8th grade

5❑ 9th grade

6❑ 10th grade

7❑ 11th grade

8❑ 12th grade, NO DIPLOMA

9❑ High school graduate (high school diploma) or equivalent (for example GED)

10❑ Business/technical school

11❑ Some college credit but less than 1 year

12❑ 1 or more years of college, no degree

13❑ Associate degree (for example: AA, AS)

14❑ Bachelor's degree (for example: BA, AB, BS)

15❑ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

16❑ Professional or doctorate degree (for example MD, DDS, JD, PhD, EdD)

17❑ Don't know

Tobacco Use

◆ **This section contains questions about tobacco use. These questions are confidential and will not be shared with your parent/guardian.**

36. Does **anyone** who lives in your household smoke cigarettes, cigars, or pipes **anywhere inside** the home?

1❑ Yes

2❑ No

3❑ Don't know

4❑ I do not want to answer

37. Have you ever tried cigarette smoking, even one or two puffs?

1❑ Yes

2❑ No *(if no, go to question 41)*

3❑ I do not want to answer *(go to question 41)*

38. How old were you when you smoked a whole cigarette for the first time?

1❑ I have never smoked a whole cigarette

2❑ 8 years old or younger

3❑ 9 or 10 years old

4❑ 11 or 12 years old

5❑ 13 or 14 years old

6❑ 15 or 16 years old

7❑ 17 years old or older

8❑ I do not want to answer

39. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

1❑ Yes

2❑ No

3❑ I do not want to answer

40. During the past 30 days, on how many days did you smoke cigarettes?

1❑ None

2❑ 1 or 2 days

3❑ 3 to 5 days

4❑ 6 to 9 days

5❑ 10 to 19 days

6❑ 20 to 29 days

7❑ All 30 days

8❑ I do not want to answer

41. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

1❑ None

2❑ 1 or 2 days

3❑ 3 to 5 days

4❑ 6 to 9 days

5❑ 10 to 19 days

6❑ 20 to 29 days

7❑ All 30 days

8❑ I do not want to answer

42. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

1❑ None

2❑ 1 or 2 days

3❑ 3 to 5 days

4❑ 6 to 9 days

5❑ 10 to 19 days

6❑ 20 to 29 days

7❑ All 30 days

8❑ I do not want to answer

43. Has your health care provider or another health care worker asked you if you used tobacco or smoked? 1❑ Yes 2❑ No

44. Has a doctor or nurse counseled you to not smoke or to stop smoking? 1❑ Yes 2❑ No

Alcohol Use

◆ **This section contains questions about alcohol use. These questions are confidential and will not be shared with your parent/guardian.**

45. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1❑ Yes
2❑ No (*go to question 50)*
3❑ Don't know / Not sure *(go to question 50)*
4❑ I do not want to answer *(go to question 50)*

46. During the past 30 days, how many days per week **or** per month did you have at least one drink of any alcoholic beverage?

____ Days per week **OR** _____ Days per month

1❑ No drinks in past 30 days *(go to question 50)*
2❑ Don't know / Not sure
3❑ I do not want to answer

47. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

_____ Number of drinks *(write in the number)*

1❑ Don't know / Not sure
2❑ I do not want to answer

48a. ***(For <u>males</u> only)*** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **<u>5</u>** or more drinks on an occasion?

_____ Number of times *(write in the number)*

1❑ None

2❑ Don't know / Not sure

3❑ I do not want to answer

48b. ***(For <u>females</u> only)*** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **<u>4</u>** or more drinks on an occasion?

_____ Number of times *(write in the number)*

1❑ None

2❑ Don't know / Not sure

3❑ I do not want to answer

49. During the past 30 days, what is the largest number of drinks you had on any occasion?

_____ Number of drinks

1❑ Don't know / Not sure

2❑ I do not want to answer

<u>Pregnancy</u> *<u>(for females only)</u>*

◆ **This question is confidential and will not be shared with your parent/guardian.**

50. Have you ever been pregnant? 1❑ Yes 2❑ No 3❑ I do not want to answer

◆ **This is the end of this questionnaire. Thank you very much for taking the time to complete the questionnaire.**

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Date Completed	Month	Day	Year	Completer Code	
Date Reviewed	Month	Day	Year	Reviewer Code	
Date Entered	Month	Day	Year	Data Entry Code	