

				Form Approved
Patient ID				OMB No. 0920-xxxx Exp. Date xx/xx/xxxx
Number	Site Sub-site Sequential ID		Sequential ID	

SEARCH 3 Extended Core Information Form

Complete the SEARCH 3 Extended Core Information Form at or after 6 months post-diagnosis as some data could be missed if done before the 6 months.

Note: For the DKA questions, the insulin use questions, and the antibody testing questions, the window of interest is from diagnosis to 6 months post diagnosis.

1. What is the participant's sex?
1☐ Female
2☐ Male
1a. Check information source for participant's sex.
1 Medical records
2 Provider/case source referral
3☐ Other (specify): →
2. What is the participant's race/ethnicity? (check one)
1 White, Non-Hispanic White
2 Hispanic, Latino, Chicano, Mexican
3 Asian (e.g., Chinese, Japanese, Filipino, Vietnamese, Cambodian, Korean, Thai, Asian Indian)
4 African-American (Black)
5 Pacific Islander (e.g., Hawaiian, Samoan)
6 Native American
7 Other (specify):
2a. Check information source for race/ethnicity.
1☐ Medical records
2 Provider/case source referral
3 ☐ Other (specify): ——▶
Se Other (Specify).
2. Milatia the contists and aleter of the lates of the la
3. What is the participant's date of diabetes diagnosis?
Month Day Year
3a. Check source of information for date of diagnosis.
1☐ Medical record
2 Provider/case source referral
3☐ Other (specify): ——

SEARCH 3 Registry Study Extended Core Information Form - 1-21-11

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx)

4. What is the participant's zip code of residence at diabetes diagnosis?						
4a. Check source of information for zip code of residence.						
1☐ Medical record						
2 Provider/case source referral						
₃☐ Other <i>(sp</i>	pecify): ——					
5. What is the participan	t's county and state of residence at d	iabetes diagnosis?				
County	State					
5a. Check source of	information for county and state.					
1☐ Medical re	cord					
2☐ Provider/c	ase source referral					
3☐ Other (specify): ——						
	T					
6. What is the participant's diabetes	closest to diagnosis?	the most recent one at 6 months?				
type	1☐ Type 1 (IDDM)	1 ☐ Type 1 (IDDM)				
	2 Type 1A	2 Type 1A				
	3 ☐ Type 1B	3☐ Type 1B				
	4 Type 2 (NIDDM)	4 Type 2 (NIDDM)				
	5☐ MODY	5☐ MODY				
	6☐ Secondary Diabetes	6 Secondary Diabetes				
	7 Other (specify):	7☐ Other (specify):				
6a. Check source of information.	1☐ Medical record	1☐ Medical record				
	2☐ Provider/case source referral	2☐ Provider/case source referral				
	3☐ Other (specify):	3☐ Other (specify):				
		<u> </u>				

7. Were diabet			DAA) measures obta	ained at diagnosis	or later?	
	7a. If yes, check which measure below:					
Test (antibody):	□GA obtair	D/GAA ned	☐IA2/ICA512 obtained	☐ICA obtained	□IAA obtained	
8. Was height	repor	ted in the me	edical record? If ye	s, record height c	losest to the date of diagnosis.	
ı□ Yes	; →	8a. Record	height	· [][
		Ur	nits: <i>(check one)</i> 1	cm 2 inches		
		8b. Record measur	date when height v ed:		onth Day Year	
2□ No						
9. Was weight	repor	ted in the me	edical record? If ye	s, record weight o	losest to the date of diagnosis.	
₁☐ Yes		9a. Record	weight			
ı		Units: <i>(check one)</i> 1 □ kg 2 □ lb				
		9b. Record measu	date when weight v ured:		nth Day Year	
2 ☐ No						
10. Did the part	ticipar	nt ever use in	nsulin?	VI		
i □ Yes		10a. If yes,	, record the date sta	arted: Month	Day Year	
2☐ No 3☐ No ir	nform	ation				

11. Was insulin ever di	scontinued?					
ı□ Yes	11a. If yes, record the date discontinued: Month Day Year					
	11b. Did DKA occur while off of insulin? 1 ☐ Yes 2 ☐ No					
	11c. Was insulin restarted?					
2 □ No	1☐ Yes → 11c(1) Record date restarted:					
3☐ No information	2 No Month Day Year					
12. Does the participar	nt have acanthosis nigricans?					
1☐ Yes						
2 □ No						
3☐ No information						
13. Was DKA noted in	the medical record? 1 Yes If yes, complete the following information.					
	2☐ No					
Date of DKA	Lowest bicarb mEq/L					
	Lowest Blood pH 1 arterial					
Month Day Year	Lowest blood pri 13 arterial					
	3☐ capillary					
	4 unknown					
	Highest glucose mg/dl					
Date of DKA	Lowest bicarb mEq/L					
Month Day Year	Lowest Blood pH 1 arterial					
	2□ venous					
	3□ capillary					
	4□ unknown					
	Highest glucose mg/dl					

(Continue to next page to record additional DKA notations in the medical record)

Date of DKA	Lowest bicarb mEq/L
Month Day Year	Lowest Blood pH 1 arterial 2 venous 3 capillary 4 unknown
	Highest glucose mg/dl
Date of DKA	Lowest bicarb mEq/L
Month Day Year	Lowest Blood pH 1 arterial 2 venous 3 capillary 4 unknown
	Highest glucose mg/dl
Date of DKA	Lowest bicarb mEq/L
Month Day Year	Lowest Blood pH 1 arterial 2 venous 3 capillary 4 unknown Highest glucose mg/dl

		FC	OR STUDY USE	ONLY	
Date Completed				Completed by	
	Month	Day	Year		
Date Reviewed				Reviewer Code	
	Month	Day	Year	Market Sun and Section 1889 Section 1881	
Date Entered				Data Entry Code	
	Month	Day	Year		