Patient ID Number | Site | Sub-site | Sequential ID

Form Approved
OMB No. 0920-xxxx
Exp. Date xx/xx/xxxx

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)*: ⟶

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):* ⟶

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 *(specify)*: ⟶

5. What is the participant's county and state of residence at diabetes diagnosis?

County _____ State _____

5a. Check source of information for county and state.

1☐ Medical record

2☐ Provider/case source referral

3☐ Other (specify): ⟶

6. What is the participant's diabetes type...	...closest to diagnosis?	...the most recent one at 6 months?
	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):

7. Were diabetes autoantibody (DAA) measures obtained at diagnosis or later?

1☐ Yes 2☐ No

7a. If yes, check which measure below:

Test (antibody):	☐GAD/GAA obtained	☐IA2/ICA512 obtained	☐ICA obtained	☐IAA obtained

8. Was height reported in the medical record? If yes, record height closest to the date of diagnosis.

1☐ Yes →

8a. Record height ⟶ ☐☐☐.☐

Units: *(check one)* 1☐ cm 2☐ inches

8b. Record date when height was measured: ⟶ ☐☐ Month ☐☐ Day ☐☐☐☐ Year

2☐ No

9. Was weight reported in the medical record? If yes, record weight closest to the date of diagnosis.

1☐ Yes →

9a. Record weight ⟶ ☐☐☐.☐

Units: *(check one)* 1☐ kg 2☐ lb

9b. Record date when weight was measured: ⟶ ☐☐ Month ☐☐ Day ☐☐☐☐ Year

2☐ No

10. Did the participant ever use insulin?

1☐ Yes ⟶ 10a. If yes, record the date started: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

2☐ No

3☐ No information

11. Was insulin ever discontinued?

1☐ 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?
1☐ Yes → 11c(1) Record date restarted: ☐☐ Month ☐☐ Day ☐☐☐☐ Year
2☐ No

2☐ No

3☐ No information

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

FOR STUDY USE ONLY

Date Completed	Month / Day / Year	Completed by	☐☐☐
Date Reviewed	Month / Day / Year	Reviewer Code	☐☐☐
Date Entered	Month / Day / Year	Data Entry Code	☐☐☐