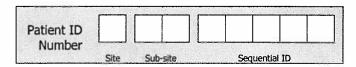


(affix label here)



SEARCH Medical Record Validation of Self-Report

Record this information for the time period:							
through							
Month Day Year							
Month Day Year							
1. Date of encounter: 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							

SEARCH 3 Cohort Study – Medical Record Validation of Self Report Form 9-13-10

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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-xxxxx)

5. Had there been any	y episodes of	DKA?					
1 🗖 Yes							
1 🗆	Required ED	visit visit					
2 🗖	Required ho	spitalizatio	n				
2 🗖 No							
3 🗖 Not indi	cated						
6. Had diabetes educa	ation occurre	d?					
6a. Diabetes	nurse educat	tion:					
1 ☐ Yes							
2 □ No							
3 • Not indicated							
6b. Nutrition	ist:						
1 ☐ Yes							
2 □ No							
3 Not indicated							
6c. Social worker or psychologist:							
1 ☐ Yes							
2 \bigcup No							
3 Not indicated							
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Date Completed	Ш		Ш			Completed by	
	Month	Day		Year			
Date Reviewed						Reviewer Code	
	Month	Day		Year			

Year

Data Entry Code

Month

Day

Date Entered