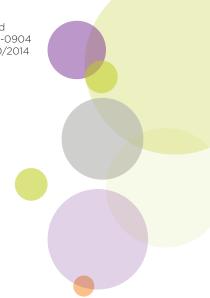


Form Approved OMB No. 0920-0904 Exp. Date 11/30/2014



Initial Participant Survey

Young Adult Version

This survey is to be filled out by the person (18 years older) who has diabetes.

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 (0920-0904)



We want to learn more about children and young people who have diabetes. You can help us to do that by filling out these questions. You may ask your **Parent** or **Legal Guardian** to help you.

1.	What is today's date?/
	Month Day Year
	For example, if today is May 1, 2011, write in 05/01/2011
2.	What is your sex? 1 ☐ Female 2 ☐ Male
۷.	What is your sex!
3.	Has a doctor or nurse ever told you that you have diabetes?
	1 YES. Turn the page and continue on to question 4.
	2 NO. STOP. Please turn to page 9 and complete this information

Please mail the survey to us in the stamped envelope.

Thank You

for filling out these questions.



We will ask you some questions about when you first got diabetes, and how you treat your diabetes. Please answer the questions as best you can. If you do not know the answer to a question, leave it blank.

- **5.** When were you first told by a doctor or a nurse that you had diabetes? This means when you were told about your diabetes diagnosis.

	/	/	
Month	Day	Year	

6. How did you first find out that you had diabetes? (Check yes or no for each question)

Yes 1 🔲	No 2 1	I was thirsty, had to pee a lot, or got sick very quickly
Yes 1 🗖	No 2 1	I found out that I had diabetes when I had a school physical or at a regular check-up.
Yes	No 2 🗖	I found out that I had diabetes when my blood sugar was checked at a health fair or at school.
Yes 1 🔲	No 2 1	I found out that I had diabetes when I was pregnant and the diabetes did not go away after the pregnancy.
Yes	No 2 1	I found out I had diabetes when I was pregnant but the diabetes went away after the pregnancy.

If none of the responses above apply to you, please write on the lines below how you first found out that you had diabetes.

- 7. What type of diabetes did the doctor or nurse tell you that you have? (please check one box)
 - 1 Type 1 diabetes, IDDM, juvenile diabetes
 - 2 ☐ Type 2 diabetes, NIDDM
 - 3 Maturity onset diabetes of youth (MODY)
 - 4 Other type of diabetes, please specify _____
 - 5 🗖 I don't know



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	8b.	cancer	or n	nedi	icine	e to	treat o	canc	er?	1 🔲	Ye:	S	2 🔲	No					no, skip to question 10) urself to be.						
	8c.	anothe	r me	edici	ine?	1	☐ Yes	2	<u></u> N	No															
			If Y	es, ۱'	wha	it wa	as the	med	licin	e?															
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	9a.	Were y	ou t	akin	g in	sulir	n two	wee	ks a	fter c	diag	nos	is?	1 🔲	Yes	2		No							
	9b.	Are you	u tak	king	insı	ulin r	now?	1 🔲	Yes	2 [N	0										1			
	D. How else do you take care of your diabetes now ? Do you use:																								
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SEARCH for Diabetes in Youth 3

	City
	State Zip Code County
	When you first got diabetes, were you in the Army, Navy, Air Force, Marines, or Coast Guard?
	1 Yes 2 No 3 Don't know
ΟV	we have some questions about your current height and weight.
	What is your current weight?
	Pounds, or Kilograms 🔲 Don't know
j_	What is your current height?
	Feet Inches or Centimeters \(\bar{\textstyle Don't know} \)
	ogical or natural parents (not step-parents or adoptive parents) and your full or half brothe sisters, not those who were adopted or step brothers or step sisters.
ea	sisters, not those who were adopted or step brothers or step sisters. se include information for relatives who are living and those who are deceased.
	sisters, not those who were adopted or step brothers or step sisters. use include information for relatives who are living and those who are deceased. Does your biological mother have diabetes?
	sisters, not those who were adopted or step brothers or step sisters. Is a include information for relatives who are living and those who are deceased. Does your biological mother have diabetes? 1 Yes 2 No 3 Don't know
_	Does your biological mother have diabetes? 1 Yes 2 No 3 Don't know 17a. If Yes, how old was she when she was diagnosed with diabetes?
	sisters, not those who were adopted or step brothers or step sisters. see include information for relatives who are living and those who are deceased. Does your biological mother have diabetes? 1 Yes 2 No 3 Don't know
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20.	Do you have any full or half brothers?
	1 ☐ Yes 2 ☐ No 3 ☐ Don't know
	(If No or I don't know, skip to question 21).
	20a. If Yes, how many full or half brothers do you have?
	brothers
	20b. If Yes, how many full or half brothers have diabetes?
	brothers
21.	Do you have any full or half sisters?
	1 ☐ Yes 2 ☐ No 3 ☐ Don't know
	(If No or I don't know, skip to question 22)
	21a. If Yes, how many full or half sisters do you have?
	sisters
	21b. If Yes, how many full or half sisters have diabetes?
	sisters



Now we would like to learn a bit about your health insurance and the health care services.

22. What kind of health insurance plan do you have **now**? (Answer Yes or No for each question).

22a. Medicaid/Medicare/State-funded/other Federally-funded	Yes 1 □	No 2 🗖
22b. Private insurance, through employer	Yes 1 🗖	No 2 🗖
22c. Private insurance, purchased on your own	Yes 1 🗖	No 2 🗖
22d. Military	Yes 1 🗖	No 2 🗖
22e. School-based insurance	Yes 1 🗖	No 2 🗖
22f. Tribe/Indian Health Service	Yes 1 🗖	No 2 🗖
22g. Any other or type unknown	Yes 1 🗖	No 2 🗖
22h. None	Yes 1 🗖	No 2 🗖

SEARCH for Diabetes in Youth 5

23. What kind of health insurance plan did you have when you were diagnosed with diabetes? (Answer Yes or No for each question).

23a. Medicaid/Medicare/State-funded/other Federally-funded	Yes 1 🗖	No 2 🗖
23b. Private insurance, through employer	Yes 1 🗖	No 2
23c. Private insurance, purchased on your own	Yes 1 🗖	No 2 🗖
23d. Military	Yes 1 🗖	No 2
23e. School-based insurance	Yes 1 🗖	No 2 🗖
23f. Tribe/Indian Health Service	Yes 1 🗖	No 2 1
23g. Any other or type unknown	Yes 1 🗖	No 2 🗖
23h. None	Yes 1 🗖	No 2 🗖

- **24.** Who do you usually go to for most of your care related to diabetes? (Please check only one response).
 - 1 Pediatrician
 - ² Family practice or internal medicine physician
 - 3 Pediatric endocrinologist/diabetologist (diabetes specialist)
 - 4 Adult endocrinologist/diabetologist (diabetes specialist)
 - ⁵ Another type of physician
 - 6 Other health care professional (nurse, nurse practitioner, physician assistant, certified diabetes educator or other)
 - 7 🔲 Unsure



The next few questions are related to the education and household income of your family.

25. What is the highest degree or level of school that your mother/guardian, father/guardian, and you have completed?

	Mother/ guardian	Father/ guardian	You
25a. Any education less than a high school graduate, no diploma or GED	1 🗖	1 🗖	1 🔲
25b. High school graduate, (high school diploma) or equivalent (for example, GED)	2 🗖	2 🗖	2 🗖
25c. Business/technical school, associate degree (AA, AS) or some college	3 🗖	3 🗖	3 🗖
25d. Bachelor degree (for example, BA, AB, BS) (4-year)	4 🗖	4 🔲	4 🗖
25e. Master degree (for example MA, MS, MEng, Med., MSW)	5 🗖	5 🗖	5 🗖
25f. Professional or doctorate degree (for example, MD, DDS, JD, PhD, EdD)	6 🗖	6 🗖	6 🗖
25g. Don't know	7 🗖	7 🗖	7 🗖

26. Which of these categories best describes the **total** income of all persons living in your Parent/Guardian's household for the past 12 months?

(check only one category)

- 3 \$12,000 through \$15,999 8 \$75,000 through \$99,999
- 4 ☐ \$16,000 through \$24,999 9 ☐ \$100,000 and greater
- 5 \$25,000 through \$34,999 10 Don't know
- **27.** How many people are living in your Parent/Guardian's household?
 - **27a.** Total number of people _____
 - **27b.** Number of children (less than 18)
 - **27c.** Number of adults _____

Of the number of adults, how many bring income into the household? _____

Vas your mother born in the United States? Yes (If Yes, go to question 30) No 29a. If no: In what country was your mother born? Write in country of birth. Don't know country 29b. In what year did your mother come to the United States to live? Don't know year Don't know / prefer not to say Vas your father born in the United States? Yes (If Yes, go to question next page) No 30a. If no: In what country was your father born? Write in country of birth. Don't know country 30b. In what year did your father come to the United States to live? Write in year.	28b. In what year did you come to the United States to live? Write in year. □ Don't know / prefer not to say	
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30b. In what year did your father come to the United States to live? Write in year. □ Don't know year	☐ Don't know country	
☐ Don't know year		year.
	3 • Don't know / prefer not to say	

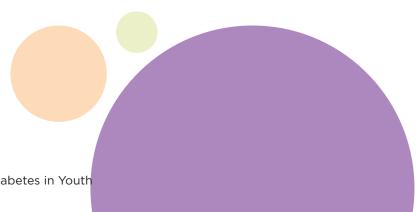
28. Were you born in the United States?

1 Yes (If Yes, go to question 29)

Contact Information

We would like to be able to reach you to let you know about other parts of the SEARCH study. To do this, we would like to have the best address and phone number where we can reach you.

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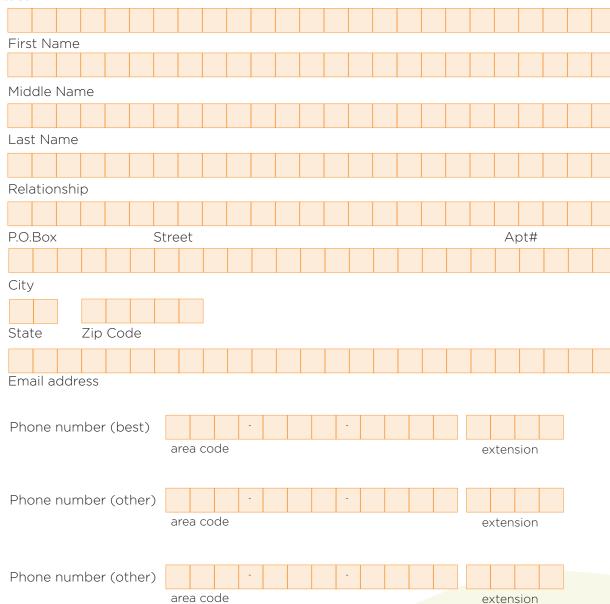


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Alternate Contact Information

As a part of this study, we may be contacting you in the future. Please provide us with the names, addresses, phone numbers and email addresses of two people who could contact you if your address or phone number changes.

Contact #1:



Contact #2:

ntact #2:																							
First																							
Middle																							
Last																							
Relationship																							
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Thank You for filling out this survey.

Please mail it to us in the stamped, pre-addressed envelope. If you have lost the envelope, please send it to the address below.



FOR STUDY USE ONLY

Patient ID Numbe			
	Site S	Sub-site	Sequential ID
Date Completed			Completed by
	Month	Day	Year
Mode of Adminis	tration	In Person	Telephone Mailed CATI
Date Reviewed			Reviewer Code
	Month	Day	Year
Date Entered			Data Entry Code
	Month	Day	Year

