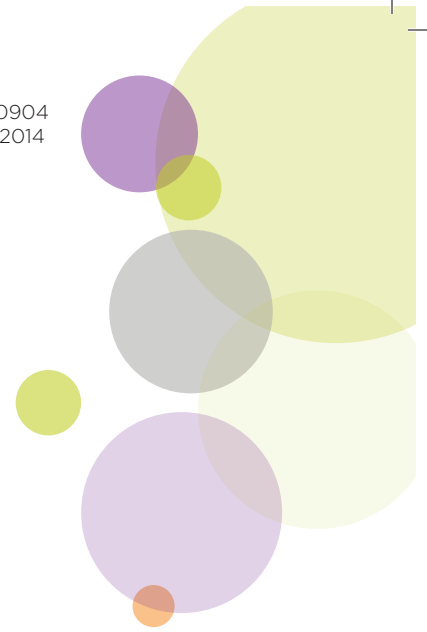


Form Approved  
OMB No. 0920-0904  
Exp. Date 11/30/2014



# 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

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.



4. What is your birthdate? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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

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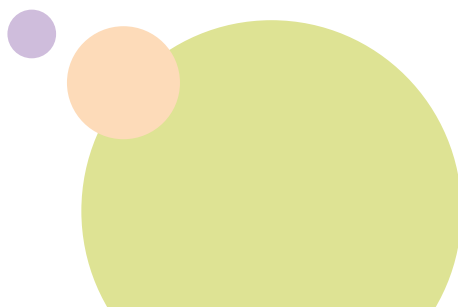
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7. What type of diabetes did the doctor or nurse tell you that you have?  
 (please check one box)

- 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

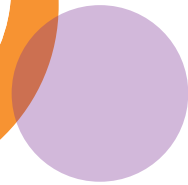








- 20.** Do you have any full or half brothers?  
 1  Yes   2  No   3  Don't know  
 (If No or I don't know, skip to question 21).
- 20a.** If Yes, how many full or half brothers do you have?  
 \_\_\_\_\_ brothers
- 20b.** If Yes, how many full or half brothers have diabetes?  
 \_\_\_\_\_ brothers
- 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 <input type="checkbox"/>	No 2 <input type="checkbox"/>
22b. Private insurance, through employer	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
22c. Private insurance, purchased on your own	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
22d. Military	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
22e. School-based insurance	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
22f. Tribe/Indian Health Service	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
22g. Any other or type unknown	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
22h. None	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>

**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 <input type="checkbox"/>	No 2 <input type="checkbox"/>
23b. Private insurance, through employer	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
23c. Private insurance, purchased on your own	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
23d. Military	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
23e. School-based insurance	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
23f. Tribe/Indian Health Service	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
23g. Any other or type unknown	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
23h. None	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>

**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 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
25b. High school graduate, (high school diploma) or equivalent (for example, GED)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
25c. Business/technical school, associate degree (AA, AS) or some college	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
25d. Bachelor degree (for example, BA, AB, BS) (4-year)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
25e. Master degree (for example MA, MS, MEng, Med., MSW)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
25f. Professional or doctorate degree (for example, MD, DDS, JD, PhD, EdD)	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
25g. Don't know	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>

**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)

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Less than \$5,000         | 6 <input type="checkbox"/> \$35,000 through \$49,999 |
| 2 <input type="checkbox"/> \$5,000 through \$11,999  | 7 <input type="checkbox"/> \$50,000 through \$74,999 |
| 3 <input type="checkbox"/> \$12,000 through \$15,999 | 8 <input type="checkbox"/> \$75,000 through \$99,999 |
| 4 <input type="checkbox"/> \$16,000 through \$24,999 | 9 <input type="checkbox"/> \$100,000 and greater     |
| 5 <input type="checkbox"/> \$25,000 through \$34,999 | 10 <input type="checkbox"/> 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? \_\_\_\_\_



## 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.

**A.** What is your name?

First

Middle

Last

Are there any other names that you use?

Other first names

Other last names

**B.** What are your parent/guardian's names?

First

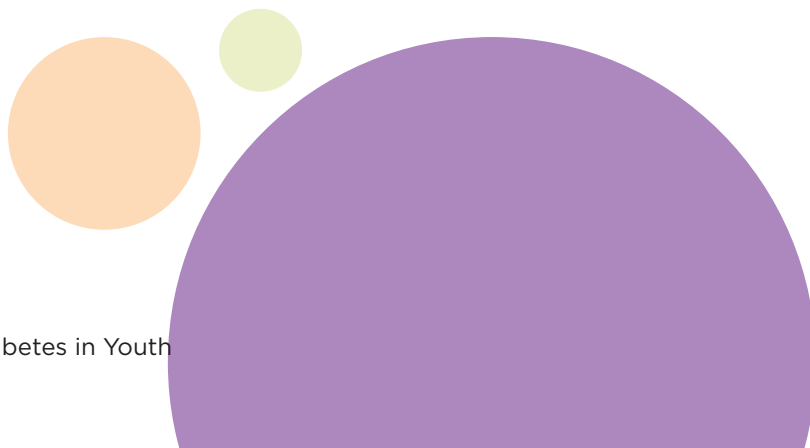
Middle

Last

First

Middle

Last



C. What is the **best** address, email and phone number to send mail or call?

[Grid of 25 boxes for address input]

P.O.Box

Street

Apt#

[Grid of 25 boxes for address input]

City

[Grid of 2 boxes for City]

[Grid of 5 boxes for City]

State

Zip Code

[Grid of 25 boxes for address input]

Email address

Phone number (best)

[Grid of 10 boxes] - [Grid of 10 boxes] - [Grid of 4 boxes]

area code

extension

Is this:  Home  Work  Cellular Phone  Other

Phone number (other)

[Grid of 10 boxes] - [Grid of 10 boxes] - [Grid of 4 boxes]

area code

extension

Is this:  Home  Work  Cellular Phone  Other

Phone number (other)

[Grid of 10 boxes] - [Grid of 10 boxes] - [Grid of 4 boxes]

area code

extension

Is this:  Home  Work  Cellular Phone  Other

What is the best time to call?  morning  afternoon  evening

May we contact you over the weekend?  Yes  No

May we contact you at work?  Yes  No

Who lives at this address? (check yes or no for each one)

I do 1  Yes 2  No

My Father 1  Yes 2  No

My Mother 1  Yes 2  No

My Spouse 1  Yes 2  No

Other 1  Yes 2  No

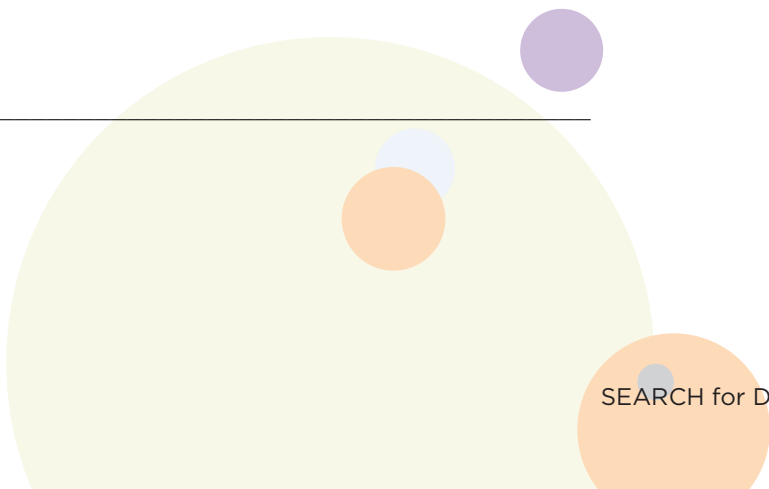
Do you usually speak:

1  English

2  Spanish

3  Some other language

Specify: \_\_\_\_\_



## 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:

First Name

Middle Name

Last Name

Relationship

P.O.Box

Street

Apt#

City

State

Zip Code

Email address

Phone number (best)

area code

extension

Phone number (other)

area code

extension

Phone number (other)

area code

extension

**Contact #2:**

First

Middle

Last

Relationship

P.O.Box

Street

Apt#

City

State

Zip Code

Email address

Phone number (best)

area code

extension

Phone number (other)

area code

extension

Phone number (other)

area code

extension

## 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 Number         
Site Sub-site Sequential ID

Date Completed       Completed by     
Month Day Year

Mode of Administration  In Person  Telephone  Mailed  CATI

Date Reviewed       Reviewer Code     
Month Day Year

Date Entered       Data Entry Code     
Month Day Year



