

**Privacy Act Statement**

The information you are being asked to provide is authorized to be collected under Section 301 of The Public Health Service Act (42 USC 241). Providing this information is voluntary. CDC will use this information in its study, SEARCH for Diabetes in Youth, in order to: (1) Assess the incidence and prevalence of diabetes among youth in the U.S. by diabetes type, and by demographics including age, sex, and race/ethnicity; and (2) Assess temporal trends in diabetes incidence in major US racial/ethnic groups, including African Americans, Hispanics, American Indian Tribes, Asian Americans, Pacific Islanders, by age, sex, and diabetes type. This information will be shared with third party clinical entities with whom CDC has entered into an Agreement to assist with carrying out this Study.



Form Approved  
OMB No. 0920-0904  
Exp. Date 08/31/2017

(affix label here)

Patient ID Number	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
	Site	Sub-site	Sequential ID				

**SEARCH Physical Examination Form  
(to be completed for age 3 and older)**

<b>Anthropometric Measures</b>	<b>Examiner Code</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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1. Height:

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> cm.
First	Second	*Third

\*Third measurement required if first two measurements differ by >0.5 cm.

2. Weight:

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> kg.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> kg.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> kg.
First	Second	*Third

\*Third measurement required if first two measurements differ by >0.3 kg.

If PATIENT is wearing a non-removable appliance, please specify the type of appliance. →

3. Waist Circumference:

3a. NHANES waist circumference:

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> cm.
First	Second	*Third

\*Third measurement required if first two measurements differ by >1.0 cm.

3b. Natural waist circumference:

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> cm.	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> cm.
First	Second	*Third

\*Third measurement required if first two measurements differ by >1.0 cm.

Public reporting burden of this collection of information is estimated to average 80 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).

<b>Blood Pressure</b>	<b>Examiner Code</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																												
<p>4. Extremity: <i>(check one)</i>    1 <input type="checkbox"/> Right arm (preferred)                      2 <input type="checkbox"/> Left arm</p> <p>5. Cuff size: <i>(check one)</i></p> <p>1 <input type="checkbox"/> Infant      2 <input type="checkbox"/> Child/Small Adult                      3 <input type="checkbox"/> Adult                      4 <input type="checkbox"/> Lg. Arm                      5 <input type="checkbox"/> Thigh</p> <p>6. Pulse Disappearance Pressure:                      <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> mm. Hg</p> <p style="text-align: center;"><b>+ 3 0</b></p> <hr style="width: 10%; margin: auto;"/> <p>7. Maximum inflation level (MIL):                      <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> mm. Hg</p> <p>8. Blood Pressures:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Systolic</th> <th style="width: 10%; text-align: center;">/</th> <th style="width: 15%; text-align: center;">Diastolic</th> <th style="width: 45%;"></th> </tr> </thead> <tbody> <tr> <td>1<sup>st</sup> BP</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">/</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td>mm. Hg.</td> </tr> <tr> <td>2<sup>nd</sup> BP</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">/</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td>mm. Hg.</td> </tr> <tr> <td>3<sup>rd</sup> BP</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">/</td> <td><input style="width: 30px; height: 20px;" type="text"/></td> <td>mm. Hg.</td> </tr> </tbody> </table> <p>8a. If unable to measure blood pressure, check reason:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 <input type="checkbox"/> Patient refused</td> <td style="width: 50%;">1 <input type="checkbox"/> Unable to determine MIL</td> </tr> <tr> <td>1 <input type="checkbox"/> Patient unable to sit</td> <td>1 <input type="checkbox"/> Unable to hear blood pressure sounds</td> </tr> <tr> <td>1 <input type="checkbox"/> Radial pulse not felt in either arm</td> <td>1 <input type="checkbox"/> Equipment malfunction</td> </tr> <tr> <td>1 <input type="checkbox"/> No cuff appropriate size</td> <td></td> </tr> </table>			Systolic	/	Diastolic		1 <sup>st</sup> BP	<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.	2 <sup>nd</sup> BP	<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.	3 <sup>rd</sup> BP	<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 30px; height: 20px;" type="text"/>	mm. Hg.	1 <input type="checkbox"/> Patient refused	1 <input type="checkbox"/> Unable to determine MIL	1 <input type="checkbox"/> Patient unable to sit	1 <input type="checkbox"/> Unable to hear blood pressure sounds	1 <input type="checkbox"/> Radial pulse not felt in either arm	1 <input type="checkbox"/> Equipment malfunction	1 <input type="checkbox"/> No cuff appropriate size	
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<b>Acanthosis Nigricans</b>	<b>Examiner Code</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>9. Is Acanthosis Nigricans: <i>(check one)</i>                      1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      3 <input type="checkbox"/> Maybe</p>	

<b>FOR STUDY USE ONLY</b>					
Date Completed	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	Completed by	<input style="width: 20px; height: 20px;" type="text"/>
	Month	Day	Year		Code
Date Reviewed	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	Reviewer Code	<input style="width: 20px; height: 20px;" type="text"/>
	Month	Day	Year		
Date Entered	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	Data Entry Code	<input style="width: 20px; height: 20px;" type="text"/>
	Month	Day	Year		