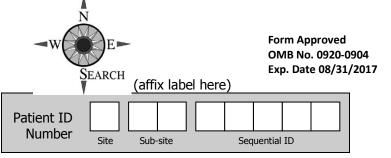
## **Privacy Act Statement**

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.



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

Anthropometric Measures		Examiner Code			
1. Height:					
First	rm. Second c	rm. *Third . cm. *Third . cm.			
2. Weight:					
First	kg. Second k	rg kg. *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 circur	mference:				
First C	cm. Second	m cm. *Third			
*Third measurement required if first two measurements differ by $>1.0$ cm.					
3b. Natural waist circum	ference:				
First C	cm. Second	m. Third cm.			
*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).

Blood Pressure			Examiner Code		
4. Extremity: <i>(che</i> 5. Cuff size: <i>(che</i>		m (preferred)	2 🖵 Left arm		
1 Infant	2 Child/Small Adult	3 🗖 Adult	4🖵 Lg. Arm	5 🗖 Thigh	
	ſ		-	5 - Thigh	
6. Pulse Disappearance Pressure: mm. Hg					
	-	+ 3 0			
7. Maximum infla	tion level (MIL):		mm. Hg		
8. Blood Pressures:					
	Systolic Diastolic	с			
1 <sup>st</sup> BP		mm. Hg.			
2 <sup>nd</sup> BP / mm. Hg.					
3 <sup>rd</sup> BP / mm. Hg.					
8a. If unable to measure blood pressure, check reason:					
1 Patient refused 1 Unable to determine MIL					
1 Patient unable to sit 1 Unable to hear blood pressure sounds					
1 Radial pulse not felt in either arm $1$ Equipment malfunction					
1 No cuff appropriate size					
Acopthonic Nigrics			Examiner Code		
Acanthosis Nigrica	1115				
9. Is Acanthosis N	Nigricans: <i>(check one)</i>	1 🖵 Ye	es 2 No	3 🗖 Maybe	
FOR STUDY USE ONLY					
Date Completed	Month Day	Year	Completed by	Code	
Date Reviewed			Reviewer Code		
Date Entered	Month Day	Year	Data Entry Code		
	Month Day	Year			