

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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Site	Sub-site	Sequential ID				

SEARCH 4 Specimen Collection Form

Before drawing blood or collecting urine specimens:

1. Have you had DKA in the last 4 weeks that resulted in hospitalization or had to be treated by IV fluids?
 - 1 No
 - 2 Yes ***(if YES, then do NOT draw blood AND do not collect/send 1st morning void specimen and do not complete this form)***

2. Have you had a severe low blood sugar in the past 24 hours that required you to get help (glucagon injection, called 911, went to an emergency room or urgent care center)?
 - 1 No
 - 2 Yes ***(if YES, then do not collect/send 1st morning void specimen and re-schedule urine)***

3. Have you had a fever greater than 100 degrees in the past 24 hours?
 - 1 No
 - 2 Yes ***(if YES, then do NOT collect/send 1st morning void specimen and re-schedule urine)***

4. In the past month, have you been told by a doctor that you have a urinary tract infection?
 - 1 No
 - 2 Yes ***(if YES, are you currently taking an antibiotic for your infection?)***
 - 1 No ***(if NO, collect urine specimens)***
 - 2 Yes ***(if YES, then do NOT collect/send 1st morning void specimen and re-schedule urine)***

The next questions are for females only:

5. Are you currently pregnant?
 - 1 No
 - 2 Yes ***(if YES, do NOT draw blood AND do NOT collect/send 1st morning void specimen and do not complete this form)***
 - 3 Unsure ***(if UNSURE, draw blood AND collect/send 1st morning void specimen)*** *(Script for Coordinator: "If you find out later that you were pregnant today, please let us know.")*

6. Were you menstruating when you did your 1st morning void urine collection?
 - 1 No
 - 2 Yes ***(if YES, do NOT send 1st morning void urine sample and re-schedule urine)***

Public reporting burden of this collection of information is estimated to average 20 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).

7. Have you taken any insulin in the last 4 hours? (This does **NOT** include basal insulin per insulin pump.)

- 1 Yes (if YES, ask which insulins were taken; mark by the appropriate list of insulins below)
 2 No (if NO, go to question 9)

1 <input type="checkbox"/>	Degludec (Tresiba) Detemir (Levemir) Glargine (Lantus) Humulin N Novolin N NPH	Acceptable		
2 <input type="checkbox"/>	Humulin R Humulin 50/50 Humulin 70/30 Novolin R Novolin 70/30 Regular	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hour Minute	<input type="checkbox"/> AM <input type="checkbox"/> PM	NOT acceptable if taken within 4 hours prior to fasting blood sample – Proceed with blood draw and try to re-schedule a fasting re-draw visit.
3 <input type="checkbox"/>	Apidra Glulisine Humalog Humalog mix 50/50 Humalog mix 75/25 Novolog Novolog mix 70/30 (by injection or bolus per pump)	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hour Minute	<input type="checkbox"/> AM <input type="checkbox"/> PM	NOT acceptable if taken within 2 hours prior to fasting blood sample – Proceed with blood draw and try to re-schedule a fasting re-draw visit.

8. Have you taken any other diabetes medications in the last 8 hours?

- 1 Yes (if YES, ask which medications were taken and mark by the appropriate list of medications below; then answer question 9a on next page)
 2 No

Other diabetes medications:

1 <input type="checkbox"/>	Acarbose (Precose) Actos Avandamet Avandia Canagliflozin (Invokana) Dapagliflozin (Forxiga) Empagliflozin (Jardiance) Glucophage Glyset Metformin (metformin extended release [metformin ER], [Glucophage, Riomet, Fortamet, Fortamet ER, Glumetza]) Miglitol Orlistat (Xenical, Alli) Precose Pioglitazone (Actos) Rosiglitazone	Acceptable medications
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<p>Albiglutide (<i>Tanzeum</i>) Amaryl Byetta Chlorpropamide Delaglutide (<i>Trulicity</i>) DiaBeta Diabinese Empagliflozin (<i>Jardiance</i>) Exenatide (<i>Byetta, Bydureon</i>) Glimepiride (<i>Amaryl</i>) Glipizide, Glipizide ER (<i>Glucotrol, Glucotrol XL</i>) Glucotrol Glucovance Glyburide (<i>Diabeta, Micronase</i>) Glynase Januvia Liraglutide (<i>Victoza</i>) Micronase Metformin + Sitagliptin (<i>Janumet</i>) Metformin + Saxagliptin (<i>Kombiglyze XR</i>) Metformin + Linagliptin (<i>Jentadueto</i>) Nateglinide Prandin Pramlintide (<i>Symlin</i>) Repaglinide Saxagliptin (<i>Onglyza</i>) Sitagliptin (<i>Januvia</i>) Starlix Symlin Tolazamide Tolbutamide Victoza</p>	<p>Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hour Minute</p> <p><input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p><u>NOT acceptable if taken within 8 hours prior to fasting blood sample</u></p> <p><i>Proceed with blood draw and try to re-schedule a fasting re-draw visit.</i></p>
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2

1 **Other diabetes medications:** (*specify*)

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IF UNACCEPTABLE INSULIN OR ORAL MEDICATION TAKEN, PROCEED WITH BLOOD DRAW AND TRY TO SCHEDULE A FASTING RE-DRAW VISIT.



8a. ***If a re-draw visit is necessary, has Participant agreed?*** 1 Yes 2 No

9. Have you had anything to eat or drink in the last 8 hours?

1 Yes

9a. *If YES, ask the Participant what they had to eat or drink. Describe what they had to eat or drink.*



9b. *If Participant consumed non-allowable food or drink, record most recent time* →

Time: AM PM
Hour Minute

IF FASTING LESS THAN 8 HOURS, PROCEED WITH BLOOD DRAW AND TRY TO SCHEDULE A FASTING RE-DRAW VISIT.

★ 9c. ***If a re-draw visit is necessary, has Participant agreed?*** 1 Yes 2 No

2 No

10. Glucose meter reading: (May use drop from blood collected with venipuncture samples)

If glucose is > 300 mg/dl, perform urinary ketone check and record.

10a. Urine ketones: 1 Negative 2 Trace/small 3 Moderate 4 Large 5 Unable to obtain

11. Were any of the following symptoms observed or reported by the Participant? 1 Yes 2 No
(If YES, check all that apply):

- 1 Abdominal pain
- 1 Diaphoresis (excessive sweating)
- 1 Lightheadedness
- 1 Nausea and or vomiting
- 1 Seizure
- 1 Tremors or trembling
- 1 Loss of consciousness due to low blood glucose
- 1 Loss of consciousness due to phlebotomy (fainting)
- 1 Blood glucose is < 45 mg./dl.
- 1 Blood glucose is > 300 mg./dl. with moderate or large ketones
- 1 Blood glucose is > 500 mg./dl. with or without ketones
- 1 Other (specify):

➔

12. Comments?
1 Yes (if YES, describe): ➔

2 No comments

NOTE: Complete SEARCH Unanticipated Occurrence/Condition Reporting Form if any of the below presents:

- seizure
- loss of consciousness due to low blood glucose

13. Specimen obtained by:	<input type="text"/>	<input type="text"/>	<input type="text"/>				(code)
14. Date specimen obtained:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Month	Day	Year				
15. Time specimen collected:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<i>(check one)</i>			
	Hour	Minute					

Please instruct the Participant to take medication/insulin and provide breakfast to the Participant.

FOR STUDY USE ONLY						
Date Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Completed by	<input type="text"/>
	Month	Day	Year			
Date Reviewed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reviewer Code	<input type="text"/>
	Month	Day	Year			
Date Entered	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Data Entry Code	<input type="text"/>
	Month	Day	Year			