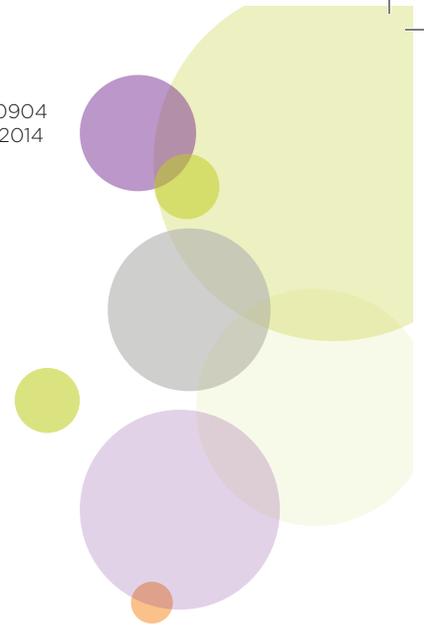


Form Approved
OMB No. 0920-0904
Exp. Date 11/30/2014



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? _____ / _____ / _____ **datecomp**
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 **partgend**

3. Has a doctor or nurse ever told you that you have diabetes? **hxdmdonu**

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.



dobm

doby

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.

dmdiagno

_____ / _____ / _____
Month Day Year

dmdiagyr

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

diagsymp	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>	I was thirsty, had to pee a lot, or got sick very quickly
diagphys	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.
diaghefa	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.
diagpreg	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>	I found out that I had diabetes when I was pregnant and the diabetes did not go away after the pregnancy.
diagprwa	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>	I found out I had diabetes when I was pregnant but the diabetes went away after the pregnancy.

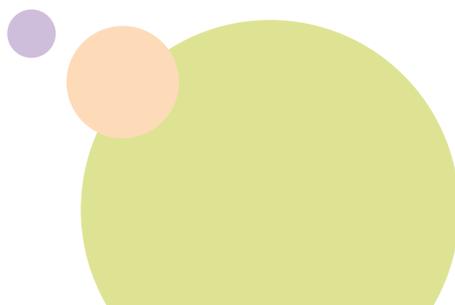
If none of the responses above apply to you, please write on the lines below how you first found out that you had diabetes.

diagotsp

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

diabtype

- 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



13. When you **first** got diabetes, where did you live?

diagcity

City

diagstat

State

Zip Code

diagzipc

County

diagcoun

14. 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

diagarms

Now we have some questions about your current height and weight.

15. What is your **current** weight?

_____ Pounds, or _____ Kilograms Don't know

weightpound

weightkg

weightdk

16. What is your **current** height?

_____ Feet _____ Inches or _____ Centimeters Don't know

heightfeet

heightinch

heightcm

heightdk

Now we would like to ask you a few questions about whether or not other people in your family have diabetes.

Please provide information about your mother, father, brothers and sisters. This refers to your biological or natural parents (not step-parents or adoptive parents) and your full or half brothers and sisters, not those who were adopted or step brothers or step sisters.

Please include information for relatives who are living and those who are deceased.

17. Does your biological mother have diabetes?

1 Yes 2 No 3 Don't know

motherdiab

17a. If Yes, how old was she when she was diagnosed with diabetes?

mothdiabage _____ years Don't know

mothdiabagedk

18. Did your biological mother have any form of diabetes when she was pregnant with you?

This includes Type 1 diabetes, Type 2 diabetes, gestational diabetes, or other types of diabetes.

1 Yes 2 No 3 Don't know

mothpregdiab

19. Does your biological father have diabetes?

1 Yes 2 No 3 Don't know

fatherdiab

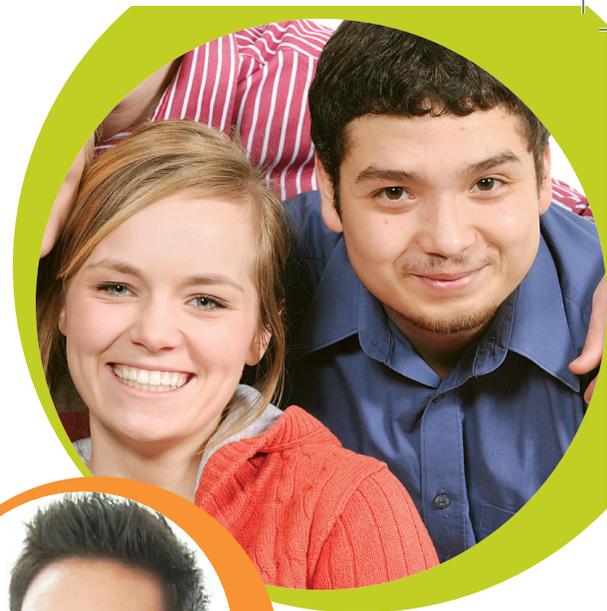
19a. If Yes, how old was he when he was diagnosed with diabetes?

_____ years Don't know

fathdiabage

fathdiabagedk

- 20.** Do you have any full or half brothers? **fullbrothers**
 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 **brothercnt**
- 20b.** If Yes, how many full or half brothers have diabetes?
 _____ brothers **brotherdiab**
- 21.** Do you have any full or half sisters? **fullsisters**
 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 **sistercnt**
- 21b.** If Yes, how many full or half sisters have diabetes?
 _____ sisters **sisterdiab**



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).

insmedic	22a. Medicaid/Medicare/State-funded/other Federally-funded	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
inspriem	22b. Private insurance, through employer	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
inspripu	22c. Private insurance, purchased on your own	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
insmilit	22d. Military	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
insschoo	22e. School-based insurance	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
instribe	22f. Tribe/Indian Health Service	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
insothun	22g. Any other or type unknown	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
insunone	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).

insdiagmedic	23a. Medicaid/Medicare/State-funded/other Federally-funded	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
insdiagpriem	23b. Private insurance, through employer	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
insdiagpripu	23c. Private insurance, purchased on your own	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
insdiagmilit	23d. Military	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
insdiagschoo	23e. School-based insurance	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
insdiagtribe	23f. Tribe/Indian Health Service	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
insdiagothun	23g. Any other or type unknown	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
insdiagunone	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).

diabcaredr

- 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?

	motheredu Mother/ guardian	fatheredu Father/ guardian	childedu 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?

partotin

(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 _____ **parnhous**

27b. Number of children (less than 18) _____ **parnchil**

27c. Number of adults _____ **parnadul**

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

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

P.O.Box

Street

Apt#

City

State

Zip Code

Email address

Phone number (best)

- -

area code

extension

Is this: Home Work Cellular Phone Other

Phone number (other)

- -

area code

extension

Is this: Home Work Cellular Phone Other

Phone number (other)

- -

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 **livepart**

My Father 1 Yes 2 No **livefath**

My Mother 1 Yes 2 No **livemoth**

My Spouse 1 Yes 2 No **livespou**

Other 1 Yes 2 No **liveothe**

Do you usually speak:

1 English **langengl**

2 Spanish **langspan**

3 Some other language **langothr**

Specify: _____

uslanoth

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

compldat

complby

Date Completed
Month Day Year Completed by

modeadmin

Mode of Administration In Person Telephone Mailed CATI

revwdate

revwby

Date Reviewed
Month Day Year Reviewer Code

enterdat

enterby

Date Entered
Month Day Year Data Entry Code



