



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

## SEARCH 3 Extended Core Information Form

**Complete the SEARCH 3 Extended Core Information Form after at least 6 months have elapsed since diagnosis.**

***Note: For questions 7 (type at 6 months), 8 (DAA), 11 and 12 (insulin use), and 14 (DKA), the time period of interest is from diagnosis to 6 months post diagnosis.***

dobm\_corf doby\_corf

1. What is the participant's date of birth?

<input type="text"/>					
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Month Day Year

1a. Check information source for participant's DOB. dobsourc\_corf

- 1  Medical records  
2  Provider/case source referral  
3  Other (specify): →

dobsourceth\_corf

2. What is the participant's sex? gender\_corf

- 1  Female  
2  Male

2a. Check information source for participant's sex. gensourc\_corf

- 1  Medical records  
2  Provider/case source referral  
3  Other (specify): →

geninfot\_corf

3. What is the participant's race/ethnicity? (check one) race\_corf

- 1  White, Non-Hispanic White  
2  Hispanic, Latino, Chicano, Mexican  
3  Asian (e.g., Chinese, Japanese, Filipino, Vietnamese, Cambodian, Korean, Thai, Asian Indian)  
4  African-American (Black)  
5  Pacific Islander (e.g., Hawaiian, Samoan)  
6  Native American  
7  Other (specify): →

raceoth\_corf

3a. Check information source for race/ethnicity. racesourc\_corf

- 1  Medical records  
2  Provider/case source referral  
3  Other (specify): →

racinfot\_corf

4. What is the participant's date of diabetes diagnosis?

Month                  Day                  Year

4a. Check source of information for date of diagnosis. diagdatesource\_corf

- 1  Medical record
- 2  Provider/case source referral
- 3  Other (specify): → diagdateother\_corf

5. What is the participant's zip code of residence at diabetes diagnosis?

diagzipcode\_corf

5a. Check source of information for zip code of residence. diagzipsource\_corf

- 1  Medical record
- 2  Provider/case source referral
- 3  Other (specify): → diagzipsourceothr\_corf

6. What is the participant's county and state of residence at diabetes diagnosis?

County diagcounty\_corf      State diagstate\_corf

6a. Check source of information for county and state.

- 1  Medical record
- 2  Provider/case source referral
- 3  Other (specify): → diagcountysourceothr\_corf

7. What is the participant's diabetes type...	...closest to diagnosis? <span style="color: red;">dmtype_corf</span>	...the most recent one at 6 months? <span style="color: red;">dmtypesp6mth_corf</span>
	1 <input type="checkbox"/> Type 1 (IDDM)	1 <input type="checkbox"/> Type 1 (IDDM)
	2 <input type="checkbox"/> Type 1A	2 <input type="checkbox"/> Type 1A
	3 <input type="checkbox"/> Type 1B	3 <input type="checkbox"/> Type 1B
	4 <input type="checkbox"/> Type 2 (NIDDM)	4 <input type="checkbox"/> Type 2 (NIDDM)
	7 <input type="checkbox"/> Other (specify): <span style="color: red;">dmtypesp_corf</span>  Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	7 <input type="checkbox"/> Other (specify): <span style="color: red;">dmtypesp6mth_corf</span>  Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

7a. Check source of information.  diagsource_corf	1 <input type="checkbox"/> Medical record 2 <input type="checkbox"/> Provider/case source referral 3 <input type="checkbox"/> Other (specify): <div style="border: 1px solid black; padding: 5px; min-height: 80px;">diagsourceothr_cor</div>	1 <input type="checkbox"/> Medical record 2 <input type="checkbox"/> Provider/case source referral 3 <input type="checkbox"/> Other (specify): <div style="border: 1px solid black; padding: 5px; min-height: 80px;">diagsource6mth_corf</div>
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8. Were diabetes autoantibody (DAA) measures obtained at diagnosis or later (at diagnosis up to 6 months)?  
 1  Yes 2  No daayn\_corf

8a. If yes, check which measure below:

<b>Test (antibody):</b>	<input type="checkbox"/> GAD/GAA obtained gadob_corf	<input type="checkbox"/> IA2/ICA512 obtained ia2ob_corf	<input type="checkbox"/> ICA obtained icaob_corf	<input type="checkbox"/> IAA obtained iaaob_corf	<input type="checkbox"/> ZnT8 obtained
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9. Was height reported in the medical record? If yes, record height closest to the date of diagnosis. height\_corf  
 htreport\_corf

1  Yes →

9a. Record height →    .

Units: (check one) 1  cm 2  inches htunits\_corf

9b. Record date when height was measured: →

Month Day Year

2  No

htmonth\_corf htday\_corf htyear\_corf

10. Was weight reported in the medical record? If yes, record weight closest to the date of diagnosis. weight\_corf  
 wtreport\_corf

1  Yes →

10a. Record weight →    .

Units: (check one) 1  kg 2  lb wtunits\_corf

10b. Record date when weight was measured: →

Month Day Year

2  No

wtmonth\_corf wtday\_corf wtyear\_corf

11. Did the participant ever use insulin (from diagnosis up to 6 months)? insuse\_corf

1  Yes → 11a. If yes, record the date started:

Month Day Year

2  No (If no, skip to question 13) insmth\_corf insday\_corf insyear\_corf

3  No information

12. Was insulin ever discontinued (from diagnosis up to 6 months)? **insend\_corf**

1  Yes →

12a. If yes, record the date discontinued: **istpmth\_corf istpday\_corf istpyear\_corf**  
[ ][ ] [ ][ ] [ ][ ][ ][ ]  
Month Day Year

12b. Did DKA occur while off of insulin?

1  Yes **dka\_corf**

2  No

12c. Was insulin restarted? **insrestart\_corf**

2  No

3  No information

1  Yes → 12c(1) Record date restarted:

[ ][ ] [ ][ ] [ ][ ][ ][ ]  
Month Day Year

2  No

**insrestartmth\_corf insrestartday\_corf insrestartyear\_corf**

13. Does the participant have acanthosis nigricans? **acanthosis\_corf**

1  Yes

2  No

3  No information

14. Was DKA noted in the medical record (from diagnosis to 6 months)? **dkanote\_corf**

1  Yes If yes, complete the following information.

2  No

Date of DKA

[ ][ ] [ ][ ] [ ][ ][ ][ ]  
Month Day Year

**dkamth1\_corf**

**dkaday1\_corf**

**dkayear1\_corf**

Lowest bicarb [ ][ ] [ ][ ] mEq/L **bicarb1\_corf**

Lowest Blood pH 1  arterial

[ ] . [ ][ ] 2  venous

3  capillary

4  unknown

**bloodph1\_corf**

**bldspot1\_corf**

Highest glucose [ ][ ][ ][ ] mg/dl **glucose1\_corf**

Date of DKA

[ ][ ] [ ][ ] [ ][ ][ ][ ]  
Month Day Year

**dkamth2\_corf**

**dkamth2\_corf**

**dkayear2\_corf**

Lowest bicarb [ ][ ] [ ][ ] mEq/L **bicarb2\_corf**

Lowest Blood pH 1  arterial **bloodph2\_corf**

[ ] . [ ][ ] 2  venous

3  capillary

4  unknown

**bloodph2\_corf**

Highest glucose [ ][ ][ ][ ] mg/dl **glucose2\_corf**

<p>Date of DKA</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> <p>dkamth3_corf dkaday3_corf dkayear3_corf</p>	<p>Lowest bicarb <input type="text"/> <input type="text"/> . <input type="text"/> mEq/L bicarb3_corf</p> <p>Lowest Blood pH <input type="checkbox"/> arterial bloodph3_corf  <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> venous  <input type="checkbox"/> capillary  <input type="checkbox"/> unknown</p> <p>Highest glucose <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl glucose3_corf</p> <p><b>bldspot3_corf</b></p>
<p>Date of DKA</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> <p>dkamth4_corf dkaday4_corf dkayear4_corf</p>	<p>Lowest bicarb <input type="text"/> <input type="text"/> . <input type="text"/> mEq/L bicarb4_corf</p> <p>Lowest Blood pH <input type="checkbox"/> arterial bloodph4_corf  <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> venous  <input type="checkbox"/> capillary  <input type="checkbox"/> unknown</p> <p>Highest glucose <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl glucose4_corf</p> <p><b>bldspot4_corf</b></p>
<p>Date of DKA</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> <p>dkamth5_corf dkaday5_corf dkayear5_corf</p>	<p>Lowest bicarb <input type="text"/> <input type="text"/> . <input type="text"/> mEq/L bicarb5_corf</p> <p>Lowest Blood pH <input type="checkbox"/> arterial bloodph5_corf  <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> venous  <input type="checkbox"/> capillary  <input type="checkbox"/> unknown</p> <p>Highest glucose <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl glucose5_corf</p> <p><b>bldspot5_corf</b></p>

FOR STUDY USE ONLY						
Date Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Completed by	<input type="text"/>
<b>compldat</b>	Month	Day	Year		<b>complby</b>	
Date Reviewed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reviewer Code	<input type="text"/>
<b>revwdate</b>	Month	Day	Year		<b>revwby</b>	
Date Entered	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Data Entry Code	<input type="text"/>
<b>enterdat</b>	Month	Day	Year		<b>enterby</b>	