



Patient ID Number	<input type="text"/>	<input type="text"/> <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 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.

1. What is the participant's date of birth? dobm_corf doby_corf	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Month	Day Year
1a. Check information source for participant's DOB. dobsourc_corf	
1 <input type="checkbox"/> Medical records	
2 <input type="checkbox"/> Provider/case source referral	
3 <input type="checkbox"/> Other (specify): dobsourceoth_corf →	<input type="text"/>
2. What is the participant's sex? gender_corf	
1 <input type="checkbox"/> Female	
2 <input type="checkbox"/> Male	
2a. Check information source for participant's sex. gensourc_corf	
1 <input type="checkbox"/> Medical records	
2 <input type="checkbox"/> Provider/case source referral	
3 <input type="checkbox"/> Other (specify): geninfot_corf →	<input type="text"/>
3. What is the participant's race/ethnicity? (check one) race_corf	
1 <input type="checkbox"/> White, Non-Hispanic White	
2 <input type="checkbox"/> Hispanic, Latino, Chicano, Mexican	
3 <input type="checkbox"/> Asian (e.g., Chinese, Japanese, Filipino, Vietnamese, Cambodian, Korean, Thai, Asian Indian)	
4 <input type="checkbox"/> African-American (Black)	
5 <input type="checkbox"/> Pacific Islander (e.g., Hawaiian, Samoan)	
6 <input type="checkbox"/> Native American	
7 <input type="checkbox"/> Other (specify): raceoth_corf →	<input type="text"/>
3a. Check information source for race/ethnicity. racesourc_corf	
1 <input type="checkbox"/> Medical records	
2 <input type="checkbox"/> Provider/case source referral	
3 <input type="checkbox"/> Other (specify): racinfot_corf →	<input type="text"/>

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

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Month

Day

Year

4a. Check source of information for date of diagnosis. diagdatesource_corf

1 ☐ Medical record2 ☐ Provider/case source referral3 ☐ Other (specify): →

diagdateother_corf

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

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diagzipcode_corf

5a. Check source of information for zip code of residence. diagzipsource_corf

1 ☐ Medical record2 ☐ Provider/case source referral3 ☐ Other (specify): →

diagzipsourceothr_corf

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

County	diagcounty_corf	State	diagstate_corf
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6a. Check source of information for county and state.

1 ☐ Medical record2 ☐ Provider/case source referral3 ☐ Other (specify): →

diagcountysourceothr_corf

7. What is the participant's diabetes type...	...closest to diagnosis? dmtype_corf	...the most recent one at 6 months? dmtype6mth_corf								
	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): dmtype_sp_corf Code: <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					7 <input type="checkbox"/> Other (specify): dmtype6mth_sp_corf Code: <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>				

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			

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

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 .

--

 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

--	--	--

2 ☐ venous

3 ☐ capillary

4 ☐ unknown

bloodph2_corf

bloodph2_corf

Highest glucose

--	--	--	--

 mg/dl **glucose2_corf**

<p>Date of DKA</p> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/><input type="text"/> Month</div> <div><input type="text"/><input type="text"/> Day</div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/> Year</div> </div> <p style="color: red;">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 bloodph3_corf</p> <div style="display: flex; align-items: center;"> <input type="text"/><input type="text"/><input type="text"/> <div style="margin: 0 5px;">.</div> <input type="text"/><input type="text"/> </div> <div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> arterial</p> <p>2 <input type="checkbox"/> venous</p> <p>3 <input type="checkbox"/> capillary</p> <p>4 <input type="checkbox"/> unknown</p> </div> <div style="color: red; font-size: 1.2em; font-weight: bold;">bldspot3_corf</div> </div> <p>Highest glucose <input type="text"/><input type="text"/><input type="text"/><input type="text"/> mg/dl glucose3_corf</p>
<p>Date of DKA</p> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/><input type="text"/> Month</div> <div><input type="text"/><input type="text"/> Day</div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/> Year</div> </div> <p style="color: red;">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 bloodph4_corf</p> <div style="display: flex; align-items: center;"> <input type="text"/><input type="text"/><input type="text"/> <div style="margin: 0 5px;">.</div> <input type="text"/><input type="text"/> </div> <div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> arterial</p> <p>2 <input type="checkbox"/> venous</p> <p>3 <input type="checkbox"/> capillary</p> <p>4 <input type="checkbox"/> unknown</p> </div> <div style="color: red; font-size: 1.2em; font-weight: bold;">bldspot4_corf</div> </div> <p>Highest glucose <input type="text"/><input type="text"/><input type="text"/><input type="text"/> mg/dl glucose4_corf</p>
<p>Date of DKA</p> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/><input type="text"/> Month</div> <div><input type="text"/><input type="text"/> Day</div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/> Year</div> </div> <p style="color: red;">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 bloodph5_corf</p> <div style="display: flex; align-items: center;"> <input type="text"/><input type="text"/><input type="text"/> <div style="margin: 0 5px;">.</div> <input type="text"/><input type="text"/> </div> <div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> arterial</p> <p>2 <input type="checkbox"/> venous</p> <p>3 <input type="checkbox"/> capillary</p> <p>4 <input type="checkbox"/> unknown</p> </div> <div style="color: red; font-size: 1.2em; font-weight: bold;">bldspot5_corf</div> </div> <p>Highest glucose <input type="text"/><input type="text"/><input type="text"/><input type="text"/> mg/dl glucose5_corf</p>

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