

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 in	formation.

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	/		
	This means v		by a doctor or a re told about yo /_ Month Day			
6.	How did you (Check yes d	first find ou or no for eac	t that you had di h question)	iabetes?		
diagsymp	Yes	No 2 🗖	I was thirsty, ha	id to pee a lot, o	or got sick very quickly	
diagphys	Yes 1 🗖	No 2 🗖	I found out that regular check-u		when I had a school pl	hysical or at a
diaghefa	Yes 1 🗖	No 2 	I found out that health fair or at		when my blood sugar	was checked at a
diagpreg	Yes 1 🗖	No 2 	I found out that did not go awa		when I was pregnant a gnancy.	and the diabetes
diagprwa	Yes	No 2 	I found out I ha		n I was pregnant but th	ne diabetes went
	ne of the resp nad diabetes.		e apply to you, p diagotsp	please write on	the lines below how yo	u first found out that
	(please chec 1 Type 1 dia 2 Type 2 di 3 Maturity	k one box) abetes, IDDM iabetes, NIDI onset diabe	tes of youth (MC	es DDY)	nat you have? dial	otype
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	8b.	cancer	or me	dicin	e to t	trea	t ca	ncer?	1 [] Ye	s 2[□ No	hx	dmcatr	•							
	8c.	anothe	r medi	icine?	? 1	☐ Y	es	2 🔲 N	0	h	ixdmo	thm										
			If Yes	s, wha	at wa	as th	ne m	nedicine	e?													hxdmmesp
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	9b.	Are you	u takin	g ins	sulin r	now	? 1	☐ Yes	2		¹0 dm	trins	u		ınsc	liag	2wks					
10.		else do	-			-				w ?	Do yo	ou us	e:							F		
	(please check Yes or No for each question) 10a. Diabetes tablets (pills)? 1 Yes 2 No 10b. Diet (meal plans)? 1 Yes 2 No dmtrdiet																					
	10a. Diabetes tablets (pills)? 1 Yes 2 No																					
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SEARCH for Diabetes in Youth 3

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20.	•	-	half brothers?	fullbrothers
	1 🔲 Yes	2 🔲 No	3 🔲 Don't know	
	(If No or	r I don't kı	now, skip to quest	tion 21).
	20a. If Yes, he	ow many	full or half brothe	rs do you have?
		_ brothers	;	brothercnt
	20b. If Yes, he	ow many	full or half brothe	rs have diabetes
	-	_ brothers	;	brotherdiab
21.	Do you have	any full or	half sisters?	fullsisters
	1 Yes	2 _ No	3 🔲 Don't know	Tunsisters
	(If No or	r I don't kı	now, skip to quest	tion 22)
	21a. If Yes, he	ow many	full or half sisters	do you have?
		_ sisters		sistercnt
	21b. If Yes, he	ow 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 🗖	No 2
inspriem	22b. Private insurance, through employer	Yes 1 🗖	No 2
inspripu	22c. Private insurance, purchased on your own	Yes 1 🗖	No 2
insmilit	22d. Military	Yes 1 🗖	No 2 1
insschoo	22e. School-based insurance	Yes 1 🔲	No 2 1
instribe	22f. Tribe/Indian Health Service	Yes 1 🔲	No 2 🗖
insothun	22g. Any other or type unknown	Yes 1 🗖	No 2
insunone	22h. None	Yes 1 🗖	No 2

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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 🗖	No 2 1
insdiagpriem	23b. Private insurance, through employer	Yes 1 🗖	No 2 1
insdiagpripu	23c. Private insurance, purchased on your own	Yes 1 🗖	No 2 1
insdiagmilit	23d. Military	Yes 1 🔲	No 2 1
insdiagschoo	23e. School-based insurance	Yes 1 🗖	No 2 1
insdiagtribe	23f. Tribe/Indian Health Service	Yes 1 □	No 2
insdiagothun	23g. Any other or type unknown	Yes 1 🗖	No 2
insdiagunone	23h. None	Yes 1 🗖	No 2 1

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 fatheredu childedu

nave completed.	Meredu	Tatricicuu	ciinacau
	Mother/ guardian	Father/ guardian	You
25a. Any education less than a high school graduate, no diploma or GED	1 🗖	1 🗖	1 🗖
25b. High school graduate, (high school diploma) or equivalent (for example, GED)	2 🗖	2 🗖	2 🗖
25c. Business/technical school, associate degree (AA, AS) or some college	3 🗖	3 🗖	3 🗖
25d. Bachelor degree (for example, BA, AB, BS) (4-year)	4 🗖	4 🗖	4 🗖
25e. Master degree (for example MA, MS, MEng, Med., MSW)	5 🗖	5 🗖	5 🗖
25f. Professional or doctorate degree (for example, MD, DDS, JD, PhD, EdD)	6 🗖	6 🗖	6 🗖
25g. Don't know	7 🗖	7 🗖	7 🗖

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?

(check only one category)

4 ■ \$16,000 through \$24,999

- 1 Less than \$5,000
 6 \$35,000 through \$49,999

 2 \$5,000 through \$11,999
 7 \$50,000 through \$74,999

 3 \$12,000 through \$15,999
 8 \$75,000 through \$99,999
- 5 \$25,000 through \$34,999 10 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? _____ parninco

9 **■** \$100,000 and greater



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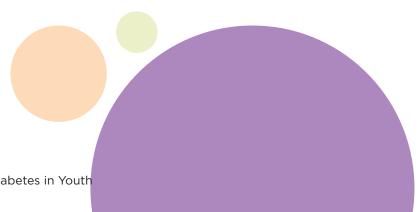
bornusa

28. Were you born in the United States?

Contact Information

We would like to be able to reach you to let you know about other parts of the SEARCH study. To do this, we would like to have the best address and phone number where we can reach you.

A.	Wh	at is	s yo	ur n	ame	e?													
	Firs	t																	
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	Are	the	ere a	any (othe	er na	ame	s th	at y	ou i	use?)							
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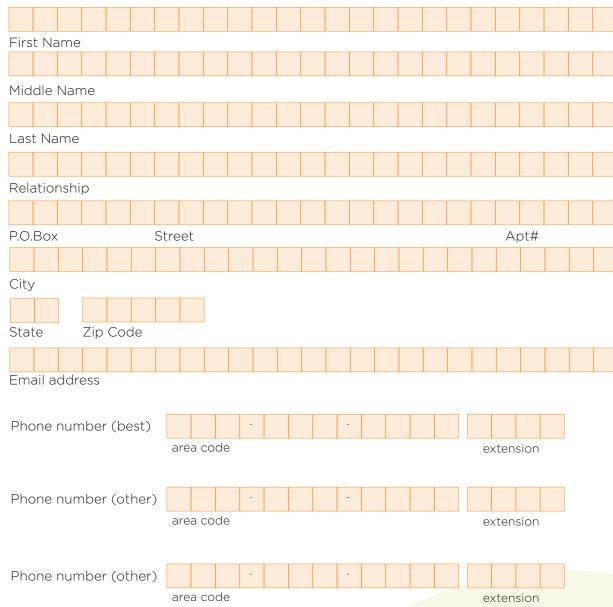


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Alternate Contact Information

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:



Contact #2:

ntact #	Middle																					
First																						
Mido	dle																					
Last	<u> </u>																					
Rela	tionsh	ip																				
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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 Numbe	er				
	Site S	Sub-site S	Sequential ID		
compldat				complby	
Date Completed				Completed by	
	Month	Day	Year		
modeadmin					
Mode of Adminis	tration	In Person	Telephone	Mailed	CATI
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Date Reviewed				Reviewer Code	
	Month	Day	Year		
enterdat				enterby	
Date Entered				Data Entry Code	
	Month	Day	Year		

