

EPIDEMIOLOGY OF DIABETES INTERVENTIONS AND COMPLICATIONS

Current Medication Form

This form should be completed at the Annual Visit as part of the Annual History and Physical if there is a positive response to Question M.1.i, N.1, N.2, N.3, N.4, N.5, P.1, P.2 or P.3.

A. IDENTIFYING INFORMATION

2. CLINIC 1. Clinic Number: \_\_\_\_\_ 3. Patient's Initials: 4. INITIALS \_\_\_\_\_  
 3. PATIENT 2. Patient ID Number: \_\_\_\_\_ 4. Date Form Completed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Month Day Year

B. CURRENT MEDICATION

1. Does the patient take any of the following regularly (5 times or more per week)? 5. E.O.R.M. DATE

- |              |   | <u>No</u> | <u>Yes</u> |
|--------------|---|-----------|------------|
|              |   | ( 1 )     | ( 2 )      |
| 6. ODB1A     | a) Tranquilizers                                      | ( 1 )     | ( 2 )      |
|              | Specify: _____  |           |            |
| 7. ODB1B     | b) Antidepressants                                    | ( 1 )     | ( 2 )      |
|              | Specify: _____  |           |            |
| 8. ODB2      | 2. Does the patient take antihypertensives regularly? | ( 1 )     | ( 2 )      |
|              | If yes, answer the following. If no, go to 3.         |           |            |
| 9. ODB2A     | a) Diuretics  | ( 1 )     | ( 2 )      |
|              | If yes, answer each:                                  |           |            |
| 10. ODB2A1   | 1. Hydrochlorothiazide                                | ( 1 )     | ( 2 )      |
| 11. ODB2A2   | 2. Other thiazide diuretic, specify: _____            | ( 1 )     | ( 2 )      |
| 12. ODB2A3   | 3. Furosemide   | ( 1 )     | ( 2 )      |
| 13. ODB2A4   | 4. Other loop diuretic, specify: _____                | ( 1 )     | ( 2 )      |
| 14. ODB2A5   | 5. Metolazone   | ( 1 )     | ( 2 )      |
| 15. ODB2B    | b) Beta blockers, specify: _____                      | ( 1 )     | ( 2 )      |
| 16. ODB2C    | c) Labetalol  | ( 1 )     | ( 2 )      |
| 17. ODB2D    | d) ACE inhibitors                                     | ( 1 )     | ( 2 )      |
| 18. ODB2E    | e) Prazosin-like agents (Minipress, Minizide, Hytrin) | ( 1 )     | ( 2 )      |
| 19. ODB2F    | f) Hydralazine (Apresoline, Reserpine, Serpasil)      | ( 1 )     | ( 2 )      |
| 20. ODB2G-g) | Guanabenz (Wytensin)                                  | ( 1 )     | ( 2 )      |
| 21. ODB2H-h) | Clonidine (Catapress)                                 | ( 1 )     | ( 2 )      |

Patient ID \_\_\_\_\_

EDIC Form 004.2, Page 2 of 4

- |           |  | <u>No</u>  | <u>Yes</u>                         |
|-----------|--|------------|------------------------------------|
| 22. ODB2I | i) Methyldopa  | ( 1 )      | ( 2 )                              |
| 23. ODB2J | j) Minoxidil   | ( 1 )      | ( 2 )                              |
| 24. ODB2K | k) Calcium channel blockers  | ( 1 )      | ( 2 )                              |
| 25. ODB2L | l) Other, (specify): _____   | ( 1 )      | ( 2 )                              |
| 26. ODB3  | 3. Use of vasodilators (specify): _____  | ( 1 )      | ( 2 )                              |
| 27. ODB4  | 4. Use of digitalis  | ( 1 )      | ( 2 )                              |
| 28. ODB5  | 5. Use of Antihypertensive medications<br>If no, go to 6.                        | ( 1 )      | ( 2 )                              |
| 29. ODB5A | a) Quinidine   | ( 1 )      | ( 2 )                              |
| 30. ODB5B | b) Procaine amide  | ( 1 )      | ( 2 )                              |
| 31. ODB5C | c) DPH (diphenylhydantoin)   | ( 1 )      | ( 2 )                              |
| 32. ODB5D | d) Other, (specify): _____   | ( 1 )      | ( 2 )                              |
| 33. ODB6  | 6. Use of Hormones<br>If no, go to 7.  | ( 1 )      | ( 2 )                              |
| 34. ODB6A | a) Thyroid (specify): _____  | ( 1 )      | ( 2 )                              |
| 35. ODB6B | b) Glucocorticoids   | ( 1 )      | ( 2 )                              |
| 36. ODB6C | c) Other, (specify): _____   | ( 1 )      | ( 2 )                              |
| 37. ODB7  | 7. Use of Lipid lowering medications (specify):<br>_____                         | ( 1 )      | ( 2 )                              |
| 38. ODB8  | 8. Use of Anticoagulants (specify):<br>_____                                     | ( 1 )      | ( 2 )                              |
|           | 9. If the patient is female ask the following:<br>If not, then go to 10:         |            |                                    |
| 39. ODB9A | a) Does the patient use oral contraceptives                                      | ( 1 )      | ( 2 )                              |
|           | If yes, specify type of drug: _____  |            |                                    |
|           | If yes, how long has the patient been taking _____<br>oral contraceptives? _____ | 40. ODB9A1 | 41. ODB9A2                         |
|           |  | _ years    | _ months                           |
| 42. ODB9B | b) Does the patient take hormone replacement therapy (HRT)                       | 42. _____  | ( 1 ) ( 2 )                        |
|           | If no, go to 10.<br>If yes, answer the following:                                |            |                                    |
|           | How long has the patient taken HRT?  | 43. ODB9B1 | 44. ODB9B2                         |
|           |  | _ years    | _ months                           |
|           | Does this include a progestational agent?  | 45. ODB9B3 | No Yes Unsure<br>( 1 ) ( 2 ) ( 3 ) |
|           | 10. Aspirin Use  |            |                                    |
|           | a) During the last month has the patient taken any aspirin?                      | 46. ODB10A | No Yes<br>( 1 ) ( 2 )              |
|           | If no, go to 11.<br>If yes, answer the following:                                |            |                                    |

47. ODB10B b) How many days, during the last month, has the patient taken aspirin? \_\_\_\_\_ days

49. ODB10C c) How many tablets of aspirin during the last month, has the patient taken? \_\_\_\_\_ tablets

11. Use of Non-Steroidal Anti-Inflammatory Medications

49. ODB11 During the last month, has the patient taken any non-steroidal anti-inflammatory medications? No Yes  
( 1 ) ( 2 )

If no, go to 12.  
If yes, answer the following:

50. ODB11A a) How many days, during the last month, has the patient taken non-steroidal anti-inflammatory medications? \_\_\_\_\_ days

51. ODB11B b) Which medication was taken during this time period?

- |             |       |                                       |       |
|-------------|-------|---------------------------------------|-------|
| 1. Clinoril | ( 1 ) | 5. Meclomin                           | ( 5 ) |
| 2. Dolobid  | ( 2 ) | 6. Advil, Medipren, Motrin, or Nuprin | ( 6 ) |
| 3. Feldene  | ( 3 ) | 7. Naprosyn or Anaprox                | ( 7 ) |
| 4. Indocin  | ( 4 ) | 8. Other, (specify): _____            | ( 8 ) |

12. Use of ocular medications which require a prescription  
If no, go to 13.  
if yes, answer the following:

- a) Steroid drops
- b) Glaucoma drops
- c) Mydriatics
- d) Other (specify below)

R- \_\_\_\_\_  
L- \_\_\_\_\_

|                     | Right Eye |            | Left Eye  |            |
|---------------------|-----------|------------|-----------|------------|
|                     | <u>No</u> | <u>Yes</u> | <u>No</u> | <u>Yes</u> |
| <u>57. ODB12AR</u>  | ( 1 )     | ( 2 )      | ( 1 )     | ( 2 )      |
| <u>54. ODB12AIR</u> | ( 1 )     | ( 2 )      | ( 1 )     | ( 2 )      |
| <u>56. ODB12BIR</u> | ( 1 )     | ( 2 )      | ( 1 )     | ( 2 )      |
| <u>58. ODB12AIR</u> | ( 1 )     | ( 2 )      | ( 1 )     | ( 2 )      |
| <u>60. ODB12DIR</u> | ( 1 )     | ( 2 )      | ( 1 )     | ( 2 )      |
| <u>53. ODB12BL</u>  | ( 1 )     | ( 2 )      | ( 1 )     | ( 2 )      |
| <u>55. ODB12A2L</u> | ( 1 )     | ( 2 )      | ( 1 )     | ( 2 )      |
| <u>57. ODB12B2L</u> | ( 1 )     | ( 2 )      | ( 1 )     | ( 2 )      |
| <u>59. ODB12C2L</u> | ( 1 )     | ( 2 )      | ( 1 )     | ( 2 )      |
| <u>61. ODB12D2L</u> | ( 1 )     | ( 2 )      | ( 1 )     | ( 2 )      |

13. Use of medication for pain (specify): \_\_\_\_\_

62. ODB13 No Yes  
( 1 ) ( 2 )

14. Use of over-the-counter medications  
If no, go to 15.

- a) Tylenol, Advil, Motrin
- b) Cold medications
- c) Other, (specify): \_\_\_\_\_

63. ODB14 ( 1 ) ( 2 )

64. ODB14A ( 1 ) ( 2 )

65. ODB14B ( 1 ) ( 2 )

66. ODB14C ( 1 ) ( 2 )

Patient ID \_\_\_\_\_

EDIC Form 004.2, Page 4 of 4

15. Use of vitamin and/or mineral supplements on a regular basis 67. ODB 15 No Yes  
( 1) ( 2)

If yes, specify: \_\_\_\_\_

16. Use of any other medication(s) not previously specified 68. ODB 16 ( 1) ( 2)

specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

69. WEEKNO