

1-FORM

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 questions that inquire about the patient's use of medication.

A. IDENTIFYING INFORMATION

2 CLINIC 1. Clinic Number: _____ 3. Patient's Initials: _____ 4. Initial
3 PATIENT 2. Patient ID Number: _____ 4. Date Form Completed: _____ 5. Form #
Month Day Year

B. CURRENT MEDICATION

P=2 13. ODB14 1. Has the patient used over-the-counter medications? No Yes
(1) (2) 16. ODB1

If no, go to 2.

a) Aspirin

P=2 46. ODB10A

1) During the last month has the patient taken any aspirin? (1) (7) 21. ODB1A

If no, go to 1.b.

If yes, answer the following:

P=3 47. ODB10B 2) How many days, during the last month, has the patient taken aspirin? 0 days 0. ODB1A

P=3 48. ODB10C 3) How many tablets of aspirin during the last month, has the patient taken? 9 tablets 9. ODB1A

P=3 - b) Tylenol, Advil, Motrin 64. ODB14A No Yes
(1) (2) 10. ODB1

c) Cold medications 65. ODB14B (1) (2) 11. ODB31C

d) Other, (specify): 66. ODB14C (1) (2) 12. ODB1

If the patient uses no other prescription or non-prescription medications check here and STOP. 13. ODB1STOP

2. Has the patient used vitamin and/or mineral supplements on a regular basis? - P=4 67. ODB15 No Yes
(1) (2) 14. ODB2

If yes, specify: _____

New If the patient uses no other prescription or non-prescription medications, check here and STOP. 15. ODB2STOP

3. Use of Non-Steroidal Anti-Inflammatory Medications

a) During the last month, has the patient taken any non-steroidal anti-inflammatory medications? P=3 (49-0DB11

No Yes (1) (2) 16-0DB3

If no, go to 4. If yes, answer the following:

P=3 (50-0DB11A

-1) How many days, during the last month, has the patient taken non-steroidal anti-inflammatory medications?

days 17-0DB3

2) Which medication was taken during this time period?

P=3 (51-0DB11B

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

(5) 18-0DB3 (6) (7) (8)

NEW -If the patient uses no other prescription or non-prescription medications, check here and STOP.

(1) 19-0DB3ST01

4. Has the patient taken medication for pain? (If yes, specify name and dose):

P=3 (62-0DB13

No Yes (1) (2) 22-0DB4

NEW If the patient uses no other prescription or non-prescription medications, check here and STOP.

(1) 21-0DB4B+

5. If the patient is female ask the following:

If not, then go to 6:

P=2 (39-0DB9A

-a) Has the patient used oral contraceptives since the last visit?

No Yes (1) (2) 22-0DB5A

If yes, specify type of drug:

(YEAR) (40-0DB9A1 (41-0DB9A2

If yes, how long has the patient been taking oral contraceptives?

23-0DB5A1 years 24 months 25 0DB5B

-b) Has the patient taken hormone replacement therapy (HRT)

(1) (2) 0DB5B

If no, go to 6. If yes, answer the following:

P=2 - years 43-0DB9B1

How long has the patient taken HRT? 26-0DB5B1 years 27 months 29 0DB5B

(44-0DB9B2

Does this include a progestational agent? P=2 45-0DB9B3

No Yes Unsure (1) (2) (3) 0DB5B

NEW If the patient uses no other prescription or non-prescription medications, check here and STOP.

(1) 29-0DB55

6. Has the patient taken hormones?

30.0DB6 (1) (2)-

If no, go to 7.

P-2 34-0DB6A a) Thyroid (specify):

31-0DB6A (1) (2)

35-0DB6B b) Glucocorticoids

32-0DB6B (1) (2)

36-0DB6C c) Other, (specify):

33-0DB6C (1) (2)

NEW If the patient uses no other prescription or non-prescription medications, check here and STOP.

(1) 34-0DB6 stop

37-0DB7 7. Has the patient taken lipid lowering medications?

35-0DB7 (1) (2)

(If yes, specify name and dose):

NEW - If the patient uses no other prescription or non-prescription medications, check here and STOP.

(1) 36-0DB7 stop

38-0DB8 8. Has the patient taken anticoagulants?

37-0DB8 (1) (2)

(If yes, specify name and dose):

NEW - If the patient uses no other prescription or non-prescription medications, check here and STOP.

(1) 38-0DB8 stop

9. Has the patient taken any of the following regularly?

P-1-0DB1A a) Tranquilizers:

(1) (2) 39-0DB9

Specify name and dose:

7-0DB1B b) Antidepressants:

(1) (2) 40-0DB9

Specify name and dose:

NEW If the patient uses no other prescription or non-prescription medications, check here and STOP.

(1) 41-0DB9 stop

10. Has the patient taken coronary vasodilators?

(1) (2) 42-0DB1

OD133

If yes, specify name and dose:

If the patient uses no other prescription or non-prescription medications, check here and STOP.

(1) 43-0DB1 stop

Patient ID

P=2 C270DB4

11. Has the patient taken digitalis?

No Yes
(1) (2) ¹¹⁴0DB11

NEW If the patient uses no other prescription or non-prescription medications, check here and STOP.

(1) 145 0DB11STP

28-0DB5 12. Has the patient taken antiarrhythmic medications?

No Yes
(1) (2) 146-0DB1

If no, go to 13.

P=2

24(0DB5A - a) Quinidine

(1) (2) 147 0DB12

30(0DB5B b) Procaine amide

(1) (2) 148 0DB12

31(0DB5C c) DPH (diphenylhydantoin)

(1) (2) 149 0DB12

32(0DB5D - d) Other, (specify): _____

(1) (2) 150 0DB12

NEW If the patient uses no other prescription or non-prescription medications, check here and STOP.

(1) 151 0DB12STP

P=1

17(0DB20) 13. Has the patient taken ACE inhibitors?

No Yes
(1) (2) 152 0DB13

If the patient uses no other prescription or non-prescription medications, check here and STOP.

(1) 153 0DB13STI

P=1

8(0DB2) 14. Has the patient taken antihypertensives regularly?

No Yes
(1) (2) 154 14

If yes, answer the following. If no, go to 15.

0DB 14

9. 0DB2A1 - a) Diuretics

(1) (2) 155 14

If yes, answer each:

10 0DB2A1 1) Hydrochlorothiazide

(1) (2) 156 0DB14A

11 " H2 2) Other thiazide diuretic, specify: _____

(1) (2) 157 0DB14I

12 " A3 3) Furosemide

(1) (2) 158 0DB14

13 " A4 4) Other loop diuretic, specify: _____

(1) (2) 159 0DB14

14 " A5 5) Metolazone

(1) (2) 160 0DB14

15 0DB2B - b) Beta blockers, specify: _____

(1) (2) 161 0DB14I

16 0DB2C c) Labetalol

(1) (2) 162 0DB14

18 " 2E d) Prazosin-like agents (Minipress, Minizide, Hytrin)

(1) (2) 163 0DB14

19 " 2F - e) Hydralazine (Apresoline, Reserpine, Serpasil)

(1) (2) 164 0DB14

20 " 2G f) Guanabenz (Wytensin)

(1) (2) 165 0DB14

21 " 2H g) Clonidine (Catapres)

(1) (2) 166 0DB14

P=2

22-0DB2E h) Methyldopa

23-0DB2J i) Minoxidil

24-0DB2K j) Calcium channel blockers

25-0DB2L k) Other, (specify): _____

	No	Yes
(1)	(2)	<u>67-0D14I</u>
(1)	(2)	<u>68-0D14I</u>
(1)	(2)	<u>69-0D14J</u>
(1)	(2)	<u>70-0D14I</u>
(1)	(2)	<u>71-0D14 STOP</u>

new If the patient uses no other prescription or non-prescription medications, check here and STOP.

15. Has the patient used ocular medications which require a prescription?

Right Eye		Left Eye	
No	Yes	No	Yes

72-0DB15RE (1) (2) (1) (2) 73-0DB15L

If no, go to 16.

P=3 If yes, answer the following:

52-0DB12A1R a) Steroid drops ⁵³0DB12A2L

74-0DB15ARF (1) (2) (1) (2) 75-0DB15L

54-0DB12B1R b) Glaucoma drops 55-0DB12B2L

76-0DB15BRF (1) (2) (1) (2) 77-0DB15L

56-0DB12C1R c) Mydriatics 57-0DB12C2L

78-0DB15CRF (1) (2) (1) (2) 79-0DB15L

58-0DB12D1R d) Other (specify below)
59-0DB12D2L

80-0DB15DRF (1) (2) (1) (2) 81-0DB15L

R- _____

L- _____

16. Has the patient taken any other medication(s) not previously specified? 68-0DB16

No	Yes
(1)	(2)

If, yes specify name and dose: _____

93 WEEK NO