



(affix label here)

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

## SEARCH Medication Inventory *(Interviewer Administered)*

1. Now I would like to know all of your currently prescribed medication(s), including your insulin and any other diabetes medication. Are you taking prescribed medication(s)? **takemeds\_meds**
- Yes If Yes, what prescribed medication(s) are you currently taking? *(Interviewer: check all insulins and other diabetes medications and write the name of any other medication).*
- No
2. Thank you. Now, for each medication(s) that you just told me about, please let me know if you have taken it in the past two days. *(Interviewer: review the medication(s) reported and check yes or no).*

Insulin Medications	Have you taken in last 2 days? <i>(Check yes or no)</i>		
<b>aspart_meds</b> <input type="checkbox"/> Aspart (Novolog) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>aspart2day_meds</b>
<b>lispro_meds</b> <input type="checkbox"/> Lispro (Humalog, Humulin H) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>lispro2day_meds</b>
<b>regular_meds</b> <input type="checkbox"/> Regular (Novolin R, Humulin R) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>regular2day_meds</b>
<b>nph_meds</b> <input type="checkbox"/> NPH (Novolin N, Humulin N) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>nph2day_meds</b>
<b>glargine_meds</b> <input type="checkbox"/> Glargine (Lantus) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>glargine2day_meds</b>
<b>premixed_meds</b> <input type="checkbox"/> Premixed insulins (70/30, 75/25, 50/50)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>premixed2day_meds</b>
<b>othinsulin_meds</b> <input type="checkbox"/> Other insulin <i>(please write in medication name below)</i> ..... <b>othinsulinname_meds</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>othinsulin2day_meds</b>
<b>othinject_meds</b> <input type="checkbox"/> Other injectable medications <i>(please write in medication name below)</i> ..... <b>othinjectname_meds</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>othinject2day_meds</b>

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Public reporting burden of this collection of information is estimated to average 5 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).

	Oral Medications for diabetes	Have you taken in last 2 days? (Check yes or no)		
metformin_meds	<input type="checkbox"/> Metformin (Glucophage) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	metformin2day_meds
acarbose_meds	<input type="checkbox"/> Acarbose (Precose, Prandase) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	acarbose2day_meds
glimepir_meds	<input type="checkbox"/> Glimepiride (Amaryl) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	glimepir2day_meds
glipizide_meds	<input type="checkbox"/> Glipizide (Glucotrol) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	glipizide2day_meds
glyburide_meds	<input type="checkbox"/> Glyburide (Micronase, Diabeta, Glynase) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	glyburide2day_meds
pioglit_meds	<input type="checkbox"/> Pioglitazone (Actos).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	pioglit2day_meds
repaglin_meds	<input type="checkbox"/> Repaglinide (Prandin) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	repaglin2day_meds
rosiglit_meds	<input type="checkbox"/> Rosiglitazone (Avandia) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	rosiglit2day_meds
rosgmet_meds	<input type="checkbox"/> Rosglitazone/Metformin (Avandamet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	rosgmet2day_meds
nateglin_meds	<input type="checkbox"/> Nateglinide (Starlix) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	nateglin2day_meds

Other Medications (including diabetes medications not listed above)	Have you taken in last 2 days? (Check yes or no)		
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1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	othermed1_meds	othermed2day1_meds																		
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	othermed2_meds	othermed2day2_meds																		
3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	othermed3_meds	othermed2day3_meds																		
4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	othermed4_meds	othermed2day4_meds																		
5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	othermed5_meds	othermed2day5_meds																		

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6	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	othermed6_meds	othermed2day6_meds																	
7	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	othermed7_meds	othermed2day7_meds																	
8	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	othermed8_meds	othermed2day8_meds																	
9	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	othermed9_meds	othermed2day9_meds																	
10	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	othermed10_meds	othermed2day10_meds																	

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

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