Form Approved
OMB No. 0920-xxxx
Exp. Date xx/xx/xxxx

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| Patient ID Number | Site | Sub-site | Sequential ID |
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# 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)?**
   ❑ **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?** ***(Check yes or no)*** |
|---|---|
| ❑ Aspart (Novolog) ..... | ❑ Yes ❑ No |
| ❑ Lispro (Humalog, Humulin H) ..... | ❑ Yes ❑ No |
| ❑ Regular (Novolin R, Humulin R) ..... | ❑ Yes ❑ No |
| ❑ NPH (Novolin N, Humulin N) ..... | ❑ Yes ❑ No |
| ❑ Glargine (Lantus) ..... | ❑ Yes ❑ No |
| ❑ Premixed insulins (70/30, 75/25, 50/50) | ❑ Yes ❑ No |
| ❑ Other insulin *(please write in medication name below)* ..... _____ | ❑ Yes ❑ No |
| ❑ Other injectable medications *(please write in medication name below)* ..... _____ | ❑ Yes ❑ No |

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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-xxxx)

| **Oral Medications for diabetes** | **Have you taken in last 2 days?** ***(Check yes or no)*** |
|---|---|
| ❑ Metformin (Glucophage) ..... | ❑ Yes ❑ No |
| ❑ Acarbose (Precose, Prandase) ..... | ❑ Yes ❑ No |
| ❑ Glimepiride (Amaryl) ..... | ❑ Yes ❑ No |
| ❑ Glipizide (Glucotrol) ..... | ❑ Yes ❑ No |
| ❑ Glyburide (Micronase, Diabeta, Glynase) ..... | ❑ Yes ❑ No |
| ❑ Pioglitazone (Actos)..... | ❑ Yes ❑ No |
| ❑ Repaglinide (Prandin) ..... | ❑ Yes ❑ No |
| ❑ Rosiglitazone (Avandia) ..... | ❑ Yes ❑ No |
| ❑ Rosglitazone/Metformin (Avandamet) | ❑ Yes ❑ No |
| ❑ Nateglinide (Starlix) ..... | ❑ Yes ❑ No |

| **Other Medications (including diabetes medications not listed above)** | **Have you taken in last 2 days?** ***(Check yes or no)*** |
|---|---|
| 1 | ❑ Yes ❑ No |
| 2 | ❑ Yes ❑ No |
| 3 | ❑ Yes ❑ No |
| 4 | ❑ Yes ❑ No |
| 5 | ❑ Yes ❑ No |

*(Continue to next page)*

6 ❑ Yes ❑ No

7 ❑ Yes ❑ No

8 ❑ Yes ❑ No

9 ❑ Yes ❑ No

10 ❑ Yes ❑ No

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| Date Completed | Month | Day | Year | Completed by | |
| Date Reviewed | Month | Day | Year | Reviewer Code | |
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