

Patient ID

SEARCH Medication Inventory (Interviewer Administered)

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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).	 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)?

Insulin Medications	Have y	Have you taken in last 2 days? (Check yes or no)	
☐ Aspart (Novolog)	□ Yes □ No	□ No	
☐ Lispro (Humalog, Humulin H) ☐ Yes ☐ No	□ Yes	□ No	
☐ Regular (Novolin R, Humulin R) ☐ Yes	☐ Yes	□ No	
□ NPH (Novolin N, Humulin N)	☐ Yes ☐ No	□No	
☐ Glargine (Lantus) ☐ Yes ☐ No	☐ Yes	□No	
☐ Premixed insulins (70/30, 75/25, 50/50) ☐ Yes ☐ No	□ Yes	□No	
☐ Other insulin (please write in medication name below)	□ Yes □ No	□No	
☐ Other injectable medications (please write in medication name below)	□ Yes □ No	□ No	
			(Continue to next page)

SEARCH 3 Registry Study – Medications Inventory Form – 11-01-10

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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	Have you taken in last 2 days? (Check yes or no)
☐ Metformin (Glucophage)	☐ Yes	□No
☐ Acarbose (Precose, Prandase)	□ Yes □ No	□ No
☐ Glimepiride (Amaryl)	□ Yes □ No	□No
☐ Glipizide (Glucotrol) ☐ Yes	☐ Yes	□No
☐ Glyburide (Micronase, Diabeta, Glynase)	□ Yes	□No
☐ Pioglitazone (Actos)	□ Yes □ No	□No
☐ Repaglinide (Prandin)	□ Yes	□No
☐ Rosiglitazone (Avandia) ☐ Yes		□No
☐ Rosglitazone/Metformin (Avandamet) ☐ Yes ☐ No	☐ Yes	□No
☐ Nateglinide (Starlix)	☐ Yes ☐ No	□ No

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Date Entered	Date Reviewed	Date Completed
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Data Entry Code	Reviewer Code	JSE ONLY Completed by