



(affix label here)

Patient ID Number	<input type="text"/>	Site	<input type="text"/>	Sub-site	<input type="text"/>	Sequential ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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? <i>(Check yes or no)</i>
<input type="checkbox"/> Aspart (Novolog)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lispro (Humalog, Humulin H)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Regular (Novolin R, Humulin R)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> NPH (Novolin N, Humulin N)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Glargine (Lantus)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Premixed Insulins (70/30, 75/25, 50/50)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other insulin <i>(please write in medication name below)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other injectable medications <i>(please write in medication name below)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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