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

(affix label here)

Patient ID Number | 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)?**
   - ❑ **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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| **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 |

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6 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ❑ Yes ❑ No

7 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ❑ Yes ❑ No

8 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ❑ Yes ❑ No

9 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ❑ Yes ❑ No

10 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ❑ Yes ❑ No

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