

The information you are being asked to provide is authorized to be collected under Section 301 of The Public Health Service Act (42 USC 241). Providing this information is voluntary. CDC will use this information in its study, SEARCH for Diabetes in Youth, in order to: (1) Assess the incidence and prevalence of diabetes among youth in the U.S. by diabetes type, and by demographics including age, sex, and race/ethnicity; and (2) Assess temporal trends in diabetes incidence in major US racial/ethnic groups, including African Americans, Hispanics, American Indian Tribes, Asian Americans, Pacific Islanders, by age, sex, and diabetes type. This information will be shared with third party clinical entities with whom CDC has entered into an Agreement to assist with carrying out this Study.

DRAFT

Form Approved
OMB No. 0920-0904
Exp. Date 08/31/2017

(affix label here)

Patient ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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)?

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)
<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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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? <i>(Check yes or no)</i>	
<input type="checkbox"/> Metformin (Glucophage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Acarbose (Precose, Prandase)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Glimepiride (Amaryl)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Glipizide (Glucotrol)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Glyburide (Micronase, Diabeta, Glynase)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Pioglitazone (Actos).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Repaglinide (Prandin)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Rosiglitazone (Avandia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Rosglitazone/Metformin (Avandamet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Nateglinide (Starlix)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Medications (including diabetes medications not listed above)	Have you taken in last 2 days? <i>(Check yes or no)</i>	
1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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