Study Participant ID: _____ Date: _____ Interviewer ID: _____

Diabetes Treatment

1. <u>At present,</u> are you being treated with blood sugar lowering tablets? (For example: Metformin, Amaryl, Glimepirid, Januvia, Eucreas, Galvus, Euglucon, Onglyza, Avandia, Actos)

|__| No |__| Yes, with the following:

Tablet name (Please indicate the exact medication name; it is also important to include the numbers after the name, e.g. "Glibenclamide 3.5")	**Number of tablets per day**	**Since approximately when have you been taking the medication**
1.		
2.		
3.		
4.		
5.		
6.		

2. <u>In the last 6 months</u>, have there been any treatment changes with regards to the blood sugar lowering tablets (e.g. tablets were newly prescribed, discontinued, or the dose was changed)?

|__| No |__| Yes, as follows:

Tablet name	**Type of change**	**Time the change occurred**
	|__| Newly prescribed |__| Discontinued |__| Dose reduced |__| Dose increased	since _____ since _____ since _____ since _____

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3. <u>At present</u>, are you being treated with insulin? This refers to all short acting and long acting insulin products you use.

|__| No |__| Yes, with the following:

Insulin product name (Please indicate the exact medication name; it is also important to include the numbers after the name, e.g. 100 IU).	**Type of insulin administration**	**Units per day**	**Since approximately when have you been taking this medication?**
	|__| Pen that is filled with cartridges |__| Ready to use pen (disposable; thrown away when empty) |__| Normal injection syringe |__| Insulin pump		

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4. In the last six months, have there been any changes with regards to your insulin therapy?

|__| No |__| Yes, as follows:

Insulin product name	Type of change	Time the change occurred
	|__| Newly prescribed |__| Discontinued |__| Dose reduced |__| Dose increased	since _____ since _____ since _____ since _____

5. <u>At present</u>, is your diabetes being treated with any other medication than the ones that were already mentioned?

(Please do not list any medications for other conditions here. You will be asked for them later.)

Medication name	Type of medication (e.g. tablets, injections)	Daily dose (e.g. number of tablets per day, number of injections per day)	Since approximately when have you been taking this medication?

Study Participant ID: _____ Date: _____ Interviewer ID: _____

Medications for other conditions

6. <u>At present</u>, which medications do you REGULARLY take in addition to your diabetes therapy?

(You will be asked later about those medications you only take as needed)

|__| At present, I do not take any additional medications

|__| At present, I take the following other medications:

When indicating the medications, please try to be as precise as possible.

Medication name and dosage	**Form of administration (tablets, liquid, etc.)**	**Daily dose** e.g. twice per day	**Frequency of administration**	**Since approximately when have you been taking this medication?** E.g. for … months or … years
				for _____

Study Participant ID: _____ Date: _____ Interviewer ID: _____

7. Are there <u>any other medications</u> that you have been taking AS NEEDED <u>in the last 6 months</u>?

|__| No |__| Yes, as follows:

Medication name	**Form of administration (tablets, liquid, etc.) and daily dose,** e.g. "Tablets 50 mg, twice per day"	**How many times in the last six months?**
		Approximately _____days

* Please enter a question mark if you are unsure about the dose

8. One final further question: "And otherwise, you presently are not taking any other medications? Not even any vitamins, St. John's Wort, homeopathic products, salves of any kind, etc.?"

Study Participant ID: _____ Date: _____ Interviewer ID: _____

9. <u>In the last 6 months</u>, how much have you paid for all of your <u>prescription</u> medications, including expenses for prescription fees? If you are not able to indicate the exact amount, please provide an estimate:

€ _____.

|__| Nothing at all, since |__| exempt or |__| privately insured

|__| "don't know"

10. In the last 6 months, how much have you paid for all of your <u>over the counter</u> medications? If you are not able to indicate the exact amount, please provide an estimate:

€ _____

|__| Nothing at all

|__| "don't know"