

Site Number:
Date of Visit:
Person Completing Form:

Participant ID:
Participant Letters:

A. Hospitalization

1. Have you been hospitalized for any reason since your last visit/contact? Yes No Unknown

a. If yes, what was the reason? *

B. Chronic Diseases

1. Have you been diagnosed with any new chronic diseases other than diabetes? Yes No Unknown

a. If yes: *

- Autoimmune disease Cancer Neurological
 Other *

C. Complications Related to Diabetes

1. Have you ever been told that you have had complications from your diabetes that have affected the following areas: Yes No Unknown

- a. If yes: Eyes Kidneys Nerves Heart
 Other *

D. Diabetes Control

1. Collect the following physical assessments: *

- a. Weight: _____ kg Measured Reported Not Collected
b. Height: _____ cm Measured Reported Not Collected

2. Insulin

- a. What is your usual average total insulin dose with-in 24 hours? * _____ Units Unknown
b. Are you using an insulin pump? * Yes No Unknown
c. Are you using injections? * Yes No Unknown

E. Glycemic Control

1. Do you remember the date of the most recent HbA1c? Yes No

a. When was your most recent HbA1c? (If day unknown, just indicate month and year) *

____/____/____
DAY MONTH YEAR

2. Do you remember the most recent HbA1c value? Yes No

a. What was the value? * _____ %

_____%

3. Any episodes of seizures or loss of consciousness from low blood glucose since your last visit? Yes No Unknown

Yes No Unknown

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4. Any emergency room visits or hospitalizations for high blood glucose or DKA since your last visit? * Yes No Unknown

F. Specimen Collection Status

1. Were **all** required specimens collected for this visit? * Yes No
- a. If **no**, please select the reason: *
(Note: More than one answer can be selected)
- Participant declined collection of specimen(s)
 - Reached maximum blood volume limit
 - Illness, surgery, or hospitalization
 - Unable to obtain venous access
 - Forgot to collect specimen(s)
 - Remote Visit (PBMC only)
 - Other
- If "other" provide reason: _____

G. Tolerance Test OGTT

1. Was OGTT collected? * Yes No
- a. Start Time Tolerance Test (24 Hour clock): * Time: _____:_____ (24 hour clock)
- b. What was the amount consumed? * _____ mL
- c. How long did it take for the participant to consume the Glucola? * _____ minutes

H. Tolerance Test MMTT

1. Was MMTT collected? * Yes No
- a. Start Time of Tolerance Test (24 Hour clock): * Time: _____:_____ (24 hour clock)
- b. What was the amount consumed? * _____ mL
- c. How long did it take for the participant to consume the BOOST? * _____ minutes