

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

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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