

# Diabetes Prevention Trial - Type 1 HOME GLUCOSE MONITORING FORM

Complete this form every three months.

Subject ID #:  Subject Initials:  Date:  /  /   
F M L M M D D Y Y

Name of person completing form (please print): \_\_\_\_\_

**Home Glucose Monitoring:**

Date Home Glucose Monitoring began:  /  /   
M M D D Y Y

Type of Meter Used:  1=One Touch II 5=MediSense II  
2=One Touch Profile 6=MediSense Precision  
3=Glucometer Elite 7=Other, specify \_\_\_\_\_  
4=AccuCheck Advantage

<u>Sample</u>	<u>Time</u>	<u>Home Meter Blood Glucose</u>	<u>Comments</u>
Before Breakfast	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	_____
Before Lunch	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	_____
Before Supper	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	_____
2 Hours After Supper	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	_____
3:00 AM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg/dL	_____

Contact to remind subject to perform Home Glucose Monitoring (at 3 month interval contact between clinic visits, i.e., the 3-mo, 9-mo, 15-mo, etc.)

**Note:** please remind subjects to perform their blood glucose collections at the appropriate time before the 6 and 12-mo visits; this may be accomplished by either mailing a reminder letter or making telephone contact.

Date of contact:  /  /

1=No  
2=Yes  
3=Unknown

- Do you need any supplies?
  - Have you had any illnesses since our last contact?
  - Have you taken any new medications since our last contact?
  - Have you missed any injections or doses of medication since our last contact (i.e., 3 months ago)?
- If yes, how many?  If  $\geq 14$  injections or  $\geq 7$  doses of oral medication, subject is considered non-compliant. Submit Treatment Non-Compliance Form (II).  
Reason: \_\_\_\_\_
- \_\_\_\_\_