

6. By whom?

a) Patient (1)

b) Medical care personnel (2)

c) Other (3)

7. a) Record measurement: ___ ___ ___ mg/dl

OR

b) If UNKNOWN, check here: (1)

8. Method used:

a) Blood glucose monitoring -- visual (1)

b) Blood glucose monitoring -- meter (2)

c) Lab determination (plasma) (3)

D. TREATMENT OF CLINICAL MANIFESTATION

	No	Yes	Unknown
1. Did the symptoms reverse without treatment?	(1)	(2)	(3)
2 a) Did the patient receive assistance?	(1)	(2)	(3)
b) Was the patient incapable of treating self?	(1)	(2)	(3)
3. Was the patient hospitalized or treated in an emergency room or other medical facility?	(1)	(2)	(3)
4. Treatment administered: (CHECK ALL THAT APPLY)			
a) intravenous glucose			(1)
b) glucagon			(1)
c) oral carbohydrates			(1)
d) Other, describe:			(1)

E. ASSOCIATED EVENTS

1. Did any of the following occur with the hypoglycemic event described above? (1) (2)

INDICATE ALL THAT APPLY:

a) death (1)

b) neurological insult requiring hospitalization (1)

c) myocardial infarction (1)

d) stroke (1)

e) injury to the patient requiring hospitalization (1)

f) injury to another person (1)

g) property damage (1)

h) traffic violation (1)

F. USUAL INSULIN TREATMENT

1. On what treatment regimen did the hypoglycemic event occur?

a) MDI (1)

b) pump (2)

c) conventional (3)

2. If a pump patient, is a pump malfunction suspected? No Yes Unknown
(1) (2) (3)

If YES, describe in detail in a separate report.

G. PRESENCE OF ASSISTANCE

1. Patient's living arrangement at the time of the episode being reported:
- With parent or guardian (1)
- With other companion/spouse (2)
- In dormitory (3)
- Alone (4)
- Unknown (5)
- Other; specify: _____ (6)
2. Who was with the patient at the time of onset of symptoms? (CHECK ALL THAT APPLY)
- a) Parent, guardian, spouse, child or other person with whom the patient usually resides (1)
- b) School roommate, classmate or teacher (1)
- c) Passerby (1)
- d) Other person, specify: _____ (1)
- e) No one; patient was alone (1)
- f) Unknown; patient cannot recall (1)
3. If the patient was not alone (Question 2), was the person who was present during the onset of symptoms capable of recognizing that the patient was experiencing a hypoglycemic reaction?
- No Yes Unknown
(1) (2) (3)
- (IF THE PERSON WAS ASLEEP, ANSWER THIS QUESTION "YES" IF THE PERSON WOULD BE CONSIDERED CAPABLE IF AWAKE.)
4. If YES to Question 3, did this person take any action which might have reduced the severity of this hypoglycemic episode?
- No Yes Unknown
(1) (2) (3)

5. If YES to Question 4, what did this person do? (CHECK ALL THAT APPLY)
- a) Administer oral carbohydrates (1)
- b) Administer glucagon (1)
- c) Called paramedics (1)
- d) Unknown (1)
- e) Other, specify: _____ (1)

H. DIURNAL FREQUENCY

1. Indicate the time of the onset of the episode (best estimate):
- a) 12:00 a.m. -- 4:00 a.m. (1)
- 4:00 a.m. -- 8:00 a.m. (2)
- 8:00 a.m. -- 12:00 p.m. (3)
- 12:00 p.m. -- 4:00 p.m. (4)
- 4:00 p.m. -- 8:00 p.m. (5)
- 8:00 p.m. -- 12:00 a.m. (6)
- Unknown (7)
- b) Record the time if known: __ __: __ __ o'clock
- am (1)
- pm (2)
- Or check here if unknown: (3)
2. Onset of hypoglycemia occurred while patient was
- asleep (1)
- awake (2)

I. DESCRIPTION OF EVENT

1. Patient's location at onset of episode:

Home -- awake	(1)
asleep	(2)
Work	(3)
School	(4)
Automobile	(5)
Leisure activity outside home -- sports	(6)
other social activity	(7)
Other outside home -- awake	(8)
asleep	(9)
Unknown	(10)

2. If patient was awake,

a) Were warning signs or symptoms present prior to the episode?	No (1)	Yes (2)	Unknown (3)
b) If YES, were these recognized as symptoms of hypoglycemia by the patient?	No (1)	Yes (2)	Unknown (3)
c) Another person?	(1)	(2)	(3)

J. POTENTIAL CONTRIBUTING FACTORS

1. Characterize the patient's exercise preceding the hypoglycemic event:	None	Sedentary	Moderate	Strenuous	Unknown				
a) Exercise during the same four-hour period in H.1	(1)	(2)	(3)	(4)	(5)				
b) Was this unusual for this patient?	No (1)	Yes (2)	Unknown (3)						
c) Exercise during the previous 24 hours excluding the four-hour period in H.1	None (1)	Sedentary (2)	Moderate (3)	Strenuous (4)	Unknown (5)				
d) Was this unusual for this patient?	No (1)	Yes (2)	Unknown (3)						
2. Characterize the patient's diet preceding this hypoglycemic event:(Check all that apply)		Missed		Delayed		Ate Less Than Usual			
a) During the same four-hour period in H.1	Meal (1)	Snack (1)	Unknown (1)	Meal (1)	Snack (1)	Unknown (1)	No (1)	Yes (1)	Unknown (1)
b) Previous 24 hours excluding the four-hour period in H.1	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
3. a) Were there any deviations from usual insulin dose or algorithm preceding this hypoglycemic event?				No	Yes	Unknown			
During the same four-hour period as in H.1				(1)	(2)	(3)			
During the previous 24 hours excluding the four-hour period in H.1				(1)	(2)	(3)			

