

### RADIANT Questionnaire Section 3

You have completed 2 sections so far and have 3 to go!

This section asks questions about your diabetes history. Please answer the questions below and then continue to the next section.

*Note: If you are completing this questionnaire on behalf of the study participant, “you” means “the study participant”.*

#### **Current Status**

**Which of the following best describes your diabetes status currently?**

- I currently have diabetes
- I have been diagnosed with diabetes in the past, but do not currently have diabetes (e.g. gestational diabetes or other diabetes diagnosis in the past, but not currently requiring treatment)
- Don't Know
- Prefer Not to Answer

**What is your current height?** \_\_\_\_\_ feet \_\_\_\_\_ inches

- Don't Know
- Prefer Not to Answer

**What is your current weight?** \_\_\_\_\_ pounds

- Don't Know
- Prefer Not to Answer

#### **Diabetes History**

**Please select ALL types of diabetes you were ever told that you have:**

- Type 1 diabetes
- Type 2 diabetes
- MODY (maturity-onset diabetes of the young)
- Neonatal diabetes (diabetes that started under 6-12 months of age)
- Gestational diabetes
- Ketosis-prone diabetes (have DKA at diabetes diagnosis, but are not like typical type 1 diabetes)
- Stress-related/steroid-induced/medication-induced diabetes
- Pre-diabetes
- Lipodystrophy/lipoatrophic diabetes
- Suspected syndromic diabetes – Wolfram Syndrome, mitochondrial diabetes
- Other

**Other type of diabetes:** \_\_\_\_\_

- Don't Know

Prefer Not to Answer

**Pre-diabetes Diagnosis**

**Pre-diabetes is borderline high blood sugars or HbA1c that are below the threshold for official diagnosis of diabetes.**

**Have you ever been told that you had pre-diabetes?**

- Yes
- No
- Don't Know
- Prefer Not to Answer

**If Yes, complete the questions below about your pre-diabetes:**

**When were you diagnosed with pre-diabetes?** (Approximate date is okay.)

\_\_\_\_\_ (MM-DD-YYYY)  
 Don't Know       Prefer Not to Answer

**How was your diagnosis of pre-diabetes established?**

- Fasting blood glucose of 100-125 mg/dL
- HbA1c of 5.7- 6.4%
- Oral glucose tolerance test (OGTT) showing impaired glucose tolerance test
- I don't know which lab tests were done, but I was told I have prediabetes by a physician
- Prefer Not to Answer

**If you have a copy of the results of your pre-diabetes testing above, please attach it to this questionnaire.**

**Why were the blood tests for pre-diabetes performed?** (Check all that apply.)

- I have a strong family history of diabetes
- My physical exam was abnormal and my physician suspected pre-diabetes
- I am overweight
- Other reason

**Please describe reason:** \_\_\_\_\_

- Don't Know
- Prefer Not to Answer

**Diabetes Diagnosis**

**Your blood sugar at diagnosis (mg/dL):** \_\_\_\_\_

- Don't Know
- Prefer Not to Answer

**Your hemoglobin A1c (HbA1c%) at diagnosis:** \_\_\_\_\_

- Don't Know
- Prefer Not to Answer

**Did you have ketosis (ketones in the urine and/or blood) or diabetic ketoacidosis (DKA) when your diabetes was first diagnosed? (DKA is a serious condition that leads to hospital admission. Sugar and ketones become very high and produce acid in the blood. In the hospital, insulin is given through a vein (“drip”) until the patient recovers).**

- Yes
- No
- Don't Know
- Prefer Not to Answer

**Your approximate height at diabetes diagnosis:** \_\_\_\_\_ feet \_\_\_\_\_ inches

- Don't Know
- Prefer Not to Answer

**Your approximate weight at diabetes diagnosis:** \_\_\_\_\_ pounds

- Don't Know
- Prefer Not to Answer

### **Diabetic Ketoacidosis (DKA) and Ketosis History**

***Diabetic ketoacidosis (DKA) is a serious condition that leads to hospital admission. Sugar and ketones become very high and produce acid in the blood. In the hospital, insulin is given through a vein (“drip”) until the patient recovers.***

**Have you had any DKA or ketosis after your initial diabetes diagnosis?**

- Yes – DKA
- Yes – ketones, but not DKA
- No
- Don't Know
- Prefer Not to Answer

**If Yes:**

**How many times have you had DKA after your initial diabetes diagnosis?**

- \_\_\_\_\_ times                       Don't Know                       Prefer Not to Answer

**List approximate dates:** \_\_\_\_\_

- Don't Know                       Prefer Not to Answer

**If No:**

**Since your initial diabetes diagnosis, have you ever gone more than 1-2 weeks without your usual diabetes treatment (or missed most of your medication doses) and still not had any ketosis or DKA?**

- Yes
- No

- Don't Know
- Prefer Not to Answer

**HbA1c History**

**What was your HIGHEST HbA1c% ever?** If you do not remember the exact result, you can estimate. \_\_\_\_\_

- Don't Know
- Prefer Not to Answer

**Date of highest HbA1c:** If you do not remember the date, you can estimate. \_\_\_\_\_ (MM-DD-YYYY)

- Don't Know
- Prefer Not to Answer

**What was your MOST RECENT HbA1c%?** If you do not remember the exact result, you can estimate. \_\_\_\_\_

- Don't Know
- Prefer Not to Answer

**Date of most recent HbA1c:** If you do not remember the date, you can estimate. \_\_\_\_\_ (MM-DD-YYYY)

- Don't Know
- Prefer Not to Answer

**Diabetes Treatment History**

**Have you ever taken any medications for diabetes, prediabetes, or high blood sugar since your diagnosis?**

- Yes
- No
- Don't Know
- Prefer Not to Answer

**If No, please continue on to 'Other Medications' section.**

**If Yes:**

**What medications have you taken for diabetes, prediabetes, or high blood sugar since your diagnosis?**

Medication Name	Have you ever taken this medication?	Did you take this in the first 6 months after you were diagnosed?	Are you currently taking this medication ?	Did this medication work well to lower your high blood sugars?	Please list any notes for this medication (side effects, why you stopped the

					<b>medication, etc.):</b>
<p><b>Long-acting insulin</b></p> <p>Such as degludec (Tresiba), detemir (Levemir), glargine (Lantus), Humulin N, Novolin N, or NPH</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes, it worked well <input type="radio"/> It did not seem to change my blood sugars or I was still having high blood sugars <input type="radio"/> It made me frequently hypoglycemic <input type="radio"/> Don't Know	
<p><b>Intermediate-acting insulin</b></p> <p>Such as Humulin R, Humulin 50/50, Humulin 70/30, Novolin R, Novolin 70/30, Regular</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes, it worked well <input type="radio"/> It did not seem to change my blood sugars or I was still having high blood sugars <input type="radio"/> It made me frequently hypoglycemic <input type="radio"/> Don't Know	
<p><b>Rapid-acting insulin</b></p> <p>Such as glulisine (Apidra), lispro (Humalog), aspart (Novolog), Humalog mix 50/50, Humalog mix 75/25, Novolog mix 70/30</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes, it worked well <input type="radio"/> It did not seem to change my blood sugars or I was still having high blood sugars <input type="radio"/> It made me frequently hypoglycemic	

				o Don't Know	
<b>Biguanides</b>  Such as metformin (Glucophage, Glucophage XR, Fortamet, Glumetza, Riomet)	o Yes o No o Don't Know	o Yes o No o Don't Know	o Yes o No o Don't Know	o Yes, it worked well o It did not seem to change my blood sugars or I was still having high blood sugars o It made me frequently hypoglycemic o Don't Know	
<b>Sulfonylureas</b>  Such as glipizide (Glucotrol, Glucotrol XL), glyburide (Micronase, Glynase, Diabeta), glimepiride (Amaryl), tolbutamide (Orinase)	o Yes o No o Don't Know	o Yes o No o Don't Know	o Yes o No o Don't Know	o Yes, it worked well o It did not seem to change my blood sugars or I was still having high blood sugars o It made me frequently hypoglycemic o Don't Know	
<b>Meglitinides</b>  Such as repaglinide (Prandin), nateglinide (Starlix)	o Yes o No o Don't Know	o Yes o No o Don't Know	o Yes o No o Don't Know	o Yes, it worked well o It did not seem to change my blood sugars or I was still having high blood sugars o It made me frequently hypoglycemic	

				o Don't Know	
<b>Thiazolidinediones (TZDs)</b>  Such as rosiglitazone (Avandia), pioglitazone (Actos)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes, it worked well <input type="radio"/> It did not seem to change my blood sugars or I was still having high blood sugars <input type="radio"/> It made me frequently hypoglycemic <input type="radio"/> Don't Know	
<b>Dipeptidyl peptidase-4 inhibitors (DPP-4 inhibitors)</b>  Such as sitagliptin (Januvia), saxagliptin (Onglyza), linagliptin (Tradjenta), alogliptin (Nesina)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes, it worked well <input type="radio"/> It did not seem to change my blood sugars or I was still having high blood sugars <input type="radio"/> It made me frequently hypoglycemic <input type="radio"/> Don't Know	
<b>Sodium-glucose co-transporter 2 inhibitors (SGLT2 inhibitors)</b>  Such as canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance), ertugliflozin (Steglatro)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes, it worked well <input type="radio"/> It did not seem to change my blood sugars or I was still having high blood sugars <input type="radio"/> It made me frequently hypoglycemic <input type="radio"/> Don't Know	

<b>Incretin mimetics (GLP-1 receptor agonists)</b>  Such as exenatide (Byetta, Bydureon), liraglutide (Victoza), semaglutide (Ozempic, Rybelsus), dulaglutide (Trulicity), lixisenatide (Adlyxin), albiglutide (Tanzeum)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes, it worked well <input type="radio"/> It did not seem to change my blood sugars or I was still having high blood sugars <input type="radio"/> It made me frequently hypoglycemic <input type="radio"/> Don't Know	
<b>Amylin analog</b>  Such as pramlinitide (Symlin)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes, it worked well <input type="radio"/> It did not seem to change my blood sugars or I was still having high blood sugars <input type="radio"/> It made me frequently hypoglycemic <input type="radio"/> Don't Know	
<b>Alpha-glucosidase inhibitors</b>  Such as acarbose (Precose), meglitol (Glyset)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes, it worked well <input type="radio"/> It did not seem to change my blood sugars or I was still having high blood sugars	



				<input type="radio"/> It made me frequently hypoglycemic <input type="radio"/> Don't Know	
<b>Bile acid-binding resins</b>  Such as colesevelam (Welchol)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes, it worked well <input type="radio"/> It did not seem to change my blood sugars or I was still having high blood sugars <input type="radio"/> It made me frequently hypoglycemic <input type="radio"/> Don't Know	

**If you selected any insulin medications above –**

**When did you start taking insulin?** (Approximate date is okay.)

\_\_\_\_\_ (MM-DD-YYYY)

- Don't Know       Prefer Not to Answer

**If you are currently taking insulin –**

**How many total units of insulin do you take on an average day?** (In your calculation, please include all types of insulin taken daily. If you are using an insulin pump, please check your pump to see how many units you use per day. This can often be found under the 'History' section in your pump.)

- \_\_\_\_\_
- Don't Know  
 Prefer Not to Answer

**If you use an insulin pump and can download your pump settings and insulin doses from the last 7-14 days, please attach a copy of the download to this survey.**

**If you have taken insulin previously but are not currently taking insulin –**

**When did you stop taking insulin?** (Approximate date is okay.)  
\_\_\_\_\_ (MM-DD-YYYY)

- Don't Know
- Prefer Not to Answer

**Before you stopped taking insulin, how many total units of insulin did you take each day?** (In your calculation, please include all types of insulin taken daily.) \_\_\_\_\_

- Don't Know
- Prefer Not to Answer

**Other Medications**

**What other medications (non-diabetes) are you currently taking?**

Medication Name	Dose	Times per day

If you have additional medications to report, please write the medication name, dose, and times per day for each medication on a separate sheet of paper and return it with this completed questionnaire.

- None
- Don't Know
- Prefer Not to Answer

**Blood Sugar Testing**

**Do you follow your blood sugars in any way? Examples: monitoring with glucometer at home, hemoglobin A1c test, oral glucose tolerance test, etc.**

- Yes
- No
- Don't Know
- Prefer Not to Answer

**If Yes: Have you ever used a continuous glucose monitor?**

- Yes
- No
- Don't Know
- Prefer Not to Answer

**If Yes: If you have a continuous glucose monitor data download, please attach a copy of it to this questionnaire.**

**Thank you for completing this section! Please continue to the next section.**