

Module 3

Let's get started. First we would like to ask you how you take care of your diabetes. Please read each question carefully and answer it as best you can. There are no right or wrong answers. Please feel free to talk with your parent or other adult if you need help answering any of these questions. For most questions, we want to know about your experiences in the last 12 months.

1. Do you currently take insulin? [{takeInsulin_DEPS}](#)

1 Yes

2 No

3 Don't know →

Please go to Question 7

2. Have you taken insulin at any time in the last 12 months? [{insulin12mths}](#)

1 Yes

2 No →

3 Don't know →

Please go to Question 7

3. How do you take your insulin? [{howtakeinsu}](#)

1 Pump Only →

2 Pump and Injections →

How much insulin did you take with your pump yesterday?

Total dose . units Don't know [{inspumtotalunits}](#) [{inspumtotalDK}](#)

Total basal insulin . units Don't know [{insbasiltotalunits}](#) [{insbasiltotalDK}](#)

How many boluses? [{insBolusCount}](#)

1 0 2 1 3 2 4 3 5 4 6 5 7 6 or more 8 Don't know

What type of pump do you use? [{insPumpType}](#)

1 "regular pump", that does not make any automatic changes (**Open loop**)

2 pump that shuts off for a period of time if your blood sugar is low (**Low glucose suspend**)

3 pump that shuts off if it looks like your blood sugar will be low (**Predictive low glucose suspend**)

4 pump and glucose sensor (continuous glucose monitor or CGM) that work together to adjust your basal insulin rates; you take insulin boluses for meals/food intake (**Hybrid closed loop; also called a "sensor augmented pump"**)

5 pump and sensor work together to adjust your insulin, "artificial pancreas" (**Closed loop**)

6 Other (Specify) [inspumtypesp](#)

7 Unsure/don't know

What company/model is your pump? {insPumpModel}

- 1 Spirit (for Accu-Chek)
- 2 Spirit Combo (for Accu-Chek)
- 3 IR-1200 (for Animas)
- 4 Ping (for Animas)
- 5 Vibe (for Animas)
- 6 Cozmo (for Deltec)
- 7 OmniPod (for Insulet)
- 8 Minimed 530G (for Medtronic)
- 9 Minimed 630G (for Medtronic)
- 10 Minimed 670G (for Medtronic)
- 11 Paradigm 511 (for Medtronic)
- 12 Paradigm 512 (for Medtronic)
- 13 Paradigm 515 (for Medtronic)
- 14 Paradigm 522 (for Medtronic)
- 15 Paradigm 523 (for Medtronic)
- 16 Paradigm 712 (for Medtronic)
- 17 Paradigm 715 (for Medtronic)
- 18 Paradigm 722 (for Medtronic)
- 19 Paradigm 723 (for Medtronic)
- 20 T:slim (for Tandem)
- 21 T: flex (for Tandem)
- 22 T:slim G4 (for Tandem)
- 23 T:slim X2 (for Tandem)
- 24 Snap (for Assante)
- 25 DANA Diabecare II (for Sooil)
- 26 Other
- 27 Unknown

Specify Company
inspumpmodelspc

Specify Model
inspumpmodelspm

If you use a pump only, go to Question 7

3 Injections Only

4 Don't know →

Please go to Question 7

4. How do you give your insulin injections? {insMethod}

- 1 Pen device only
- 2 Vial and syringe only
- 3 Both pen device *and* vial and syringe
- 4 Insuflon (plastic tubing that stays under the skin for multiple days)
- 5 Other (specify) _____
- 6 Don't know

5. On average, how many times a day do you take insulin with injections? {insTimesPerDay}

- 1 Once a day
- 2 2 times a day
- 3 3 times a day
- 4 4 times a day
- 5 5 or more times a day
- 6 Don't know

6. What kind of insulin do you take using injections? Check all that apply. Indicate how many units you took for each type of insulin yesterday.

Injection Type	I take this type of insulin	Number of units yesterday
Apidra (Insulin glulisine) {insTypeGlul}	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	{insTypeGlulUnits} units
Humalog (Insulin lispro) {insTypeLispro}	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	{insTypeLisproUnits} units
Humalog 200 KwikPen (Concentrated lispro) {insTypeConcLispro}	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	{insTypeConcLisproUnits} units
Novolog (Insulin aspart) {insTypeAspart}	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	{insTypeAspartUnits} units
Lantus, Lantus Solostar (Insulin glargine) {insTypeGlar}	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	{insTypeGlarUnits} units
Humulin R, Novolin R (Regular insulin) {insTypeReg}	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	{insTypeRegUnits} units
Humulin N, Novolin N (NPH insulin) {insTypeNph}	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	{insTypeNphUnits} units
Toujeo (Concentrated glargine) {insTypeConcGlar}	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	{insTypeConcGlarUnits} units
Levemir (Insulin detemir) {insTypedetemir}	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	{insTypedetemirUnits} units
Tresiba (Insulin degludec) {insTypeDeglud}	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	{insTypeDegludUnits} units
Humulin 75/25, Humulin 50/50, Novolin 70/30 (Premixed insulin) {InTypePremix}	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	{InTypePremixUnits} units
<input type="checkbox"/> Other (specify) {InsTypeOther} {InsTypeOtherSpec}		{InsTypeOtherUnits} units
<input type="checkbox"/> Don't know {InsTypeDK}		{insTypeDKUnits} units

7. Are you taking any other prescribed medications, for diabetes and/or other conditions? This does not include over the counter medicines or supplements. {otherMeds}

Yes →

List of Medications	
1.	{conmeds0_heaq}
2.	{conmeds1_heaq}
3.	{conmeds2_heaq}
4.	{conmeds3_heaq}
5.	{conmeds4_heaq}
6.	{conmeds5_heaq}
7.	{conmeds6_heaq}
8.	{conmeds7_heaq}
9.	{conmeds8_heaq}
10.	{conmeds9_heaq}
11.	{conmeds10_heaq}
12.	{conmeds11_heaq}
13.	{conmeds12_heaq}
14.	{conmeds13_heaq}
15.	{conmeds14_heaq}
16.	{conmeds15_heaq}
17.	{conmeds16_heaq}
18.	{conmeds17_heaq}
19.	{conmeds18_heaq}
20.	{conmeds19_heaq}

Yes, I am taking medicine, but I don't know the name(s)

No

Don't know

8. How else do you take care of your diabetes now?

	Yes	No	Don't know	
Diabetes tablets (pills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{dmtrpill}
Diet (meal plans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{dmtrdiet}
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{dmtr exer}
Bariatric or weight loss surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{dmtrSurg}

Any other treatments or other ways you take care of your diabetes {dmthrotheYN}

Yes, specify {dmthrothe}

No

Don't know