

Metabolic Control Study
CGM Use Form
tbIPSensorUse

PtID	1. Patient ID: _____
Namecode	2. Namecode: _____
Visit	3. Visit: <input type="checkbox"/> 2wk <input type="checkbox"/> 6wk <input type="checkbox"/> 3m <input type="checkbox"/> 6m <input type="checkbox"/> 9m <input type="checkbox"/> 12m <input type="checkbox"/> 15m <input type="checkbox"/> 18m <input type="checkbox"/> 21m <input type="checkbox"/> 24m <input type="checkbox"/> 30m <input type="checkbox"/> 36m <input type="checkbox"/> 42m <input type="checkbox"/> 48m

CGM USE

1. If you are using the CGM less than 7 days per week, indicate reason (select any of the following that apply):

SensSkinIrr	<input type="checkbox"/> Skin irritation
SensAlarmFreq	<input type="checkbox"/> Alarms too frequently
SensAccurRdng	<input type="checkbox"/> Does not provide accurate readings
SensDifficult	<input type="checkbox"/> Too difficult to operate
SensBusy	<input type="checkbox"/> Too busy to use it
SensForget	<input type="checkbox"/> Forget to use it
SensNoUseInfo	<input type="checkbox"/> Does not provide information that is helpful for diabetes management
SensOther	<input type="checkbox"/> Other

If **Other**, complete the following:
Describe: _____

2. Did you have any problems while using the CGM since the last contact? Yes No

If Yes, complete the following:

Did any of the following occur?

SensConTrans	<input type="checkbox"/> Problem connecting transmitter to receiver
SensInslmp	<input type="checkbox"/> Sensor did not insert properly
SensBleeding	<input type="checkbox"/> Too much bleeding at the area of sensor insertion
SensPullOut	<input type="checkbox"/> The sensor was pulled out accidentally
SensDiscomf	<input type="checkbox"/> The subject removed the sensor due to discomfort
SensStop	<input type="checkbox"/> The sensor stopped working early
	<input type="checkbox"/> Other

If **Other**, complete the following:
Describe: _____

COMMENTS FormCmts
