

**Metabolic Control RCT  
Follow-up History Form  
tbIPFollowUpHx**

<b>VisitDt</b> <b>InvID</b> <b>Visit</b>	1. Visit Date: ____ / ____ / ____ mm/dd/yy 2. Study ID of Investigator: _____ 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
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<b>MEDICAL HISTORY</b>	
<b>MedProbs</b>	1. Have there been symptoms of new medical problems since enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MedProbsDs</b>	If <u>Yes</u> , complete the following: Explain: _____
<b>PrevCond</b>	2. If subject had previous condition or pre-existing medical problem, has this condition been affected by the study? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>PrevCondDs</b>	If <u>Yes</u> , complete the following: Explain: _____
<b>AELastVisit</b>	3. Have any reportable adverse events occurred since the last contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, complete an Adverse Event Form)</i>

<b>WEIGHT/HEIGHT</b>	
<b>Weight</b>	1. Weight: ____ . ____ kg
<b>Height</b>	2. Height: ____ . ____ cm

<b>CONTINUOUS GLUCOSE MONITOR USE</b>	
<b>RegCGMUse</b>	1. Are you using a CGM on a regular basis to manage your diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NumUseCGMWk</b>	1a. If Yes, what is the average number of days per week you use the CGM? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7

<b>COMMENTS</b> <b>FormCmts</b>