

Site Number:  
Date of Visit:  
Person Completing Form:

Participant ID:  
Participant Letters:

For Sections A, B, and C,  
Record information collected from a 3-day period in the last week.

**A. GLUCOSE MONITORING**

1. Is the person using a Continuous Glucose Monitoring System (CGMS)?  Yes  No  Unknown

**B. COMPLETENESS OF RECORD**

1. Are there at least three glucose values available for at least three days?  Yes  No  Unknown

2. Is the insulin dose information available for at least 3 days?  Yes  No  Unknown

**C. GLUCOSE**

1. Total number of home blood glucose monitorings over three days: \_\_\_\_\_

2. Number of home blood glucose monitorings over three days that were less than 65 mg/dl: \_\_\_\_\_

3. Average of recorded **fasting** glucoses (over three days): \_\_\_\_\_ . \_\_\_\_  mg/dl  mmol/L

4. Average of all recorded glucoses (over three days): \_\_\_\_\_ . \_\_\_\_  mg/dl  mmol/L

5. Lowest recorded glucose (over three days): \_\_\_\_\_ . \_\_\_\_  mg/dl  mmol/L

6. Highest recorded glucose (over three days): \_\_\_\_\_ . \_\_\_\_  mg/dl  mmol/L

**D. INSULIN**

1. Daily insulin routine (*check one*):  No insulin  
 1-2 Injections per day  
 3 + Injections per day (MDI)  
 Insulin Pump (CSII)

2. Average units/day of short acting insulin (*average over 3 day period*):  
(e.g. Regular, Apidra, LisPro, Novolog, Humalog, bolus doses if on pump) \_\_\_\_\_ . \_\_\_\_ units

3. Average units/day of intermediate/long acting insulin (*average over 3 day period*):  
(e.g. Lantus, NPH, Lente, Levemir, Ultralente, basal rate if on pump) \_\_\_\_\_ . \_\_\_\_ units

**E. HYPOGLYCEMIA**

Record information from any records or history by the participant since the last visit.

1. Have you experienced any severe hypoglycemic events (loss of consciousness, seizure, or assistance required from another person due to an altered state or consciousness) since the last visit?  Y  N

If YES,  
a. How many severe hypoglycemic events have occurred since the last visit? \_\_\_\_\_

If any severe hypoglycemic events have occurred since the last visit,  
complete Adverse Event Report Form for each event.

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**F. CONTACT WITH DIABETES HEALTH CARE PROVIDER**

Record the number of visits, emails, phone calls, or other contact since the last visit with:

1. Study associated: Diabetes Educator:
2. Study associated: Endocrinologist:
3. Study associated: other health care provider:
4. Non-study associated: Diabetes Educator:
5. Non-study associated: Endocrinologist:
6. Non-study associated: other health care provider:

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