

Severe Hypo in Older Adults Protocol CRF
MEDICAL CHART FORM

PtID: _____

Initials: _____

MEDICAL CHART FORM

NOTE: ALL OF THE FOLLOWING QUESTIONS SHOULD BE COMPLETED BASED ON INFORMATION FROM CURRENT STUDY VISIT.

VISIT INFORMATION

1. Study Visit Date: _____

HEIGHT AND WEIGHT

1. Weight: _____ Units: ☐ lbs ☐ kg ☐ Not measured **WeightUnk**
Weight **WeightUnits**

2. Height: _____ Units: ☐ in ☐ cm ☐ Not measured **HeightUnk**
Height **HeightUnits**

GLUCOSE METER DOWNLOAD

1. If meter download available at visit, how many times per day is the participant checking his/her blood sugar?

_____ times per day [0 – more than 19]

☐ Meter download is not available

NumMeterCheckDayMeter

MeterDloadNotAvail

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C-PEPTIDE BLOOD DRAW INFORMATION**1. How many hours prior to the blood draw for c-peptide did the participant last eat?****LastFoodIntakeHrs**☐ 0-<4 hours prior☐ 4-<8 hours prior☐ 8 or more hours prior☐ Unknown **LastFoodIntakeHrsUnk****1a. Approximately how many grams of carbohydrates did the participant consume at the last meal prior to the blood draw for c-peptide?**_____ grams [0-150] ☐ Unknown **LastFoodIntakeCarbsUnk****LastFoodIntakeCarbs**