

## DEMOGRAPHICS/LIFESTYLE AND DIABETES HISTORY/MANAGEMENT

PtID: \_\_\_\_\_

Initials: \_\_\_\_\_

## DEMOGRAPHICS/LIFESTYLE

NOTE: WHEN NECESSARY, PLEASE READ THE QUESTION AND ANSWER CHOICES TO THE PARTICIPANT AND MARK THE APPROPRIATE ANSWER BASED ON THE PARTICIPANT'S RESPONSE.

DEMOGRAPHIC INFORMATION	
1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <b>Gender</b>
2. Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown <b>Ethnicity</b>
3. Race:	
<i>Please choose only one answer.</i>	
<input type="checkbox"/> White	
<input type="checkbox"/> Black/African-American	
<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> More than one race/ethnicity	
<input type="checkbox"/> Unknown/Not Reported	
If "More than one race", please list each race:	
_____	
<b>Race</b>	

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**What is the highest level of education you completed? [EduLevel](#)****4.***Please choose only one answer.*

- ☐ Less than 1st grade
- ☐ 1st, 2nd, 3rd, or 4th grade
- ☐ 5th or 6th grade
- ☐ 7th or 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade-no diploma
- ☐ High school graduate/diploma/GED
- ☐ Some college but no degree
- ☐ Associate degree (AA)
- ☐ Bachelor's degree (BS/BA/AB)
- ☐ Master's degree (MA, MS, MSW, MBA, MPH)
- ☐ Professional degree (MD, DDS, DVM, LLB, JD)
- ☐ Doctorate degree (PhD, EdD)
- ☐ Don't know
- ☐ Do not wish to provide

[EduLevelNoAns](#)[EduLevelUnk](#)**5. What is your annual household income from all sources?***Please choose only one answer. [Annuallnc](#)*

- ☐ Less than \$25,000
- ☐ \$25,000 to less than \$35,000
- ☐ \$35,000 to less than \$50,000
- ☐ \$50,000 to less than \$75,000
- ☐ \$75,000 to less than \$100,000

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☐ \$100,000 to less than \$200,000☐ \$ 200,000 or more☐ Don't know☐ Do not wish to provide[AnnualIncNoAns](#) [AnnualIncUnk](#)**6. What kind of health insurance or health care coverage do you have?****Check all that apply.**☐ Private Health Insurance (e.g. commercial, fee-for-service, HMO, PPO, POS), [InsPriv](#)☐ Medicare, MediGap, Medicaid, Other Government Insurance (e.g. TRICARE, Indian Health Service Plan, SCHIP) [InsGov](#)☐ Single Service Plan (e.g. dental, vision, prescriptions) [InsSingleService](#)☐ No health insurance or health care coverage of any type [InsNoCoverage](#)☐ Don't know [InsUnknown](#)☐ Do not wish to provide [InsNoAns](#)**7. What is your current marital/living situation?** [MaritalStatus](#)*Please choose only one answer.*☐ Single (never married)☐ Living together☐ Married☐ Separated☐ Divorced☐ Widowed☐ Other☐ Do not wish to provide [MaritalStatusNoAns](#)☐ Don't know [MaritalStatusUnk](#)**8. Do you live alone?** [LiveAlone](#)☐ Yes ☐ No ☐ Don't know

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**LANGUAGE**1. Are you a native English speaker? **NativeEng**
☐ Yes    ☐ No    ☐ Don't know

*If no, answer question 1a. If yes, please skip to next section.*

1a. If no, at what age did you learn English? **AgeLearnEng**
☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10    ☐ Older than 10  
☐ Don't know **AgeLearnEngUnk**
**EXERCISE**

1. In a typical 7 day week, how many days do you spend at least 20 minutes doing any physical activities or exercises such as walking, gardening, housework, running, working out, yoga or pilates, aerobics, or sports?

☐ 0    ☐ 1    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    **DaysWkEx**  
☐ Don't know **DaysWkExUnk**    ☐ Do not wish to answer **DaysWkExDNA**
**ALCOHOL**

*The following questions ask about alcohol use. This includes beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. This does not include drinking a few sips of wine for religious purposes.*

1. During the past 30 days, on how many days did you have at least one drink of alcohol?  
\_\_\_\_ days [1-30] **DaysWkDrinkAlc**
☐ Did not have any alcohol during the past 30 days **DaysWkDrinkAlcNone**  
☐ Don't know **DaysWkDrinkAlcUnk**
2. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? **DaysMonBingeAlc**

\_\_\_\_ days [1-30]

☐ Did not have 5 or more drinks of alcohol in a row during the last 30 days.  
**DaysMonBingeAlcNone**  
☐ Don't know **DaysMonBingeAlcUnk**

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## VISION

1. Do you wear corrective lenses (glasses or contact lenses) on a regular basis?

☐ Yes ☐ No ☐ Don't know

WearCorrLens

2. Do you use any other visual aids (such as a magnifying glass) on a regular basis?

☐ Yes ☐ No ☐ Don't know

UseVisAid

## DIABETES HISTORY/MANAGEMENT

## T1D DIAGNOSIS INFORMATION

1. How old were you when you were diagnosed with type 1 diabetes: DiagT1DAge

\_\_\_\_\_ years old ☐ Don't know DiagT1DAgeUnk

## HISTORY OF DKA

1. In the past 12 months, how many times have you had diabetic ketoacidosis (DKA) for which you were hospitalized overnight? NumHospDKA

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ >9☐ Don't know NumHospDKAUnk

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**HISTORY OF SEVERE HYPOGLYCEMIA**

1. About how many severe hypoglycemic episodes have you had since you developed type 1 diabetes? **NumSHSinceT1DDiag**

*A severe hypoglycemic event means that you needed the assistance of another person as a result of altered consciousness or confusion, to administer carbohydrate, glucagon, or other resuscitative actions because your blood sugar was too low for you to be able to treat it yourself.*

☐ 0   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5-9   ☐ 10-19   ☐ More than 19

*Note: If you answered 0 for question 1, please skip to the next section.*

- 1a. If you have had at least one severe hypoglycemic episode in the past, how many in the last year? **NumSHLastYr**

☐ 0   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5-9   ☐ 10-19   ☐ More than 19

- 1b. When was your last severe hypoglycemic episode? **LastSH**

- ☐ Less than 3 months ago  
☐ 3-<6 months ago  
☐ 6-<12 months ago  
☐ 1-<2 years ago  
☐ 2-<3 years ago  
☐ 3-<5 years ago  
☐ 5-<10 years ago  
☐ 10 or more years ago

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**1c. If the most recent severe Hypoglycemic event was within the past 12 months, how severe was it?** [LastSHSeverity](#)

*Please choose one.*

- ☐ Event required assistance of another individual but seizure or loss of consciousness did not occur
- ☐ Seizure or loss of consciousness occurred

**1d. Are there any factors you recall to have been associated with your most recent severe hypoglycemic event?**

*Select all that apply.*

- ☐ Skipped meal [SHFacRecSkipMeal](#)
- ☐ Ate less at meals than had anticipated [SHFacRecAteLess](#)
- ☐ Miscalculated the carbohydrate content of the meal [SHFacRecMiscalcCarb](#)
- ☐ Took mealtime insulin dose too much ahead of eating the meal [SHFacRecInsAhead](#)
- ☐ Exercise or increased physical activity [SHFacRecExercise](#)
- ☐ Insulin administration error (such as giving insulin twice because forgot had already given an injection; mistakenly used the wrong insulin; or mistakenly administered the wrong dose)  
[SHFacRecInsAdminError](#)
- ☐ Took too large an insulin dose to correct a high sugar level [SHFacRecTooLargeInsCorr](#)
- ☐ Travel or schedule disruption [SHFacRecTravel](#)
- ☐ Self-administered insulin doses too close to each other in time ("stacking")  
[SHFacRecStacking](#)
- ☐ Reduced manual dexterity [SHFacRecRedManDex](#)
- ☐ Alcohol ingestion [SHFacRecAlcohol](#)
- ☐ Stress or illness [SHFacRecStressIllness](#)
- ☐ No precipitating event/do not remember [SHFacRecNone](#)
- ☐ Other [SHFacRecOther](#)

If other, please list: \_\_\_\_\_

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**1e. Are there any factors you can identify to have been associated with any of your past severe hypoglycemic events?**

*Select all that apply.*

- ☐ Skipped meal **SHFacSkipMeal**
- ☐ Ate less at meals than had anticipated **SHFacAteLess**
- ☐ Miscalculated the carbohydrate content of the meal **SHFacMiscalcCarb**
- ☐ Took mealtime insulin dose too much ahead of eating the meal **SHFacInsAhead**
- ☐ Exercise or increased physical activity **SHFacExercise**
- ☐ Insulin administration error (such as giving insulin twice because forgot had already given an injection; mistakenly used the wrong insulin; or mistakenly administered the wrong dose)  
**SHFacInsAdminError**
- ☐ Took too large an insulin dose to correct a high sugar level **SHFacTooLargeInsCorr**
- ☐ Travel or schedule disruption **SHFacTravel**
- ☐ Self-administered insulin doses too close to each other in time ("stacking") **SHFacStacking**
- ☐ Reduced manual dexterity **SHFacRedManDex**
- ☐ Alcohol ingestion **SHFacAlcohol**
- ☐ Stress or illness **SHFacStressIllness**
- ☐ No precipitating event/do not remember **SHFacNone**
- ☐ Other **SHFacOther**

If other, please list: \_\_\_\_\_



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**DIABETES MANAGEMENT****1. Insulin Delivery Method:** [InsDeliveryMethod](#)☐ Pump☐ Injections**1a. Current Pump User:**

If using an insulin pump, how long have you been using an insulin pump?

[PumpUseLen](#)☐ Less than 1 year☐ 1 year☐ 2 years☐ 3 or more years☐ Don't know [PumpUseLenUnk](#)**1b. Current Injection User:**If you are currently using injections (with syringes or insulin pens) only, have you used a pump at all in the last year? [InjUserPumpUsed](#)☐ Yes ☐ No

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**2. Indicate the insulin you are currently using:***Please check all that apply:*

- ☐ Apidra (glisine)
- ☐ Humalog (lispro)
- ☐ Humalog 50/50
- ☐ Humalog 75/25
- ☐ Humulin 50/50
- ☐ Humulin 70/30
- ☐ Humulin N (NPH)
- ☐ Lantus (glargine) 1 time per day
- ☐ Lantus (glargine) 2 times per day
- ☐ Levemir (detemir) 1 time per day
- ☐ Levemir (detemir) 2 times per day
- ☐ Novolin 70/30
- ☐ Novolin N (NPH)
- ☐ Novolog (aspart)
- ☐ Novolog 70/30
- ☐ Regular (R) (humulin R or novolin R)
- ☐ U500 Human R Regular
- ☐ Velosulin
- ☐ Other (specify below) **InsOther**
- ☐ Don't know **InsUnk**

**InsulinUsed1   InsulinUsed2   InsulinUsed3****If Other, please specify:**\_\_\_\_\_ *If other selected then must be specified here.*

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**3. Average units of insulin per day:***Note: For pump users, please obtain from pump download if available.*

**3a. Total daily insulin in units:** \_\_\_\_\_ **UnitsInsTotal** ☐ Don't know  
**UnkUnitsInsTotal**

**3b. Total daily basal insulin for pump users or long/intermediate acting insulin (including NPH) for injection users, in units:** \_\_\_\_\_ ☐ Don't know  
**UnitsInsBasalOrLongAct** **UnitsInsBasalOrLongActUnk**

**3c. Number of boluses per day for pump users or number of injections of short acting insulin per day for injection users:** \_\_\_\_\_ ☐ Don't know  
**NumPumpBolusOrShortAct** **NumPumpBolusOrShortActUnk**

**3d. Information obtained from:** **InsulinInfoSource**  
☐ Pump download ☐ Self report

**4. Blood Glucose Monitoring****About how many times per day do test your blood sugar with a blood glucose meter?****NumMeterCheckDay**

\_\_\_\_\_ times per day ☐ Don't know **NumMeterCheckDayUnk**

**5. Please indicate any of the following reasons that may limit you from testing your blood sugar as often as you feel like you should test?***Check all that apply.*

- ☐ Too expensive **BGTestAffExpen**
- ☐ Too busy **BGTestAffBusy**
- ☐ Embarrassed (such as when in public setting) **BGTestAffEmbar**
- ☐ Insurance doesn't cover enough strips **BGTestAffInsurance**
- ☐ Hurts too much **BGTestAffHurts**
- ☐ Forget **BGTestAffForget**
- ☐ Not sure what to do with the numbers **BGTestAffUnsure**
- ☐ Other **BGTestAffOther**

If other, please indicate reason: \_\_\_\_\_

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**6. How do you decide how much insulin to take for a meal?**

- ☐ Use an insulin to carb ratio **BolusDecICF**
- ☐ Take a fixed/set amount of insulin for meals **BolusDecFixed**
- ☐ Use a sliding scale **BolusDecSlide**
- ☐ Use the bolus calculation on an insulin pump **BolusDecCalcPump**
- ☐ "I guess based on experience" **BolusDecGuess**

**7. How do you decide how much insulin to take for a high blood sugar?**

- ☐ Use a correction factor and a blood glucose target (ex. 1 unit lowers blood sugar 50 mg/dL correct to a target of 150) **BolusHighBGDecCorrFac**
- ☐ Use a sliding scale **BolusHighBGSlide**
- ☐ Use the bolus calculator on an insulin pump **BolusHighBGCalcPump**
- ☐ "I guess based on experience" **BolusHighBGGuess**

**8. At the time of a meal, assuming blood sugar is not too high or too low, when do you usually give an insulin injection or bolus? **MealBolusInj*****Choose the one best answer.*

- ☐ Mealtime insulin (injection or bolus) not given regularly
- ☐ Mealtime insulin (injection or bolus) given at least several minutes before meal
- ☐ Mealtime insulin (injection or bolus) given immediately before meal
- ☐ Mealtime insulin (injection or bolus) given during meal
- ☐ Mealtime insulin(injection or bolus) given after meal
- ☐ Mealtime insulin(injection or bolus) time varies depending on the glucose level prior to the meal
- ☐ Don't know **MealBolusInjUnk**

**9. How often do you check your blood sugar prior to giving yourself an insulin injection or bolus at the time of a meal? **ChkBldSugPriBolus****

- ☐ Never
- ☐ Rarely
- ☐ Sometimes

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- ☐ Most of the time
- ☐ Always
- ☐ Don't know [ChkBldSugPriBolusUnk](#)

10. How often do you take an insulin injection or bolus for daytime snacks (excluding when your blood sugar is low or when snacks are eaten to raise sugar levels before exercise)?

[BolDaySnackFreq](#)

- ☐ Not applicable (don't have regular snacks)
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always
- ☐ Don't know [BolDaySnackFreqUnk](#)

11. Do you usually (on most nights) have a snack at bedtime, if your blood sugar is not low?

[BedtimeSnack](#)

- ☐ Yes      ☐ No      ☐ Don't know

11a. If yes, how often do you take an insulin injection or bolus for your nighttime snack (if you are eating a snack when your sugar is not low)? [BolusBedtimeSnackFreq](#)

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always
- ☐ Don't know [BolusBedtimeSnackFreqUnk](#)

12. How often do you take an insulin dose at or near bedtime to correct for a high glucose reading, even if not eating? [InsulinBedCorrHighBG](#)

- ☐ Never

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- ☐ Rarely  
☐ Sometimes  
☐ Most of the time  
☐ Always  
☐ Don't know [InsulinBedCorrHighBGUnk](#)

13. How often do you miss an insulin dose? [MissInsulinDoseFreq](#)*Please choose only one answer.*

- ☐ Almost never  
☐ Less than once a month  
☐ Less than once a week  
☐ 1 to 2 times a week  
☐ 3 to 4 times a week  
☐ 5 or more times a week  
☐ At least once a day  
☐ Don't know [MissInsulinDoseFreqUnk](#)

## MEDICATIONS, BLOOD GLUCOSE MONITORING AND INSULIN ADMINISTRATION

1. How do you usually take or keep track of oral medications? [OralMedMethod](#)*Please choose only one answer.*

- ☐ I do not take oral medications  
☐ I am able to take care of my own oral medications, but choose to have someone else do it for me  
☐ I take oral medications that are prepared in individual doses by someone else  
☐ I take sole responsibility for taking my oral medications, but am having difficulty doing it  
☐ I take sole responsibility for taking my oral medications and do not have difficulty doing it

2. How do you keep track of glucose monitoring in a typical day? [GlucMonMethod](#)*Please choose only one answer.*

- ☐ I am able to monitor my glucose levels, but choose to have someone else do it for me  
☐ I am unable to monitor my glucose levels, and someone else does it for me

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- ☐ I take sole responsibility for monitoring my glucose levels, but am having difficulty doing it
- ☐ I monitor my glucose levels at the correct times and do not have difficulty doing it

**3. INJECTION USERS:**

**3a. How do you take insulin injections in a typical day?** [InjUseMethod](#)

*Please choose only one answer.*

- ☐ I am able to prepare and inject my own insulin, but choose to have someone else do it for me
- ☐ I am unable to prepare and inject insulin myself, and someone else does it for me
- ☐ I inject my own insulin that is prepared for me in individual doses by someone else
- ☐ I take sole responsibility for injecting my insulin in correct dosages, but am having difficulty doing it
- ☐ I inject my insulin in correct dosages and do not have difficulty doing it

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**4. PUMP USERS****4a. PUMP THERAPY** PumpUseMethod*Please choose only one answer.*

- ☐ I am able to determine my basal rate and bolus amount and fill my insulin pump, but choose to have someone else do it
- ☐ I am unable to determine my basal rate and bolus amount or fill my pump with insulin, and someone else does it for me
- ☐ If someone else determines my basal rate and bolus amount for me, I am able to fill my pump with insulin
- ☐ I take sole responsibility for determining my basal rate and bolus amount and filling my pump with insulin, but am having difficulty doing it
- ☐ I determine my basal rate and bolus amount and fill my pump with insulin and do not have difficulty doing it

**MEDICAL HISTORY****1. Have you ever had a head injury in which you lost consciousness:** HeadInjLostCons

- ☐ Yes    ☐ No    ☐ Don't know

**1a. If yes, how long ago did the head injury occur?** HeadInjOcc

- ☐ <1 year ago
- ☐ 1 or more year ago
- ☐ Don't know HeadInjOccUnk

**2. Do you have a pacemaker:** Pacemaker

- ☐ Yes    ☐ No    ☐ Don't know