

## Baseline / Screening Visit Form

<b>Patient ID:</b> <span style="color: blue;">PtID</span> <b>Namecode:</b> <span style="color: blue;">Namecode</span>
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EligChecklist	ELIGIBILITY CRITERIA CHECKLIST
EligChecklist	<p><b><u>Eligibility</u></b> - Check each box below to confirm participant meets ALL of the following eligibility criteria:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Meets criteria for classification as non-Hispanic African-American or non-Hispanic White (If parental race/ethnicity is known, both parents must be non- Hispanic African American or both parents must be non-Hispanic White in order for the participant to meet eligibility criteria.)</li> <li><input type="checkbox"/> 2. T1D Exchange clinic registry participant or willing to join the T1D Exchange clinic registry</li> <li><input type="checkbox"/> 3. Clinical diagnosis of presumed autoimmune type 1 diabetes</li> <li><input type="checkbox"/> 4. Duration of T1D    2.0 years</li> <li><input type="checkbox"/> 5. Most recent HbA1c: 6.0% to 12.0% from laboratory measurement or point of care within 3 months prior to or on day of visit</li> <li><input type="checkbox"/> 6. Insulin regimen has been stable for the last two months, with no plans to switch the modality of insulin administration during the next 3 months</li> <li><input type="checkbox"/> 7. Not a current CGM user; or if a current CGM user, CGM has been used for at least 3 months and individual is willing to use blinded study CGM as well</li> <li><input type="checkbox"/> 8. Able and willing to complete study procedures</li> </ul> <p><b><u>Exclusion</u></b> - Check each box below to verify that NONE of the following are present:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Allergy to adhesives or other products involved with CGM use</li> <li><input type="checkbox"/> 2. Pregnant or intending to become pregnant within the next 3 months</li> <li><input type="checkbox"/> 3. Known hemoglobinopathy including: Sickie-cell anemia (Hb S), Thalassemia, Hemoglobin C (Hb C), Hemoglobin D (Hb D), Hemoglobin E (Hb E), Hemoglobin E-thalassemia, Hemoglobin H</li> <li><input type="checkbox"/> 4. Known anemia, particularly hemolytic anemia</li> <li><input type="checkbox"/> 5. History of blood transfusion in the last 3 months or planned blood transfusion during the course of the study</li> <li><input type="checkbox"/> 6. Current use of erythropoietin</li> <li><input type="checkbox"/> 7. Renal disease defined as history of dialysis, renal transplant, or known GFR &lt;60 ml/min/1.73 m<sup>2</sup></li> <li><input type="checkbox"/> 8. History of islet cell transplant or pancreas transplant</li> </ul>

# Racial Differences in Mean CGM Glucose in Relation to HbA1c

	<input type="checkbox"/> 9. Known active liver disease <input type="checkbox"/> 10. Extensive skin changes or diseases that would inhibit wearing a sensor <input type="checkbox"/> 11. Recent substantial improvement or worsening in glycemic control <input type="checkbox"/> 12. Any current or previous medical condition or medication use that the investigator considers would interfere with the ability of the subject to complete study procedures <input type="checkbox"/> 13. Concurrently participating in another study that could affect glycemic control
<b>BASIC INFORMATION</b>	
<b>Gender</b>	<b>1. Gender:</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
<b>CurrSmoker</b>	<b>2. Are you a current smoker (cigarettes, electronic cigarettes, cigars or pipe)?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>DomHand</b>	<b>3. Which is your dominant hand?</b> <input type="radio"/> Right Hand <input type="radio"/> Left Hand <input type="radio"/> Ambidextrous
<b>EduLevel</b>	<b>4. What is the participant's highest level of education?</b>  <i>Please choose only one answer.</i> <input type="checkbox"/> Less than 1st grade <input type="checkbox"/> 1st, 2nd, 3rd, or 4th grade <input type="checkbox"/> 5th or 6th grade <input type="checkbox"/> 7th or 8th grade <input type="checkbox"/> 9th grade <input type="checkbox"/> 10th grade <input type="checkbox"/> 11th grade <input type="checkbox"/> 12th grade-no diploma <input type="checkbox"/> High school graduate/diploma/GED <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Associate degree (AA) <input type="checkbox"/> Bachelor's degree (BS/BA/AB) <input type="checkbox"/> Master's degree (MA, MS, MSW, MBA, MPH) <input type="checkbox"/> Professional degree (MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Doctorate degree (PhD, EdD) <input type="checkbox"/> Unknown
<b>EduLevelUnk</b>	
<b>AnnualInc</b>	<b>What is the participant's annual household income from all sources?</b>  <b>5. Please choose only one answer.</b> <input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 to less than\$35,000 <input type="checkbox"/> \$35,000 to less than \$50,000 <input type="checkbox"/> \$50,000 to less than \$75,000 <input type="checkbox"/> \$75,000 to less than \$100,000

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<b>AnnualIncDNA</b> <b>AnnualIncUnk</b>	<input type="checkbox"/> \$100,000 to less than \$200,000 <input type="checkbox"/> \$ 200,000 or more <input type="checkbox"/> Does not wish to answer <input type="checkbox"/> Unknown
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<b>DIABETES HISTORY</b>	
<b>DiagT1DAge</b>	<b>Age at T1D Diagnosis:</b> _____ yrs
<b>MOST RECENT HbA1c TEST RESULTS</b>	
<b>TestDt</b>	<b>1. Most Recent Testing Date:</b> _____ <i>Most recent value must be within 3 months (most recent may be from POC on day of visit)</i>
<b>Method</b>	<b>2. Most Recent HbA1c Testing Method:</b> <input type="radio"/> DCA point of care <input type="radio"/> Afinion point of care <input type="radio"/> Other point of care <input type="radio"/> Lab <input type="radio"/> Unknown
<b>HbA1c</b>	<b>3. Most Recent HbA1c Value (%):</b> ____ . ____% <i>Most recent value must be 6.0% to 12.0%</i>
<b>NEXT MOST RECENT HbA1c TEST RESULTS</b>	
<b>PriorTestDt</b>	<b>1. Next Most Recent Testing Date:</b> _____
<b>Prior Method</b>	<b>2. HbA1c Testing Method:</b> <input type="radio"/> DCA point of care <input type="radio"/> Afinion <input type="radio"/> Other point of care <input type="radio"/> Lab <input type="radio"/> Unknown
<b>Prior HbA1c</b>	<b>3. HbA1c Value (%):</b> ____ . ____%

CONTINUOUS GLUCOSE MONITOR (CGM) AND PUMP USE	
<p><b>UsePersCGM</b></p>  <p><b>PersCGMManuf</b></p>  <p><b>PersCGMManufOtherDs</b></p>	<p><b>1. Will the participant be using his/her current personal CGM during the study?</b></p> <p><input type="radio"/> Yes    <input type="radio"/> No    If <b><u>Yes</u></b>:</p> <p><b>1a. Which CGM device will the participant be using?</b></p> <p><input type="checkbox"/> Medtronic</p> <p><input type="checkbox"/> DexCom</p> <p><input type="checkbox"/> Abbott</p> <p><input type="checkbox"/> Other</p> <p>If <b><u>Other</u></b>, describe: _____</p>
<p><b>InsDelPump</b></p>	<p><b>2. Does the participant use an insulin pump?</b></p> <p><input type="radio"/> Yes    <input type="radio"/> No</p>

DEVICE DATE/TIME SYNCHRONIZATION	
<p> <a href="#">ConfStudyBGMCellPhMatch</a>  <a href="#">ConfStudyBGMSyncPump</a>  <a href="#">ConfPtRemNoAdjTime</a> </p>	<p>Confirm by checking the boxes below that each of the following was done:</p> <p> <input type="checkbox"/> Date/Time on the study BGM is first set to be within 1 minute of a cell phone  <input type="checkbox"/> Date/Time on the study BGM is then synchronized with insulin pump (if applicable)  <input type="checkbox"/> Participant was reminded not to adjust the date/time on any of the devices                 </p>

PHYSICAL EXAMINATION DATA	
<a href="#">NoExam</a>	<input type="checkbox"/> No physical exam performed
<p> <a href="#">Weight</a>  <a href="#">WeightUnits</a>  <a href="#">WeightNotDone</a> </p>	1. Weight: _____ Units: <input type="checkbox"/> lbs <input type="checkbox"/> kg <input type="checkbox"/> Not measured
<p> <a href="#">Height</a>  <a href="#">HeightUnits</a>  <a href="#">HeightNotDone</a> </p>	2. Height: _____ Units: <input type="checkbox"/> in <input type="checkbox"/> cm <input type="checkbox"/> Not measured
<p> <a href="#">BldPrSys</a>  <a href="#">BldPrDia</a>  <a href="#">BldPrNotDone</a> </p>	3. Blood pressure (Systolic/Diastolic): _____ [60-300] / _____ [30-160] mm Hg <input type="checkbox"/> Not measured
<p> <a href="#">TannerNotDone</a>  <a href="#">TannerPubicH</a>  <a href="#">TannerBreastGen</a> </p>	<p><i>For participants &lt;18 years old [leave blank if participant is 18 years old]</i></p> <p>1. Tanner staging: <input type="checkbox"/> Not Done</p> <p>4a. Pubic hair: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>4b. Breasts (F) or genitalia (M): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>
<a href="#">UrinePregTestResult</a>	<p>4. Urine Pregnancy Test Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Applicable</p> <p><i>If “positive”, then stop submission “Since pregnancy test is positive, participant is not eligible for the study”</i></p>

SENSOR PLACEMENT	
<a href="#">SensorPlaced</a>	<p>1. Sensor placed: <input type="radio"/> Yes <input type="radio"/> No If <b>No</b>:</p> <p>1a. Why wasn't a sensor placed?</p>

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<p><b>SensorNotPlacedDs</b></p>	<p>_____</p>
<p><b>SensorLoc</b> <b>SensorLocOtherDs</b></p>	<p><b>2. Location of sensor placement: <i>Sensor should be placed on the arm.</i></b></p> <p><input type="radio"/> Right Arm    <input type="radio"/> Left Arm    <input type="radio"/> Other</p> <p>If <b><i>Other</i></b>, describe: _____</p>