Insulin Form

Click here to open/close previously entered data for viewing or editing
Types of insulin will be recorded on this form. Doses will be recorded on visit forms.
If the pump is used routinely and injections or inhaled are only used when there is a pump failure, only record the insulin used in the pump.
If both the pump and injections or inhaled are used together (or sometimes one and sometimes the other), record the insulins separately (e.g., if the same insulin is sometimes used in a pump and sometimes in injections or if a pump is used for basal and injections or inhaled is used for bolus doses, enter separate records for each).
1. Insulin Name:
2. Route:
Pump Injection Inhaled
2a. If injection or inhaled, what is the usual frequency of injections or inhaled per day?
3. Start Date of Insulin Type:
In use at time of enrollment Started after enrollment Unknown
3a. If started after enrollment, start date:
<u>Month</u> <u>Day</u> <u>Year</u> □ Estimated □ Unknown
4. Stop Date of Insulin Type (if permanently discontinued during the study):
Month Day Year