

Follow-up Visit Form

Participant ID: **PtID**
 Initials: **Namecode**

SENSOR PLACEMENT

1. Sensor placed: ☐ Yes ☐ No *Required* **SensorPlaced**

1a. If **No**: Why wasn't a sensor placed? _____
SensorNotPlacedDs

2. Location of sensor placement: *Sensor should be placed on the arm. Required* **SensorLoc**

3. ☐ Right Arm ☐ Left Arm ☐ Other _____ **SensorLocOtherDs**

4. If any issue with sensor (i.e., if sensor placement was required because sensor fell out), describe:

_____ **SensorIssueDs**

DEVICE DATE/TIME VERIFICATION

StudyBGMCellPhMatch
CellPhDt
CellPhHr
CellPhMin
CellPhAMPM
StudyBGMDt
StudyBGMHr
StudyBGMMin
StudyBGMAMPM
PumpDt
PumpHr
PumpMin
PumpAMPM

1. Are the date/time on the study BGM within 1 minute of a cell phone

☐ Yes ☐ No *Required --Done RR*

If no, record the date/time displayed on each*:

1a. Cell phone: ____ / ____ / ____ : ____ ☐ AM ☐ PM

1b. Study BGM: ____ / ____ / ____ : ____ ☐ AM ☐ PM

1c. Insulin pump: ____ / ____ / ____ : ____ ☐ AM ☐ PM (if applicable)

If StudyBGMCellPhMatch = 'No' then 1a, 1b, all required otherwise all empty --Done RR

If any portion of 1c completed, all must be completed. -- Done RR

*After recording the display time of each device, correct the date/time of each study device as needed to be within 1 minute of a cell phone (this should be done prior to uploading the data). See procedure manual for additional instructions on synchronization of devices.