

Pilot Study 3 of Outpatient Control-to-Range: Safety and Efficacy with Day-and-Night In-Home Use  
Current Insulin Therapy

tblInsulinTherapy  
Identifying Information

PtID	1. Patient ID: CTR3- _____ - _____
	2. Initials: _____

Visit Information

InsTherapyDt	1. Visit Date: _____ / _____ / _____ dd/mm/yyyy
	2. Study ID of Investigator: ____ - _____

Insulin Basal Rates

	Time (Hours)	Rate (x.xx U/Hr)
InsBasal0000		
InsBasal0030		
(...)		
InsBasal2300		
InsBasal2330		

Insulin Boluses:

	Time Range	CHO Ratio	Correction Factor
InsBolusStart1Hr	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl
InsbolusStart1Min	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl
InsBolusEnd1Hr	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl
InsBolusEnd1Min	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl
CHORatio1	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl
CorrFactor1	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl
(...)	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl
InsBolusStart10Hr	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl
InsbolusStart10Min	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl
InsBolusEnd10Hr	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl
InsBolusEnd10Min	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl
CHORatio10	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl
CorrFactor10	Start: __ : __ End: __ : __	1 U : ____ gCHO	1 U : ____ mg/dl