

PUMP Home Run-In Weekly Phone Contact
(Completed 1 week after Initiation of Pump Training and Home Run-In)

tblPUMPRunInPhoneContact

Identifying Information

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

Phone Contact Information

PhCallDt	1. Call Date: ____ / ____ / ____ mm/dd/yy
PrsnSpk	2. Person Spoken To: <input type="checkbox"/> Subject <input type="checkbox"/> Other If Other, complete the following: Relationship to Subject: _____
	3. ID of Person Completing Call: ____ - ____

Insulin therapy

InsulinTherapy	1. Was there any change in the insulin therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please update the Current Insulin Therapy Form.)
-----------------------	---

Medical History

NewConditions	1. Have there been any new medical problems not previously recorded on the Medical Condition Form? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please update the Medical Condition Form.)
----------------------	--

Concomitant Medications

NewDrugs

1. Have there been any changes in medications not previously recorded on the Medications Form?

☐ Yes ☐ No (If Yes, please update the Medications Form.)

Adverse Events Since Last Contact

SevHypo

1. Did the subject have a severe hypoglycemic episode requiring assistance of another person to administer carbohydrate, glucagon or other resuscitative actions not already reported?

☐ Yes ☐ No (If Yes, complete a Severe Hypo Event Form)

2. Did the subject have a DKA not already reported?

☐ Yes ☐ No (If Yes, complete a DKA Event Form)

DKA is defined as follows by the DCCT, and has all of the following:

SevHyper

- Symptoms such as polyuria, polydipsia, nausea, or vomiting;
- Serum ketones or large/moderate urine ketones;
- Either arterial blood pH <7.30 or venous pH <7.24 or serum bicarbonate <15; and
- Treatment provided in a health care facility

AdverseEvent

3. Have any adverse events or any unexpected medical occurrence occurred that has not already been reported?

☐ Yes ☐ No (If Yes, complete an Adverse Event Form)

Comments

If subject had severe hypoglycemia or DKA, the subject is no longer eligible to continue in the study. Please complete a Final Status form.