

TASK DOCUMENTATION

[DKA Event]

Patient ID: **PtID**

DKA EVENT FORM	
	<p>Definite Diabetic Ketoacidosis (as defined by the DCCT) is defined as having all of the following:</p> <ul style="list-style-type: none">) Symptoms such as polyuria, polydipsia, nausea, or vomiting;) Serum ketones >1.5 mmol/L or large/moderate urine ketones) Either arterial blood pH <7.30 or venous pH <7.24 or serum bicarbonate <15;) Treatment provided in a health care facility
DKAOccurDt DKAOccurDtApprox	<p>1. Date of Event: ____ / ____ <input type="checkbox"/> Approximate <i>Approximate if necessary; for day of month, enter '01' when the month is known but day of month is not known.</i></p>
DKAMetCrit	<p>2. Did event meet study criteria listed above for DKA?</p> <p>Select "Probably" if in the judgment of the investigator the participant had DKA but not enough information is available to categorize event as meeting above criteria. If event cannot be classified as definitely or probably meeting above criteria, then it should not be reported.</p> <p><input type="radio"/> Definitely <input type="radio"/> Probably</p>
GlucLevel GlucLevelUnk	<p>3. Glucose level: _____ [Range: 100.0-1500.0] <input type="checkbox"/> Unknown</p>
HCO3 HCO3Unk	<p>4. HCO3: _____ <input type="checkbox"/> Unknown</p>
pH pHUnk	<p>5. pH: _____ <input type="checkbox"/> Unknown</p>
BUN BUNUnk	<p>6. BUN: _____ <input type="checkbox"/> Unknown</p>
CerebEdema	<p>7. Symptomatic cerebral edema: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>
EventCauseStdyDev EventCauseBGM StripsLotNum StripsLotNumUnk EventCauseCGM SensLotNum	<p>Cause of Event</p> <p>8. Is there any evidence that a <u>study</u> device (e.g., blood glucose meter and/or CGM) contributed to the event (either device malfunction or improper use by user)? .. <input type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes, complete the following:</p> <p>8a. Indicate any <u>study</u> device that may have contributed to the event:</p> <p><input type="checkbox"/> Blood glucose meter Lot number of strips _____ <input type="checkbox"/> Lot number of strips unknown</p> <p><input type="checkbox"/> CGM Lot number of sensor _____ <input type="checkbox"/> Lot number of sensor unknown</p>

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SensLotNumUnk	8b. What is thought to be the explanation? <input type="checkbox"/> User error <input type="checkbox"/> Problem with the study device <input type="checkbox"/> Both user error and problem with the study device
EventCauseExpl	
EventCauseNonStdy	
8d. Is there any indication of non-study-device-related factors that contributed to the occurrence of the event? <input type="radio"/> Yes <input type="radio"/> No	