

TASK DOCUMENTATION

[Initial Study CGM Form]

Participant ID: **PtID**

Initial Study CGM	
CGMTypeProvided	1. What type of study CGM was provided? <input type="radio"/> Blinded <input type="radio"/> Standard <input type="radio"/> None (participant not eligible)
DtTmSyncConfirm	2. If a study CGM was provided, confirm by checking the boxes below that each of the following was done: [BM1] <input type="checkbox"/> Date/Time on the insulin pump is first set to be within 1 minute of a cell phone <input type="checkbox"/> Date/Time on the Dexcom CGM is then synchronized with insulin pump <input type="checkbox"/> Date/Time on the study BGM is then synchronized with insulin pump <input type="checkbox"/> Participant was reminded not to adjust the date/time on any of the devices [/BM1]