

TASK DOCUMENTATION

[Followup Form]

Participant ID: PtID	
INSULIN PUMP USE	
PumpUse** PumpStopDt	1. Is the participant still using an insulin pump? <input type="radio"/> Yes <input type="radio"/> No 1b. Date participant stopped using an insulin pump: __/__/__
CGM USE	
CGMUse6Days CGMUseSkin CGMUseAlarms CGMUseAccuracy CGMUseDifficult CGMUseTooBusy CGMUseForget CGMUseNoHelp CGMUseOth	1. Is the participant using CGM \geq 6 days/week (based on review of downloaded CGM data)? <input type="radio"/> Yes <input type="radio"/> No 1a. If No, indicate reason (select any of the following that apply): <input type="checkbox"/> Skin irritation <input type="checkbox"/> Alarms too frequently <input type="checkbox"/> Does not provide accurate readings <input type="checkbox"/> Too difficult to operate <input type="checkbox"/> Too busy to use it <input type="checkbox"/> Forget to use it <input type="checkbox"/> Does not provide information that is helpful for diabetes management <input type="checkbox"/> Other
CGMDiabMgmtDec	2. How frequently has the participant been downloading CGM data at home and viewing the data to make changes in management? <input type="radio"/> Never <input type="radio"/> <1 time per week <input type="radio"/> 1 time per week <input type="radio"/> 2-3 times per week <input type="radio"/> 4-7 times per week
BLOOD GLUCOSE METER TESTING COMPLIANCE	
StandBGMProtCompl**	1. From review of the downloaded <u>Standard</u> blood glucose meter, assess the degree of participant compliance with the BGM testing protocol for his/her intervention group? <input type="radio"/> Excellent (\geq 90% of required testing done) <input type="radio"/> Very Good (75% to <90% of required testing done) <input type="radio"/> Good (60% to <75% of required testing done) <input type="radio"/> Fair (45% to <60% of required testing done) <input type="radio"/> Poor (<45% of required testing done) <input type="radio"/> Unknown (BGM download not available)

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BlindBGMProtCompl**	<p>2. From review of the downloaded <u>Blinded</u> blood glucose meter, assess the degree of participant compliance with the BGM testing protocol for his/her intervention group?</p> <p><input type="radio"/> Excellent ($\geq 90\%$ of required testing done)</p> <p><input type="radio"/> Very Good (75% to $< 90\%$ of required testing done)</p> <p><input type="radio"/> Good (60% to $< 75\%$ of required testing done)</p> <p><input type="radio"/> Fair (45% to $< 60\%$ of required testing done)</p> <p><input type="radio"/> Poor ($< 45\%$ of required testing done)</p> <p><input type="radio"/> Unknown (BGM download not available)</p>
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Lab Collection	
HbA1cCollected	<p>1. Was an HbA1c sample collected for the central laboratory?</p> <p style="text-align: center;">Yes No</p>