

TASK DOCUMENTATION

[Compliance and Initiation of Standard CGM]

Participant ID: **PtID**

COMPLIANCE AND HYPOGLYCEMIA ASSESSMENTS

CGMMinUse	1. Has the CGM been used for at least 11 of 14 days? <input type="radio"/> Yes <input type="radio"/> No
BGMMinMeas	2. Have an average of at least 3 BGM measurements been made per day on 13 of 14 days? <input type="radio"/> Yes <input type="radio"/> No
CGMGlucUnder60	3. Are the CGM glucose values <60 mg/dl less than 10% of the time? <input type="radio"/> Yes <input type="radio"/> No <i>If any of the above is 'no', complete a Pre-randomization Final Status Form unless there are extenuating circumstances and the investigator believes the participant should be permitted to repeat the blinded CGM use. If this is the case, the protocol chair must be contacted and must approve.</i>

INITIATION OF STANDARD CGM

UnblindCGMSensor DtTm1MinCell PtRunInStatus	1. Was participant provided with a <u>standard</u> CGM and sensor inserted? <input type="radio"/> Yes <input type="radio"/> No 1a. If Yes, was the standard CGM date/time set to be within 1 minute of a cell phone? <input type="radio"/> Yes <input type="radio"/> No 1b. If No, indicate status of participant: <input type="radio"/> Participant will repeat blinded CGM use <input type="radio"/> Participant will be dropped (complete a Pre-randomization Final Status Form)
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