

DirecNet Exercise 2 Study Visit Form

tblGVisit

1. Visit Date: ____ / ____ / ____ mm/dd/yy VisitDt 2. Visit Type: ☐ Basal Continued ☐ Basal Stopped GVisitType

A. Eligibility Assessment

1. Did the subject have any severe episodes of hypoglycemia (caused the subject to faint or have a seizure) during the last 14 days? ☐ Yes ☐ No (If YES, the visit must be deferred.) SevHypo
2. Has the subject used pseudoephedrine in the past 48 hours? ☐ Yes ☐ No (If YES, the visit must be deferred.) Pseudoephedrine
3. Does the subject have an active infection? ☐ Yes ☐ No (If YES, the visit must be deferred.) ActiveInf
4. Does the subject have more than small urine ketones present or blood ketones >1.0? ☐ Yes ☐ No KetonePres (If YES, the visit must be deferred.)

B. Hypoglycemia Information

1. How many episodes of symptomatic hypoglycemia did the subject experience in the last 7 days? ____ SymptHypo
 - 2a. How many symptomatic episodes were confirmed with an HGM test? ____ SymptHypoConf
2. When was the subject's last symptomatic hypoglycemic episode? ☐ Last 7 days ☐ 2-4 wks ☐ >1 mon ☐ Never LastSymptHypo
3. When was the subject's last severe hypoglycemic episode (hypoglycemia resulting in seizure or loss of consciousness)? ☐ 2-4 wks ☐ 1 - 6 mon ☐ 6 - 12 mon ☐ >1 yr ☐ Never LastSevHypo

C. Physical Activity

Instruct subject to add up all the time he/she spends in physical activity each day.

1. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? PhyAct7Days

☐ 0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days
2. Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day? PhyActUsual

☐ 0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days

D. CGMS Information

1. Sensor Lot Number: _____ CGMLotNum
2. Time of Insertion: ____ : ____ ☐ AM ☐ PM CGMInsHr CGMInsMin CGMInsAMPM
3. Insertion Side: ☐ Right ☐ Left CGMInsSide
4. Insertion Area (select one): ☐ Abd-UQ ☐ Abd-LQ ☐ Buttocks ☐ Thigh ☐ Hip ☐ Other CGMInsArea

E. Freestyle Meter (Record the serial # of the Freestyle meter that will be used; same test strip lot must be used for the entire admission.)

1. Test Strip Lot Number: _____ FreeLotNum
2. Control Test was in normal range: ☐ Yes ☐ No FreeContRange

G. Time Synchronization

At the time the CGMS is inserted, be sure that the times on the CGMS, Freestyle, and HR monitor are synchronized with the room clock.

1. Room Clock: ____ : ____ ☐AM ☐PM [RoomClockStartHr](#) [RoomClockStartMin](#) [RoomClockStartAMPM](#)

The CGMS, Freestyle, and HR Monitor are synchronized with the room clock: ☐Yes ☐No [TimeSynch](#)