

DirecNet Exercise 2 Study Enrollment Visit Form

A. Identifying Information tblGPtRoster

AgeAtBaseline	
1. Age: _____	(Age must be ≥8.0 to <18.0 yrs for eligibility)
2. Informed Consent Form signed by the parent/guardian on ____ / ____ / ____ mm/dd/yy	
InfConDt	
3. Child Assent Form signed by the subject on ____ / ____ / ____ mm/dd/yy	
AssentDt	

Enrollment Visit History Form

tblGEnrollment

1. Enrollment Visit Date: ____ / ____ / ____ mm/dd/yy	VisitDt
---	---------

B. Exclusion Criteria

1. All of the following are study exclusions. Verify by checking each box that none are present.	
<input type="checkbox"/> Current use of glucocorticoids	EligVer
<input type="checkbox"/> Current use of beta blocker	
<input type="checkbox"/> Asthma which has been medically treated in the last year	
<input type="checkbox"/> A recent injury to body or limb, Addison's disease, muscular disorder, use of any medication or other significant medical disorder that in the judgment of the investigator might interfere with the completion of the protocol	
<input type="checkbox"/> Anticipating a significant change in exercise regimen between scheduled visits (i.e. starting or stopping an organized sport)	

C. Demographic Information

1. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender
2. Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown/not reported	Ethnicity
3. Race (select one): <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian	Race
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> More than one race _____ <input type="checkbox"/> Unknown/not reported	RaceDs

D. Diabetes History

1. Date of diagnosis of diabetes: ____ / ____ mm/yy	(Must be ≥18 months for eligibility)	OnsetDt
2. Dx of Type I diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No (Must be YES for eligibility)		
Type1D		
3. Length of insulin pump use: <input type="checkbox"/> 1 mon-<6 mon <input type="checkbox"/> 6 mon-<1 yr <input type="checkbox"/> 1-<2 yrs <input type="checkbox"/> 2-<5 yrs <input type="checkbox"/> ≥5 yrs		
GLenPumpUse		
4. Insulin to Carbohydrate Ratios (Complete units per grams of carbs or check not used):		
4a. Breakfast Insulin to Carb Ratio: 1 unit per ____ grams of carbohydrates <input type="checkbox"/> Not Used		
InsCarbB InsCarbBNotUsed		
4b. Lunch Insulin to Carb Ratio: 1 unit per ____ grams of carbohydrates <input type="checkbox"/> Not Used		
InsCarbL InsCarbLNotUsed		
4c. Dinner Insulin to Carb Ratio: 1 unit per ____ grams of carbohydrates <input type="checkbox"/> Not Used		
InsCarbD InsCarbDNotUsed		
4d. Bedtime Snack Insulin to Carb Ratio: 1 unit per ____ grams of carbohydrates <input type="checkbox"/> Not Used		
InsCarbBS InsCarbBSNotUsed		
5. Usual Meal Bolus Doses: Breakfast: _____ Lunch: _____ Dinner: _____ Snack: _____ Bedtime Snack: _____		
UsualInsDoseB UsualInsDoseL UsualInsDoseD UsualInsDoseS UsualInsDoseBS		
AvgCorFactmgdl AvgCorFactAbmgdl AvgCorFactNotUsed		
6. Average Correction (Sensitivity) Factors: 1 unit per ____ mg/dl above ____ mg/dl <input type="checkbox"/> Not Used		
7. Number of hypoglycemic seizures/loss of consciousness in last 6 months: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> >3		
NumSevHypo		

E. Socioeconomic Information

1. Please circle the highest level of education completed by the primary caregiver(s): EduCareGvr1												EduCareGvr1a			
1a. Mother , Father, Other	<4	4	5	6	7	8	9	10	11	12	AA	BS/BA	MS/MA	Professional Degree (eg MD)	
1b. If Other caregiver: Grandmother Grandfather Aunt Uncle Older Sibling OthCareGvr															
Please Circle One															
1c. Mother, Father	<4	4	5	6	7	8	9	10	11	12	AA	BS/BA	MS/MA	Professional Degree (eg MD)	
EduCareGvr2												EduCareGvr2a			

Enrollment Visit Physical Examination Form**F. Physical Exam** [tblGEnrollment](#)

1. Exam Date ____ / ____ / ____ mm/dd/yy (Must be within 14 days of enrollment visit) PEExamDt	
2. Weight: ____ . ____ kg Weight	3. Height: ____ . ____ cm Height
(Must be ≥39.5 kg for reinfusion and ≥46.0 for discard centers for eligibility)	
(Body Mass Index (BMI) must be between 5th and 95th percentiles for age and gender. Click here to calculate BMI for eligibility)	

G. HbA1c

1. Date of Test: ____ / ____ / ____ HbA1cDt (Must be within 14 days of enrollment visit)	2. HbA1C (from DCA2000): ____ . ____ % HbA1c (Must be ≤10.0% for eligibility)
---	--