

Confidential

Questionnaire

Record ID	<div></div>
MRN	<div></div>
Age	<div></div>
Gender	<div><div><input type="radio"/> Male</div><div><input type="radio"/> Female</div></div>
BMI	<div><div><input type="radio"/> < 18.5</div><div><input type="radio"/> 18.5-25</div><div><input type="radio"/> 25-30</div><div><input type="radio"/> 30-35</div><div><input type="radio"/> >35</div></div>
Race	<div></div>
Hemoglobin	<div></div>
GFR	<div></div>
diagnosis on admission	<div></div>
duration of stay	<div></div>
days in icu	<div></div>
severity of dka	<div><div><input type="radio"/> mild</div><div><input type="radio"/> moderate</div><div><input type="radio"/> severe</div></div>
diabetic complications	<div><div><input type="checkbox"/> none</div><div><input type="checkbox"/> retinopathy</div><div><input type="checkbox"/> nephropathy</div><div><input type="checkbox"/> neuropathy</div></div>
Does the patient use an insulin pump?	<div><div><input checked="" type="radio"/> Yes</div><div><input type="radio"/> No</div></div>

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Pump Device	<input type="radio"/> Medtronic <input type="radio"/> Animas <input type="radio"/> Omnipod <input type="radio"/> Tandem Diabetes <input type="radio"/> Accu check <input type="radio"/> Other	
How old is the current pump	<input type="radio"/> < 5 years <input type="radio"/> >5 years	
Duration on pump	<input type="radio"/> < 5 years <input type="radio"/> 5-10 years <input type="radio"/> >10 years	
How was the patient trained on the pump	<input type="radio"/> pump company <input type="radio"/> MD office <input type="radio"/> other	
Does the patient know his or her pump settings	<input type="radio"/> Yes <input type="radio"/> No	
	yes	no
If yes, does the patient know the <input type="radio"/> current basal rates	<input type="radio"/>	
If yes, can patient demonstrate a <input type="radio"/> basal rate ?	<input type="radio"/>	
if yes, does patient use bolus <input type="radio"/> wizard / or bolus	<input type="radio"/>	
if yes, can patient show how to <input type="radio"/> look up current carb ratio	<input type="radio"/>	
If, no how does the patient calculate insulin dose for carb intake? _____		
Can patient demonstrate suspending insulin delivery	<input type="radio"/> Yes <input type="radio"/> No	
If no, how does patient calculate correction insulin dose _____		
What action did patient take when blood glucose continued to increase/symptoms of DKA?	<input type="checkbox"/> Corrected through pump <input type="checkbox"/> Injected s/c <input type="checkbox"/> Check ketones <input type="checkbox"/> Hydrate <input type="checkbox"/> Other	
Does patient have back up plan if pump malfunctions?	<input type="radio"/> Yes <input type="radio"/> No	
How often does the patient change pump site?	<input type="radio"/> 2-3 days <input type="radio"/> 3-5 days <input type="radio"/> 5-7 days	

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Did the patient take all of his/her insulin shots at prescribed times	<input type="radio"/> Yes <input type="radio"/> No
Did patient have lack of insulin supplies?	<input type="radio"/> Yes <input type="radio"/> No
did patient check insulin expiration date before using?	<input type="radio"/> Yes <input type="radio"/> No
Does the patient know about hyperglycemic sick day management/DKA prevention	<input type="radio"/> Yes <input type="radio"/> No
Is the patient on any non insulin medication for DM?	<input type="radio"/> Yes <input type="radio"/> No
Does the patient know how to count carbs	<input type="radio"/> Yes <input type="radio"/> No
Does the patient know how to use correctional sliding scale	<input type="radio"/> Yes <input type="radio"/> No
Duration of DM	<input type="radio"/> < 5 years <input type="radio"/> 5-10 years <input type="radio"/> more than 10 years
Number of DKA episodes over last 12 months	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2
Number of hypoglycemic events in last 6 months	<input type="radio"/> less than 5 <input type="radio"/> 5-10 <input type="radio"/> 10-20 <input type="radio"/> >20
Number of hypoglycemic event needing another persons assistance in last 6 months	<input type="radio"/> less than 1 <input type="radio"/> 1-3 <input type="radio"/> >3
Did patient have any recent changes in insulin regimen or settings	<input type="radio"/> Yes <input type="radio"/> No
HBA1C	<input type="radio"/> 6-7 <input type="radio"/> 7-8 <input type="radio"/> 8-9 <input type="radio"/> 9-10 <input type="radio"/> >10
Does the patient have CGM	<input type="radio"/> Yes <input type="radio"/> No
Is the patient on steroids	<input type="radio"/> Yes <input type="radio"/> No

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Possible reason for DKA	<div><input type="radio"/> non compliance</div> <div><input type="radio"/> pump/tubing related</div> <div><input type="radio"/> infection</div> <div><input type="radio"/> other</div>
Education level	<div><input type="radio"/> High school</div> <div><input type="radio"/> Undergrad</div> <div><input type="radio"/> Bachelors</div> <div><input type="radio"/> Masters</div> <div><input type="radio"/> Doctorate</div>
Insulin: Carb Ratio	<div></div>
Insulin sensitivity factor	<div></div>
Targets	<div></div>
Basal rates	<div></div>
Active insulin time	<div></div>