

Prospect Baseline

	When were you diagnosed with diabetes?				In number of years
	Date started using insulin:				
	How long have	you been u	ısing you	current	insulin?
	Please describe your typical day with respect to pattern of insulin injections, blood sugar testing, meals and typical sleep time:				
	Activity	Times	Inject	Test	Comments
	Get Up	AM			
	Eat Breakfast	AM			
	Eat Lunch	PM/AM			
	Evening Meal	PM			
	Bedtime	PM			
	Nighttime	PM			
	Have you ever adjusted your insulin doses? □ Yes □ No				
ш	If yes, please describe (e.g. using sliding scale):				
	If yes, please d	escribe (e.ç	g. using s	nuning se	cale):
	If yes, please d Have you ever		_	_	
		experience	ed hypog	_	
	Have you ever If yes, please fi	experience	ed hypog	_	
	Have you ever If yes, please fi When/ho	experience	ed hypogi ollowing: Details:	_	
	Have you ever If yes, please fi When/ho What we	experience Il out the foo ow often? D	ed hypogi ollowing: Details: nptoms?	ycemia	
	Have you ever If yes, please fi When/ho What we Did you	experience II out the foow often? E ere your syn check your	ed hypogi ollowing: Details: nptoms? blood su	ycemia	symptoms? □ Yes □ No
	Have you ever If yes, please fi When/ho What we Did you If yes, wh	experience II out the form ow often? Evere your synthetick check your nat was you	ed hypogodlowing: Details: onptoms? blood sur blood s	ycemia gar? sugar rea	symptoms? □ Yes □ No ading?
	Have you ever If yes, please fi When/ho What we Did you If yes, wh What did	experience Il out the form ow often? Evere your synthetick your hat was you d you do to	ed hypogodlowing: Details: Inptoms? blood sur blood so treat you	ycemia gar? gugar rea	symptoms?
	Have you ever If yes, please fi When/ho What we Did you If yes, wh What did	experience Il out the form ow often? Evere your synthete check your hat was you d you do to you know	ed hypogodlowing: Details: Inptoms? blood sur blood sur treat you	ycemia gar? sugar rea ur hypog	ading? glycemia? er treating it?