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Data aquisition formular
for therapy-calculator of Advice-Device

Dear patient,

we want achieve the optimum setting for your blood glucose. Therefore we draw back on 30 years of experience in the initial setting and correction of multiple injection and pump therapies. That's why we know how important it is to harmonize all therapy sizes to your personal circumstances and your everyday life, to achieve the fastest way to good results in the therapy formulation. We would therefore ask you to fill the following questionnaire completely and as accurately as possible, and do not omit any question. The effort is worth it totally.

Your team from Diabetes-Dorf Althausen

Current date: _____

Name: _____ First name: _____

Date of birth: _____ Gender: ☐ Female ☐ Male ☐ Intersexed

Typ of diabetes: _____ Diabetes since: _____

Type of pump: _____ Pump since: _____

What **units** you are measuring (don´t fill in numbers)

Your carbohydrate: ☐ BE (12 g carbs) ☐ KE, KHE (10 g carbs) ☐ g carbs,

Your bloodglucose: ☐ mg/dl (mg-%) ☐ mmol/l,

Your HbA1c-value: ☐ % ☐ mmol/mol,

Your weight: ☐ kg ☐ lbs (engl.)

Data collection
☐ as CGMS,
☐ in SiDiary,
☐ in DIABASS?

How would you classify your dining style?

☐ Everything eater ☐ Carbs emphasized ☐ Meat eaters ☐ Vegetarian

The regulation of blood glucose is in relationship with many other metabolic processes in the body. Therefore we first need some information to reach an insight in your basic metabolism:

Height: _____ cm Current HbA1c-value _____ % / mmol/mol (from: _____)

Current body weight: _____ kg (from: _____)

Do you just have success in weight-loss? ☐ no

☐ yes, Results: _____ kg in _____ weeks, the entire reduction diet includes daily about. _____ kcal.

Are you a beginner of pump treatment or have you had an interruption of Advice Device for at least 3 months (consider the info-button of Advice Device >Initialization<)? ☐ yes ☐ no

● Next, we would like to know more about your current treatment. Please look at your blood glucose logs the last 14 days again in more detail and select from the 5 days with the best blood glucose profiles, these are not necessarily days with the least amount of insulin. Please make sure that you've selected days typical of your normal pattern of life, and on these days no extraordinary dining or physical activity or lipolysis corrections ("Schedule B") have taken place. Look for these 5 days: please specify the total amount of needed insulin, eg for pump therapy, the sum of basal + bolus (one can often read these data in the pump memory - have you injected even more insulin through the pen?) and for syringe therapies: retarded insulin + insulin for correction and for eating.

	Units insulin	Date
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		

How accurate is your insulin-requirement assessment?

☐ I've just done my protocol they were removed from my logs.

☐ I mostly figure out protocol and they were removed from protocols or memory of pump.

☐ I could appreciate my insulin levels only roughly.

Insulin need 2 years ago?

Can you remember your insulin average daily requirement 2 years ago (when at that time no pregnancy, no cortisone)?

Averaged daily sum 2 years ago

[ ] Averaged daily sum (B*) of the best 5 days

[ ] Averaged daily sum (A*) of the last 5 days

[ ] Averaged daily sum (C*) of the last 14 days

[ ]

*look to the formula on page 193 of the book: "Die Logik meines Diabetes". These averages are for your plausible control. Advice Device uses others.

● Fill in the entire amounts of insulin in the last 14 days, starting **from yesterday backwards**:

Also additional insulin by pen must be considered here.

The following fields should normally be left blank: night's accommodation as a factor; proportion of BR in % of total insulin;basal rate profile; insulin quantity adjustment; fine adjustment of basal rate of your pump. Either they are filled in automatically or you need special diabetologic knowledge. You can get more information pressing the info-buttons.

● What type of insulin you use or do you want to use in the pump?

Fast acting analogue insulin (Humalog, Novorapid, Apidra) ☐ Regular insulin ☐ or 3-fold locally splitted regular insulin

Fast acting analogue insulin always as bolus ☐
Fast acting analogue insulin sometimes as bolus ☐
Regular insulin as basal rate ☐

In order to adjust the insulin therapy to your personal needs, we do now need some information about your previous experience with diabetes and your daily life.

● When do you usually sleep **at night**? at [ ] o´clock If night shift work, at [ ] o´clock
When do you usually get up **in the morning**? at [ ] o´clock then when? at [ ] o´clock

● Sleep-in insulin for children, if already known: [ ] If pregnant, what week? [ ]

● ☐ yes Have you already suffered from two or more serious hypoglycaemia where you lose consciousness or brain seizures happened? ☐ no

☐ yes Do you have a great fear of hypoglycaemia? ☐ no

☐ yes Do exist almost complete logs of the last 2 weeks for you? ☐ no

● If you think back to the last three months: How would you describe your therapy handling?

☐ ☐ ☐ ☐

If you think back to the last three months: How would you describe your therapy handling?

I think a few fixed rules into my therapy and meet a lot of decisions in my therapy emotionally.

I try to put most of my therapy rules in everyday life, but it does not always succeed me.

I consider myself in every situation strictly to my therapy rules, although sometimes it is not very easy in everyday life, they adhere perfectly.

Please fill in realistic amounts: So many BEs / KH(E)s / g KH (incl. Hypo-BEs):

I have eaten **until now daily on average**	I shall eat **from now on**
BE/KH(E)/gKH (Delete as applicable)	**BE/KH(E)/gKH** (Delete as applicable)
-------------- **Breakfast**	-------------- **Breakfast**
-------------- **Dinner**	-------------- **Dinner**
-------------- **Lunch**	-------------- **Lunch**
-------------- **First snack**	-------------- **First snack**
-------------- **Second snack**	-------------- **Second snack**
-------------- **Third snack**	-------------- **Third snack**
-------------- **Other snacks**	-------------- **Other snacks**
-------------- **Hypo-BEs**	
-------------- **Average number / day**	-------------- **Average number / day**

How sure you are in the carbs assessment?

☐ **Very Certain**   ☐   ☐   ☐ **Very uncertain**

How often do you drink alcoholic beverages in the evening (or at other times)?

☐ rarely, if ever ☐ 0.33 l of beer ☐ to 0.25 l of wine / champagne ☐ even during the day

☐ 1-2 times a week ☐ 0,5 - 1 l of beer ☐ 0.5 l of wine ☐ also booze

☐ on most evenings ☐ more than 1 l of beer ☐ more than 0.5 l of wine ☐ more than 0.5 l of wine

How would you describe your movement measure in everyday life most likely? (PAL = Physical Activity Level)

☐ **(PAL 1,2)** **Exclusively sitting or lying lifestyle, such as old, infirm people**

☐ **(PAL 1,4-1,5)** **Exclusively sedentary lifestyles with little or no strenuous leisure activity, eg office workers, precision mechanics; less active children**

☐ **(PAL 1,6-1,7)** **Sedentary work, temporarily additional energy expenditure for walking and related activities, such. as laboratory assistants, drivers, students, production line worker**

☐ **(PAL 1,8-1,9)** **Mostly walking and standing, eg housewives, sellers, waiters, artisans; active children**

☐ **(PAL 2,0-2,4)** **Physically demanding professional work, eg construction workers, farmers, forest workers, miners, athletes**

PAL-Factors My average day consists of: **PAL-Factors X hours (make product)**

....0,95.. **X** .... hours of sleep	=	
.............**X** .... hours activities (according to the list)	=	
.............**X** .... hours sports activities	=	**Average (=sum/24)**
....1,4...**X** .... hours leisure	=	
....1,0...**X** .... hours of rest	=	
.... sum (must be 24)		

Please rate your average rate of activity for the last fortnight. It does not matter whether it was unusual for you or might be different in the future. Assign the following hourly factors:

1,0 for lying and sitting situations (= resting bolus); **0,75** for stop-and-go movements;
0,5 for non-stop movements; **0,25** for longer (> 2 h) and stronger non-stop movements:

from o´clock to o´clock:	from o´clock to o´clock:	from o´clock to o´clock:	from o´clock to o´clock:
from o´clock to o´clock:	from o´clock to o´clock:	from o´clock to o´clock:	from o´clock to o´clock:
from o´clock to o´clock:	from o´clock to o´clock:	from o´clock to o´clock:	from o´clock to o´clock:

Please still specify whether you suffer from chronic heart or lung diseases (which ones?). Take regularly cortisone? Here you will also have space for other messages:

To enable us quickly to get an overview of your current treatment options, add your blood glucose protocols. Please indicate us overleaf your recent therapy sizes.

Time interval	On pump therapy Current basal rate IU/h
0-1	
1-2	
2-3	
3-4	
4-5	
5-6	
6-7	
7-8	
8-9	
9-10	
10-11	
11-12	
12-13	
13-14	
14-15	
15-16	
16-17	
17-18	
18-19	
19-20	
20-21	
21-22	
22-23	
23-24	
Sum	

Meal factors   **Insulin-meal delay**

IU/BE [KH(E) g carbs] current   current

Breakfast

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1. Snack

Dinner

----

2. Snack

Lunch

----

3. Snack

Other snacks

On syringe / pen therapy

Sort(s) of retarding insulin(s):

Doses of retarding insulin(s) and injection times:

Sort(s) of meal insulin(s)

Doses of meal insulin(s) and injection times either: IU/BE (KH, KHE, g carbs) or: dose regimens

Early, when: [ ]		Noon, when: [ ]		Eve, when: [ ]	
from ...to	IU	from ...to	IU	from ...to	IU

Get-up insulin?   **IU**   **In children: sleep-in insulin?**   **IU**

Eating plan in BE[KH(E)/g KH] at syringe / pen therapy

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Breakfast   **1. Snack**   **Dinner**   **2. Snack**   **Lunch**   **3. Snack**