

The Effect of Exercise on the Development of Hypoglycemia in Children with Type 1 Diabetes

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**DirecNet Inpatient Exercise Study
Enrollment Visit Form**

A. Identifying Information

1. Namecode: _____	2. Patient Initials: _____ (Enter "X" if no middle initial)
3. Date of birth: _____ / _____ / _____ mm/dd/yy	(Age must be ≥ 10.0 to < 18.0 yrs for eligibility)
4. Informed Consent Form signed by the parent/guardian on _____ / _____ / _____ mm/dd/yy	
5. Child Assent Form signed by the subject on _____ / _____ / _____ mm/dd/yy	
6. Study ID of Enrolling Investigator _____ -- _____	

Enrollment Visit History Form

1. Enrollment Visit Date: _____ / _____ / _____ mm/dd/yy
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B. Demographic Information

1. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
2. Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown/not reported
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 <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> More than one race _____ <input type="checkbox"/> Unknown/not reported

C. Diabetes History

1. Date of diagnosis of diabetes: _____ / _____ mm/yy	(Must be ≥ 18 months for eligibility)	
2. Dx of Type I diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No		(Must be YES for eligibility)
3. Insulin Use		
3a. Duration of insulin use ≥ 1 year? <input type="checkbox"/> Yes <input type="checkbox"/> No		(Must be YES for eligibility)
3b. Insulin route: <input type="checkbox"/> pump <input type="checkbox"/> injections		(if injections used, Lantus with short acting insulin must be used)
3c. Total daily insulin: _____ Units		(Average if not constant)
3d. Total daily long-acting insulin (or basal total): _____ Units		(Average if not constant)
3e. Bedtime insulin (or bolus dose): _____ Units		(Average if not constant; Enter 0 if insulin not usually taken at bedtime)
3f. For injections, number of shots per day: _____		(Usual number if not constant)
3g. Current insulin used: <input type="checkbox"/> NPH <input type="checkbox"/> Lente <input type="checkbox"/> Ultralente <input type="checkbox"/> Lantus <input type="checkbox"/> Novolog <input type="checkbox"/> Humalog <input type="checkbox"/> Regular <input type="checkbox"/> Other _____		Check all that apply (If NPH, Lente, or Ultralente is part of the insulin regimen, for eligibility, it can only be given only in the morning before breakfast)
3h. Has insulin regimen been stable for ≥ 1 month <input type="checkbox"/> Yes <input type="checkbox"/> No		(Must be YES for eligibility)
Stable is defined as no change in the overall insulin program, i.e., no change from SC injections to pump or Lantus therapy, or Lantus therapy to pump		

D. Other Medical History

1. Allergies to medications? Yes No 1a. If yes, list _____

2. Other active/pertinent medical conditions? Yes No 2a. If yes, list _____

3. All of the following are study exclusions. Verify by checking each box that none are present.

Use of NPH or Lente/Ultralente at times other than in the morning before breakfast

Current use of glucocorticoids

Current use of beta blocker

Asthma which has been medically treated in the last year

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

Anticipating a significant change in exercise regimen between scheduled admissions (i.e. starting or stopping an organized sport)

E. Socioeconomic Information

1. Please circle the highest level of education completed by the primary caregiver(s):

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
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)

Enrollment Visit Physical Examination Form

F. Physical Exam

1. Exam Date ____ / ____ / ____ mm/dd/yy (Must be within 14 days of enrollment)

2. Weight: _____ kg (Must be ≥ 36.0 kg for eligibility) 3. Height: _____ cm
(Body Mass Index (BMI) must be between 5th and 95th percentiles for age and gender. [Click here to calculate BMI for eligibility](#))

4. Abnormalities on physical exam? Yes No

4.a. If yes, list _____

5. Tanner staging: 5a. Pubic hair: 1 2 3 4 5 5b. Breasts (F) or genitalia (M): 1 2 3 4 5

G. HbA1c

1. Date of Test: ____ / ____ / ____ (Must be within 14 days of enrollment)

2. HbA1C (from DCA2000): ____ . ____ % (Must be $\leq 10.0\%$ for eligibility)

H. Symptoms of Hypoglycemia Following Exercise

1. What percentage of the time does the subject experience hypoglycemia following exercise?

0% (never) 25% 50% (half the time) 75% 100% (all the time)

Comments

DirecNet Inpatient Exercise Study Insulin Log

Date of Completion: ____/____/____ (mm/dd/yy)	Modality of Insulin: <input type="checkbox"/> Injections <input type="checkbox"/> Pump
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A. Short-Acting Insulin (All Patients)

<p>1. Type of Insulin (Select all that apply): <input type="checkbox"/> Novolog <input type="checkbox"/> Humalog <input type="checkbox"/> Regular</p> <p>2. Insulin to Carbohydrate Ratios (Complete units per grams of carbs or check not used):</p> <p> 2a. Breakfast Insulin to Carb Ratio: 1 unit per ____ grams of carbohydrates <input type="checkbox"/> Not Used</p> <p> 2b. Lunch Insulin to Carb Ratio: 1 unit per ____ grams of carbohydrates <input type="checkbox"/> Not Used</p> <p> 2c. Dinner Insulin to Carb Ratio: 1 unit per ____ grams of carbohydrates <input type="checkbox"/> Not Used</p> <p> 2d. Bedtime Snack Insulin to Carb Ratio: 1 unit per ____ grams of carbohydrates <input type="checkbox"/> Not Used</p> <p>3. Usual Meal Doses (Record all quick acting doses for injection patients and meal bolus doses for pump patients):</p> <p> Breakfast: _____ Lunch: _____ Dinner: _____ Snack: _____ Bedtime Snack: _____</p> <p>4. Average Correction (Sensitivity) Factors: 1 unit per _____ mg/dl above _____ mg/dl <input type="checkbox"/> Not Used</p> <p>5. Record average number of injections/day (Injection patients) or boluses/day (pump patients) over the prior 7 days: _____</p>
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B. Changes to Insulin Regimen for Exercise (All Patients)

<p>1. Would you normally change your basal rate during fairly strenuous exercise (select N/A is not using a pump):</p> <p style="text-align: center;"><input type="checkbox"/> Yes, stop insulin pump <input type="checkbox"/> Yes, decrease basal rate <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>2. If you exercised fairly strenuously during the day, would you normally:</p> <p> 2a. Change your nighttime basal rate or long-acting insulin dose overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> 2b. Change your bolus dose or short-acting insulin to cover your bedtime snack (select N/A if insulin not taken to cover bedtime snack):</p> <p style="text-align: center;"><input type="checkbox"/> Yes, omit bedtime snack dose <input type="checkbox"/> Yes, decrease bedtime snack dose <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

C. Long-acting average insulin dose (Injection Patients Only)

Complete the table for the subject's average insulin doses over the last 7 days. Do not include any rapid acting insulin here. If more than one type of insulin is given at the same time, complete a separate row for each type.

	Time of day*	Insulin Type**	Usual Units
1			
2			
3			
4			
5			
6			

* Time of day: Breakfast, Lunch, Dinner, Snack, or Bedtime

**Insulin Types: NPH Lente Ultralente Glargine (Lantus) Lilly 75/25 Lilly 50/50 Lilly 70/30 Novo 70/30

D. Pump Basal Rate (Pump Patients Only)

Enter current basal rate																							
12am	1230	1am	130	2am	230	3am	330	4am	430	5am	530	6am	630	7am	730	8am	830	9am	930	10am	1030	11am	1130
12 pm	1230	1 pm	130	2 pm	230	3 pm	330	4 pm	430	5 pm	530	6 pm	630	7 pm	730	8 pm	830	9 pm	930	10 pm	1030	11 pm	1130

Comments

**DirecNet Inpatient Exercise Study
CRC Admission Form**

1. Admission Date: ____ / ____ / ____ mm/dd/yy	2. Admission Type: <input type="checkbox"/> Exercise <input type="checkbox"/> Sedentary
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If YES, the admission must be deferred.)</i>
2. Has the subject used pseudoephedrine in the past 48 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If YES, the admission must be deferred.)</i>
3. Does the subject have an active infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If YES, the admission must be deferred.)</i>
4. Does the subject have more than small urine ketones present or blood ketones >1.0? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If YES, the admission must be deferred.)</i>
5. Hematocrit: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <i>(If Abnormal, the admission must be deferred.)</i>

B. Pre-admission Information

Review the subject's home log to complete the information below. If the subject did not complete the log or did not bring the log to the CRC, complete the information based on subject's recall.

1. Did the subject bring the <u>completed</u> home log to the CRC admission? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many episodes of symptomatic hypoglycemia did the subject experience in the last 7 days? _____ 2a. How many symptomatic episodes were confirmed with an HGM test? _____
3. When was the subject's last symptomatic hypoglycemic episode? <input type="checkbox"/> Last 7 days <input type="checkbox"/> 2-4 wks <input type="checkbox"/> >1 mon <input type="checkbox"/> Never
4. When was the subject's last severe hypoglycemic episode (hypoglycemia resulting in seizure or loss of consciousness)? <input type="checkbox"/> 2-4 wks <input type="checkbox"/> 1 - 6 mon <input type="checkbox"/> 6 - 12 mon <input type="checkbox"/> >1 yr <input type="checkbox"/> Never
5. Previous PM Lantus Injection Site: <input type="checkbox"/> N/A <input type="checkbox"/> Abdomen <input type="checkbox"/> Arm <input type="checkbox"/> Buttocks <input type="checkbox"/> Thigh <input type="checkbox"/> Other _____ <i>(Select N/A if using an insulin pump)</i>
6. AM Insulin Injection Site: <input type="checkbox"/> N/A <input type="checkbox"/> Abdomen <input type="checkbox"/> Arm <input type="checkbox"/> Buttocks <input type="checkbox"/> Thigh <input type="checkbox"/> Other _____ <i>(Select all that apply; Select N/A if using an insulin pump)</i>

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? <input type="checkbox"/> 0 days <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/> 6 days <input type="checkbox"/> 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? <input type="checkbox"/> 0 days <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/> 6 days <input type="checkbox"/> 7 days

D. Medications (Record any medications (other than insulin) taken by the subject during the 2 weeks prior to admission.)

<input type="checkbox"/> No medications (other than insulin) taken within 2 weeks prior to admission				
Generic Name	Dose	Frequency	Start Date	Stop Date
1.				
2.				
3.				
4.				
5.				

E. CGMS Information

1. Monitor Serial Number _____
2. Sensor Lot Number: _____
3. Time of Insertion: __ : __ <input type="checkbox"/> AM <input type="checkbox"/> PM
4. Insertion Side: <input type="checkbox"/> Right <input type="checkbox"/> Left
5. Insertion Area (select one): <input type="checkbox"/> Abd-UQ <input type="checkbox"/> Abd-LQ <input type="checkbox"/> Buttocks <input type="checkbox"/> Thigh <input type="checkbox"/> Hip <input type="checkbox"/> Other

F. Ultra Meter (Record the serial # of the Ultra that will be used for BG testing; same test strip lot must be used for the entire admission.)

1. Ultra Serial Number _____
2. Test Strip Lot Number: _____
3. Control Test was in normal range: <input type="checkbox"/> Yes <input type="checkbox"/> No

G. BD Logic Meter (Record the serial # of the BD Logic that will be used; same test strip lot must be used for the entire admission.)

1. BD Logic Serial Number _____
2. Test Strip Lot Number: _____
3. Control Test was in normal range: <input type="checkbox"/> Yes <input type="checkbox"/> No

H. 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. Freestyle Serial Number _____
2. Test Strip Lot Number: _____
3. Control Test was in normal range: <input type="checkbox"/> Yes <input type="checkbox"/> No

I. Time Synchronization

At the time the CGMS is inserted, be sure that the times on the CGMS, Ultra, Freestyle, BD Logic, and HR monitor (for exercise admission) are synchronized with the room clock.

1. Room Clock: __ : __ <input type="checkbox"/> AM <input type="checkbox"/> PM
2. The CGMS, Ultra, Freestyle, BD Logic, and HR Monitor (for exercise admission) are synchronized with the room clock: <input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS

**DirecNet Inpatient Exercise Study
CRC Insulin Log**

Admission Date: ____ / ____ / ____ (mm/dd/yy)
Visit Type: <input type="checkbox"/> Exercise <input type="checkbox"/> Sedentary

A. Injections and Pump Boluses (Record the units of each type of insulin given for each timepoint.)

	Date/Time	NPH	Lente	Ultralente	Glargine	Novolog	Humalog	Regular	Other
Lunch	__/__/__ :__ <input type="checkbox"/> AM <input type="checkbox"/> PM								
Dinner	__/__/__ :__ <input type="checkbox"/> AM <input type="checkbox"/> PM								
Bedtime	__/__/__ :__ <input type="checkbox"/> AM <input type="checkbox"/> PM								
Breakfast	__/__/__ :__ <input type="checkbox"/> AM <input type="checkbox"/> PM								
Additional	__/__/__ :__ <input type="checkbox"/> AM <input type="checkbox"/> PM								
Additional	__/__/__ :__ <input type="checkbox"/> AM <input type="checkbox"/> PM								
Additional	__/__/__ :__ <input type="checkbox"/> AM <input type="checkbox"/> PM								
Additional	__/__/__ :__ <input type="checkbox"/> AM <input type="checkbox"/> PM								

B. Pump Basal Rate

1. Type of Insulin Used <input type="checkbox"/> Humalog <input type="checkbox"/> Regular <input type="checkbox"/> Novolog																							
<i>Cross out squares prior to hospitalization. Enter basal rate in the time slot at time of admission. Complete whenever basal rate changes</i>																							
Date: ____ / ____ / ____																							
12am	1230	1am	130	2am	230	3am	330	4am	430	5am	530	6am	630	7am	730	8am	830	9am	930	10am	1030	11 am	1130
12 pm	1230	1 pm	130	2 pm	230	3 pm	330	4 pm	430	5 pm	530	6 pm	630	7 pm	730	8 pm	830	9 pm	930	10 pm	1030	11 pm	1130
Date: ____ / ____ / ____																							
12am	1230	1am	130	2am	230	3am	330	4am	430	5am	530	6am	630	7am	730	8am	830	9am	930	10am	1030	11 am	1130
12 pm	1230	1 pm	130	2 pm	230	3 pm	330	4 pm	430	5 pm	530	6 pm	630	7 pm	730	8 pm	830	9 pm	930	10 pm	1030	11 pm	1130

Comments

**DirecNet Inpatient Exercise Study
Meal Log**

1. Admission Date: ____ / ____ / ____ mm/dd/yy	2. Admission Type: <input type="checkbox"/> Exercise <input type="checkbox"/> Sedentary
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A. Lunch

1. Lunch Start time: ____ : ____ PM
2. Content: ____ g Carbohydrates ____ % Consumed ____ g Protein ____ % Consumed ____ g Fats ____ % Consumed
3. Subject's Estimate of Amount of Carbohydrates: ____ g

B. Dinner

1. Dinner Start time: ____ : ____ PM
2. Content: ____ g Carbohydrates ____ % Consumed ____ g Protein ____ % Consumed ____ g Fats ____ % Consumed
3. Subject's Estimate of Amount of Carbohydrates: ____ g

C. Bedtime Snack

1. Bedtime Snack Given? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If Yes, Start time: ____ : ____ PM
3. Content: ____ g Carbohydrates ____ % Consumed ____ g Protein ____ % Consumed ____ g Fats ____ % Consumed

D. Additional Snacks

Time: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM Content: ____ g Carbs	Time: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM Content: ____ g Carbs
Time: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM Content: ____ g Carbs	Time: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM Content: ____ g Carbs
Time: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM Content: ____ g Carbs	Time: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM Content: ____ g Carbs
Time: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM Content: ____ g Carbs	Time: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM Content: ____ g Carbs
Time: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM Content: ____ g Carbs	Time: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM Content: ____ g Carbs

**DirecNet Inpatient Exercise Study
Exercise Session Form**

1. Admission Date: ____ / ____ / ____ mm/dd/yy
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A. EXERCISE DATA

Cycle 1

1. Start Time: ____ : ____ PM	2. Target treadmill settings: Speed ____ Incline ____
3. Record any changes to settings below:	
a. Time: ____ : ____ PM Speed ____ Incline ____	b. Time: ____ : ____ PM Speed ____ Incline ____
c. Time: ____ : ____ PM Speed ____ Incline ____	d. Time: ____ : ____ PM Speed ____ Incline ____
4. Record the time the subject's heart rate reaches 140 BPM: ____ : ____ PM	
5. Record the subject's heart rate at the 10-minute point during the cycle:	
a. 5 minutes: ____ BPM	b. 10 minutes: ____ BPM
c. 15 minutes: ____ BPM	
6. Record the subject's RPE (rating of perceived exertion) at the 10-minute point during the cycle: _____	
7. Did the subject complete all 15 minutes of this cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If No, how many minutes of the protocol specified 15 minutes were completed? ____ minutes	
b. If No, indicate the reason all 15 minutes were not completed: <input type="checkbox"/> Exhaustion <input type="checkbox"/> BG <60 <input type="checkbox"/> Other _____	

Cycle 2

1. Was Cycle 2 initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If No, indicate the reason Cycle 2 was not initiated: <input type="checkbox"/> Exhaustion <input type="checkbox"/> BG <60 <input type="checkbox"/> Other _____	
2. Start Time: ____ : ____ PM	3. Target treadmill settings: Speed ____ Incline ____
4. Record any changes to settings below:	
a. Time: ____ : ____ PM Speed ____ Incline ____	b. Time: ____ : ____ PM Speed ____ Incline ____
c. Time: ____ : ____ PM Speed ____ Incline ____	d. Time: ____ : ____ PM Speed ____ Incline ____
5. Record the time the subject's heart rate reaches 140 BPM: ____ : ____ PM	
6. Record the subject's heart rate at the following times during the cycle:	
a. 5 minutes: ____ BPM	b. 10 minutes: ____ BPM
c. 15 minutes: ____ BPM	
7. Record the subject's RPE (rating of perceived exertion) at the 10-minute point during the cycle: _____	
8. Did the subject complete all 15 minutes of this cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If No, how many minutes of the protocol specified 15 minutes were completed? ____ minutes	
b. If No, indicate the reason all 15 minutes were not completed: <input type="checkbox"/> Exhaustion <input type="checkbox"/> BG <60 <input type="checkbox"/> Other _____	

Cycle 3

1. Was Cycle 3 initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If No, indicate the reason Cycle 3 was not initiated: <input type="checkbox"/> Exhaustion <input type="checkbox"/> BG <60 <input type="checkbox"/> Other _____		
2. Start Time: ____ : ____ PM	3. Target treadmill settings: Speed ____ Incline ____	
4. Record any changes to settings below:		
a. Time: ____ : ____ PM Speed ____ Incline ____	b. Time: ____ : ____ PM Speed ____ Incline ____	
c. Time: ____ : ____ PM Speed ____ Incline ____	d. Time: ____ : ____ PM Speed ____ Incline ____	
5. Record the time the subject's heart rate reaches 140 BPM: ____ : ____ PM		
6. Record the subject's heart rate at the following times during the cycle:		
a. 5 minutes: ____ BPM	b. 10 minutes: ____ BPM	c. 15 minutes: ____ BPM
7. Record the subject's RPE (rating of perceived exertion) at the 10-minute point during the cycle: _____		
8. Did the subject complete all 15 minutes of this cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. If No, how many minutes of the protocol specified 15 minutes were completed? ____ minutes		
b. If No, indicate the reason all 15 minutes were not completed: <input type="checkbox"/> Exhaustion <input type="checkbox"/> BG <60 <input type="checkbox"/> Other _____		

Cycle 4

1. Was Cycle 4 initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If No, indicate the reason Cycle 4 was not initiated: <input type="checkbox"/> Exhaustion <input type="checkbox"/> BG <60 <input type="checkbox"/> Other _____		
2. Start Time: ____ : ____ PM	3. Target treadmill settings: Speed ____ Incline ____	
4. Record any changes to settings below:		
a. Time: ____ : ____ PM Speed ____ Incline ____	b. Time: ____ : ____ PM Speed ____ Incline ____	
c. Time: ____ : ____ PM Speed ____ Incline ____	d. Time: ____ : ____ PM Speed ____ Incline ____	
5. Record the time the subject's heart rate reaches 140 BPM: ____ : ____ PM		
6. Record the subject's heart rate at the following times during the cycle:		
a. 5 minutes: ____ BPM	b. 10 minutes: ____ BPM	c. 15 minutes: ____ BPM
7. Record the subject's RPE (rating of perceived exertion) at the 10-minute point during the cycle: _____		
8. Did the subject complete all 15 minutes of this cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. If No, how many minutes of the protocol specified 15 minutes were completed? ____ minutes		
b. If No, indicate the reason all 15 minutes were not completed: <input type="checkbox"/> Exhaustion <input type="checkbox"/> BG <60 <input type="checkbox"/> Other _____		

B. TERMINATION OF EXERCISE

1. End Time: ____ : ____ PM
2. Heart rate at termination: ____ BPM
3. RPE (rating of perceived exertion) at termination: ____
4. Treadmill settings at termination: Speed ____ Incline ____
5. Reason for Termination:
<input type="checkbox"/> Exercise Completed
<input type="checkbox"/> Exhaustion
<input type="checkbox"/> BG <60 mg/dL
<input type="checkbox"/> Other _____

Comments

DirecNet Inpatient Exercise Study
CRC Discharge Form

1. Admission Date: ____ / ____ / ____ mm/dd/yy	2. Admission Type: <input type="checkbox"/> Exercise <input type="checkbox"/> Sedentary
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A. Insulin Use (Record information below regarding insulin use from 6AM on the day of admission through 6AM on the day of discharge)

1. Total daily insulin:	_____ Units
2. Total daily long-acting insulin (or basal total):	_____ Units
3. Bedtime insulin (or bolus dose):	_____ Units (Enter 0 if insulin not used at bedtime)

B. Bedtime Snack

1. Was a bedtime snack given? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If Yes,
2a. Time snack was given: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
2b. Content: ____ g Carbohydrates Consumed ____ g Protein Consumed ____ g Fats Consumed

COMMENTS

DirecNet Inpatient Exercise Study Final Status Form

This form is completed for every subject enrolled in the study and is used to record the final subject disposition for both CRC admissions. This form is only completed once the status of the subject is final, it is not completed if an admission is deferred or rescheduled.

A. DISPOSITION OF SUBJECT

Select one of the following to indicate the disposition of the subject. (If subject was withdrawn from study, detail reasons in COMMENTS)

- Both CRC admissions completed
- Withdrawn prior to completing either of the CRC admissions
- Withdrawn prior to completing exercise CRC admission
- Withdrawn prior to completing sedentary CRC admission

B. CRC EVENTS

1. Did any reportable adverse events occur in the CRC? Yes No (If YES, an Adverse Event Form must be completed.)

C. INSULIN

1. Was there a substantial difference in insulin use between the two admissions? Yes No

1a. If YES, provide details below:

D. MEALS

1. Was there a substantial difference in meals between the two admissions? Yes No

1a. If YES, provide details below:

E. COMMENTS
