

Insulin Pump Therapy Program Participant Self-Assessment Questionnaire

In the last year:

1. How many times have you had an episode where your blood glucose was so low that you became unconscious or had a seizure or required treatment with glucagon, by paramedics, Emergency Department or were admitted to hospital?	
2. How many times have you been treated in the Emergency Department or admitted to hospital for Diabetic Ketoacidosis (DKA)?	
3. On a scale of 1-7, how well can you tell if your blood glucose is low? (1 - can always tell; 7 - can never tell)	
4. Pump users are expected to be actively engaged in self-management. This will normally be demonstrated by ability and willingness to participate in a number of self-care behaviours. On a scale of 1-10, how well do you think you are meeting these expectations? (1 – being low; 10 – being high)	
• <i>Counting carbohydrate or other recommended meal plan</i>	
• <i>Monitoring blood glucose frequently and consistently prior to meals and at bedtime (using BGM and/or CGM/flash glucose monitoring)</i>	
• <i>Consistently using boluses of insulin for meals and snacks, as directed</i>	
• <i>Performing regular infusion set/site changes</i>	
• <i>Appropriately using advanced pump features</i>	
• <i>Safely managing your pump to minimise risks of hypoglycemia or DKA</i>	
• <i>Monitoring for ketones during illness or unexplained hyperglycemia</i>	
• <i>Adherent with follow up – which would include attending clinic visits, completing A1c tests, completing required documentation (e.g., blood glucose logs, food records, pump or meter uploads)</i>	
5. Has there been a significant change to your physical or psychological health, cognitive function or social situation that would affect your ability to use your pump safely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

I certify the above to be true,

Participant Signature: _____ Date: _____

Submit this form, together with a recent pump upload or paper record of 2 weeks, to your IPTP Clinic.