

Insulin Pump Patient Questionnaire

Greensboro Endocrinology

7C Corporate Center Court

Greensboro, NC 27408

Phone 336-378-1074 Fax 336-763-3373

Please complete this form to help us better meet your needs

Name:
Today's date:
How long have you used a pump?
Who has provided your pump education?

Pump Type

Manufacturer: <input type="checkbox"/> Medtronic <input type="checkbox"/> Animas / OneTouch <input type="checkbox"/> Other:	Model:
How would you rate the service you have received from this pump company?	
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A	
Comments:	

Infusion Sets and Sites

What type of infusion set do you use?
How often do you change your infusion set?
What site(s) do you use? <input type="checkbox"/> Abdomen <input type="checkbox"/> Hips <input type="checkbox"/> Buttocks <input type="checkbox"/> Arms <input type="checkbox"/> Legs
Questions / Comments:

Testing Frequency

On average, how many total times per day do you test your blood sugars?
<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more
On average, how many times per day do you test your blood sugars about 2 hours after meals?
<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more
Do you use a continuous glucose monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but I would like to
Questions / Comments:

Basal Rates

Do you know how to tell what your current basal rates are?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel that your basal rates are set properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use the basal reduction / basal increase mode on your pump?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when?	
Questions / Comments:	

Boluses

Do you know how to tell if you are bolusing the right amount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Do you count your carbohydrates when figuring a bolus dose?	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes
What is your insulin to carbohydrate ratio? _____ unit(s) per _____ grams of carbs			
Does your pump have a bolus calculator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
If so, do you use it?	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes
Do you ever use the square-wave / extended bolus feature?	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes
If sometimes, when?			
Do you ever eat and not take a bolus?	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes
If so, when and why?			
Do you ever bolus without first testing your sugar?	<input type="checkbox"/> Always	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes
If so, when and why?			
Questions / Comments:			

Sick Days / Stress

Do you know what to do on sick days and high stress days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Questions / Comments:			
Do you know how to respond to an unexpected high sugar reading?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
What do you do?	Do you use a troubleshooting checklist?		
Questions / Comments:			
Do you ever check your blood and/or urine for ketones?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, do you know what to do if your ketones are positive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe

Hypoglycemia

What do you take to treat a low blood sugar?
How much of it does it take to raise your blood sugar 40-60 points?

Education

Are you interested in attending some 1-2 hour pump classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe		
If so, topics of particular interest:					
Preferred time(s):	<input type="checkbox"/> Early AM	<input type="checkbox"/> Mid AM	<input type="checkbox"/> Lunch hour	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Preferred day(s):	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wedn	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Are you interested in meeting individually with a diabetes nurse educator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe		
Are you interested in meeting individually with a dietitian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe		