



Endocrinology Department, Santa Rosa, CA
Northern California

Name: _____

MR#: _____

PRE-PUMP QUESTIONNAIRE

DATE

Imprint Area

1. Why are you interested in insulin pump therapy?

2. What are your expectations of pump therapy?

3. What is the biggest challenge in caring for your diabetes and how do you overcome this?

4. How often and when do you check your blood sugar? _____

5. At what range of blood sugars would you consider yourself in good control?

Premeal _____ Bedtime _____

6. Insulin - Types and timing (please check type and indicate when you take).

Novolog _____ Lantus _____

Humalog _____ Levemir _____

Regular _____ NPH _____

7. What insulin ratios or systems do you currently use for dosing?

(Carbohydrate = 1 unit/ _____ gm Correction = 1 unit/ _____ mg bg > Target)

Carbohydrate ratios:

Breakfast _____

Lunch _____

Dinner _____

Bed _____

Correction/Sensitivity ratios:

Breakfast _____

Lunch _____

Dinner _____

Bed _____

Other _____

8. When and what type of exercise do you do?

9. What are your symptoms of Hypoglycemia (Low blood glucose)?

10. How low do you have to be to feel your low blood sugars?



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11. What are typical causes of low blood glucose for you?

12. How do you treat your low blood glucoses?

13. What are your symptoms of Hyperglycemia (High blood glucose)?

14. What are typical causes of high blood glucose for you?

15. How do you treat your high blood glucoses?

16. Are you familiar with the term Diabetic Ketoacidosis? Yes No

17. When do you typically test your urine for ketones? _____

18. Are you familiar with Sick Day Guidelines for Diabetes? Yes No

Please write any questions:



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IMPORTANT CRITERIA

I understand that if I want to use insulin pump therapy I must agree to the following:

Consistently test my blood sugar a minimum of 4 times per day.	Yes	No
Occasionally test my blood sugar in the middle of the night.	Yes	No
Check my blood sugar 1-2 hours after any high blood sugar.	Yes	No
Calculate my insulin doses based on carbohydrate counting and blood glucose monitoring.	Yes	No
Check my urine for Ketones when my blood sugar is >250mg/dl and/or when I am ill.	Yes	No
Contact my Diabetes Team if my blood sugars are frequently outside my target ranges.	Yes	No
Complete diabetes labs every 3-4 months.	Yes	No
Maintain consistent follow up with the Endocrine Team via phone or office visit.	Yes	No
Keep logs of blood sugars, insulin, food intake/carbohydrates and exercise for every Endocrine appointment.	Yes	No

I understand that:

- If I do not monitor myself carefully, there is a risk of hypoglycemia and hyperglycemia.
- If I do not strive to normalize my blood sugars, I am at increased risk of developing the complications of diabetes.