

Type 1 Diabetes COVID 19/COVID 19 Like Illness Registry

Start of Block: Default Question Block



Q1 Name of Provider completing report

Q2 Email address of Provider completing report

Q3 Name of Hospital/Diabetes Center

Q4 In which state is the Hospital/Diabetes Center located?

▼ Alabama (1) ... I do not reside in the United States (53)

End of Block: Default Question Block

Start of Block: Block 2

Q5 Did the patient test positive for COVID 19

- Yes (1)
- No but has COVID 19 Like symptoms (2)
- Not tested (3)
- Pending result (4)

Display This Question:

If Did the patient test positive for COVID 19 = Yes

Q6 When was the positive case confirmed

- Less than 1 week (1)
- 1 week - 3 weeks ago (2)
- More than 3 weeks (3)

Display This Question:

If Did the patient test positive for COVID 19 = Not tested

Q7 Test kits not available/patient did not meet testing criteria

- Yes (1)
- No (2)
- Unknown (3)
- Other (4) _____

Display This Question:

If Did the patient test positive for COVID 19 = Not tested

Or Did the patient test positive for COVID 19 = No but has COVID 19 Like symptoms

Or Did the patient test positive for COVID 19 = Pending result

Q8 Was the patient in contact with someone that tested Positive for COVID 19

- Yes (1)
 - No (2)
 - Unknown (3)
-

Q9 What is the patient age (in years)

Q10 Patient Gender

- Male (1)
 - Female (2)
 - Other (3)
 - Unknown (4)
-

Q11 Patient Race and Ethnicity

- Non Hispanic White (1)
 - Non Hispanic Black (2)
 - Asian (3)
 - Hispanic (4)
 - More than one race (5)
 - Other (6)
 - Unknown (7)
-

Q12 Patient/Parent (if patient is less than 18) educational level

- No High School (1)
 - High School Graduate (2)
 - College Graduate (3)
 - Post Graduate Degree (4)
 - Unknown (5)
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Q13 Patient Insurance Type

- Uninsured (1)
 - Medicare (2)
 - Medicaid (3)
 - Private Employer based (4)
 - Other Private Insurance (5)
 - Unknown (6)
 - Other Public Insurance (7)
-

Q14 Patient Weight

- Pounds (3) _____
 - Kg (4) _____
-

Q15 Patient Height

- CM (3) _____
 - Inches (4) _____
-

Q16 Patient Presenting Symptoms

- Elevated Temperature (1)
 - Body/Head aches (2)
 - Chills (3)
 - Excess Fatigue (4)
 - Dry Cough (5)
 - Nausea (7)
 - Vomiting (8)
 - Loose Stools (9)
 - Loss of smell (10)
 - Loss of taste (11)
 - Shortness of breath (12)
 - Chest pain (13)
 - High blood sugar (14)
 - Low blood sugar (15)
 - Other (16) _____
-

Q17 What is the duration of first symptom(s) from time competing this report

- Less than 1 week (1)
- 1 week to 2 weeks (2)
- More than 2 weeks (3)
- Unknown (4)

Page Break

Q18 Highest Level of care received at time of reporting

- At home/ (1)
 - Clinic/Urgent Care (2)
 - Emergency Room (3)
 - In patient/Hospitalization (4)
 - Intensive Care Unit (5)
 - Unknown (6)
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Q19 Adverse outcome at time of reporting

- None (1)
 - Severe Hypoglycemia (2)
 - Diabetic Keto-Acidosis (3)
 - Death (4)
 - Other (5) _____
 - Unknown (6)
-

Q20 Is this a new onset Type 1 diabetes

- Yes (1)
- No (2)
- Unknown (3)

Q21 Duration of type 1 diabetes

- Less than 1 year (1)
 - 1 - 2 years (2)
 - 3 - 5 years (3)
 - More than 5 years (4)
 - 5 - less than 10 years (5)
 - 10 - 20 years (7)
 - More than 20 years (8)
-



Q22 Most recent HbA1c value

Q23 Duration since last HbA1c Value reported above

- Less than 1 month (1)
 - 1 - 3 months (2)
 - 4 - 6 months (3)
 - More than 6 months (4)
-

Q24 Is the patient using a Continuous Glucose Monitor (CGM)

- Yes (1)
 - No (2)
 - Unknown (3)
-

Q25 Is the patient using an Insulin Pump

- Yes (1)
 - No (2)
 - Unknown (3)
-

Q26 Is the patient currently being managed remotely

- Yes (1)
 - No (2)
 - Unknown (3)
-

Display This Question:

If Is the patient currently being managed remotely = Yes

Q27 If Yes, how is the patient managed

- By Phone (1)
 - Video/Telemedicine (2)
 - Other (3) _____
-

Q28 Challenges with managing patient remotely

None (1)

Language barrier (2)

Problems with implementation (3)

Problems with new technology (4)

Other (5) _____



Q29 Does the patient have any co-morbidity

- Cardiovascular Disease (1)
 - Asthma (2)
 - COPD (3)
 - Other chronic lung disease (4)
 - Hypertension (5)
 - Celiac Disease (6)
 - Cancer (7)
 - History of Stroke (8)
 - Chronic Renal Failure (9)
 - Chronic Liver Disease (10)
 - Other Chronic condition not listed (11)
-
- None (12)

Q30 Does the patient have a history of smoking/vaping

- Yes - Currently (1)
- Yes - Previously (2)
- No (3)
- Unknown (4)

Q31 Did the patient receive the influenza vaccine since September 2019

- Yes (1)
 - No (2)
 - Unknown (3)
-

Q32 Please list any relevant medication the patient is currently taking

End of Block: Block 2
