

# BLOOD GLUCOSE WORKSHEET FOR CGM USE (Updated 09/30/2020)

**AIRMAN'S NAME** \_\_\_\_\_ **PI# or MID#** \_\_\_\_\_

Please provide the requested information in the space provided. Complete additional worksheet pages as needed. **Attach the printout data from your devices along with this worksheet.**

**Requirements for printouts:**

1. Device and all data must be from the airman him/herself.
2. Customize low glucose to 80 mg/dL and high glucose to 180 mg/dL for device time-in-range reports.
3. Limit date ranges for the whole month, from the first day to the last day.
4. For initial consideration:
  - Requires a total of **12 months data**. (Must be from the preceding 12 months);
  - A combination of CGM and finger stick values are permitted, however a **minimum of 6 months of CGM data is still required**.
  - If started on insulin **less than 12 months ago**, provide all the data available, however a **minimum of 6 months of CGM data** is still required.
5. For renewal consideration: Requires CGM data for **6 preceding months**.

**CONTINUOUS GLUCOSE MONITORING (CGM) INFORMATION – (REQUIRED):**

CGM Manufacturer and Model:				Date CGM first used:		
Integrated CGM/insulin pump manufacturer and model (if used):						
<b>CGM Data Dates</b>	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
From:	_____	_____	_____	_____	_____	_____
To:	_____	_____	_____	_____	_____	_____
% days with CGM data:	_____	_____	_____	_____	_____	_____
<b>Time in Range (TIR) Data</b>	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
% < 80 mg/dL:	_____	_____	_____	_____	_____	_____
% 80-180 mg/dL:	_____	_____	_____	_____	_____	_____
% > 180 mg/dL:	_____	_____	_____	_____	_____	_____
<b>Glucose Data</b>	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Average Blood Glucose						
Average Sensor Glucose						
Standard Deviation (SD)						
Coefficient of Variation (CV)						
CGM estimated HgA1c e.g. Glucose Management Indicator (GMI)						

- |  |     |    |     |
|--|-----|----|-----|
| • In the past 6 months, has the CGM functioned normally with no significant abnormality? | Yes | No |     |
| • To your knowledge, any recalls to the device(s) or parts (CGM and/or FSBLG)?           | Yes | No |     |
| • Is the insulin pump FDA approved in combination with the CGM?                          | Yes | No | N/A |
| • Is the insulin used by the pump authorized by the FDA for use in this insulin pump?    | Yes | No | N/A |

## FINGERSTICK BLOOD GLUCOSE (FSBLG) INFORMATION – (OPTIONAL):

AIRMAN'S NAME \_\_\_\_\_ PI# or MID# \_\_\_\_\_

1. For initial consideration:
  - Requires a total of **12 months data**. (Must be from the preceding 12 months);
  - A combination of CGM and finger stick values are allowed, however a **minimum of 6 months of CGM data is still required**.
  - Provide sufficient data needed (e.g. If providing 8 months of CGM data, only 4 months preceding of finger sticks are needed.
  - If started on insulin **less than 12 months ago**, provide all the data available, however a **minimum of 6 months of CGM data** is still required.
2. Required for periods of > 7 days without available CGM data.
3. FSBLG not required for renewal.

FSBLG Data Dates	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
From: _____	_____	_____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____	_____	_____
Time in Range (TIR) Data	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
% < 80 mg/dL: _____	_____	_____	_____	_____	_____	_____
% 80-180 mg/dL: _____	_____	_____	_____	_____	_____	_____
% > 180 mg/dL: _____	_____	_____	_____	_____	_____	_____
Glucose Data	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Average Glucose						
HgA1c						