**SDC, Appendix C.** Chart Review Data Collection Form

Site: \_\_ Subject ID: \_\_ \_\_ Initials of person entering data: \_\_ \_\_ \_\_

1. Gender:

[ ]  Male [ ]  Female

1. Race *(check all that apply)*:

[ ]  White/Caucasian [ ]  Black/African American [ ]  Asian

[ ]  American Indian/Alaska Native [ ]  Native Hawaiian or Pacific Islander

[ ]  Unknown / not documented [ ]  other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Ethnicity: Hispanic/Latino
2. [ ]  Yes [ ]  No [ ]  Unknown / not documented
3. Type of Insurance:

[ ]  Private [ ]  Public [ ]  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the patient under 21 years of age at any time during Sept.1, 2017 – Aug. 31, 2018?

[ ]  Yes [ ]  No

1. Did they have their 21st birthday in Sept.1, 2017 – Aug. 31, 2018

[ ]  Yes [ ]  No

*If yes, please include data for the remainder of this form only up until the day of his/her 21st birthday. On and after the 21st birthday is not included*

1. Does the patient have a diagnosis of Type 1 diabetes?

[ ]  Yes [ ]  No

***If no****, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_*

1. How did you know the patient had T1D? Please select one.

[ ]  Antibodies noted in chart

[ ]  Documented type in the EMR by a provider (diagnosis, problem list, or provider note)

[ ]  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the patient have T1D diagnosis on or before **Sept. 1, 2016**?

[ ]  Yes [ ]  No

**If no:**

* Did the patient have their first T1D diagnosis between **Sept. 1, 2016** – **Aug. 31, 2017**?

[ ]  Yes [ ]  No

***Reminder: If yes,*** *please include only information from 12 months or longer after the T1D diagnosis date. Please do not include any information from fewer than 12 months from the T1D diagnosis date.*

1. Was the patient hospitalized in Sept.1, 2017 – Aug. 31, 2018 for a diabetes related problem

[ ]  Yes [ ]  No

**If yes**

* + - How many times in Sept.1, 2017 – Aug. 31, 2018 was the patient hospitalized for DKA?

Dropdown box: 1-10 which prompts you to enter number in text box

* + - DKA Hospitalization 1: How did you know it was DKA? (select one)

[ ]  Diagnosis [ ]  Lab Data

**If diagnosis of DKA**

* + - * Was there evidence of hyperglycemia (Blood glucose >200 mg/dL (11 mmol/L))?

[ ]  Yes [ ]  No

* + - * Was there evidence of Metabolic acidosis (Venous pH <7.3 or serum bicarbonate <15 mEq/L (15 mmol/L))?

[ ]  Yes [ ]  No

* + - * Was there evidence of Ketosis (Presence of ketones in the blood (>3 mmol/L beta-hydroxybutyrate) or urine ("moderate or large" urine ketones))?

[ ]  Yes [ ]  No

* + - DKA Hospitalization 2: How did you know it was DKA? (select one)

[ ]  Diagnosis [ ]  Lab Data

**If diagnosis of DKA**

* + - * Was there evidence of hyperglycemia (Blood glucose >200 mg/dL (11 mmol/L))?

[ ]  Yes [ ]  No

* + - * Was there evidence of Metabolic acidosis (Venous pH <7.3 or serum bicarbonate <15 mEq/L (15 mmol/L))?

[ ]  Yes [ ]  No

* + - * Was there evidence of Ketosis (Presence of ketones in the blood (>3 mmol/L beta-hydroxybutyrate) or urine ("moderate or large" urine ketones))?

[ ]  Yes [ ]  No

1. Did the patient have two or more T1D related clinic visits in between Sept.1, 2017 – Aug. 31, 2018?

[ ]  Yes [ ]  No

*This includes any visit to endocrine clinic for diabetes related care including routine clinician/provider visit, nurse visit, social work, diabetes education, nutrition, excluding lab visits.*

1. Did the patient have at least 4 T1D related clinic visits in Sept.1, 2017 – Aug. 31, 2018?

[ ]  Yes [ ]  No

*This includes any visit to endocrine clinic for diabetes related care including routine clinician/provider visit, nurse visit, social work, diabetes education, nutrition, excluding lab visits.*

1. Did the patient have two or more results from A1c drawings in Sept.1, 2017 – Aug. 31, 2018?

[ ]  Yes [ ]  No

**If yes:**

* 1. Were there 2 or more drawings that were at least 9.01% or greater in Sept.1, 2017 – Aug. 31, 2018?

[ ]  Yes [ ]  No

1. What was the last A1c result available from Sept.1, 2017 – Aug. 31, 2018?

Text box: \_\_\_\_\_

1. Did the patient have T1D diagnosis on or before **April 1, 2016**?

[ ]  Yes [ ]  No

1. Was the patient under 21 before **March 31 2018**?

[ ]  Yes [ ]  No

1. Did the patient have 2 or more clinic visits from **April 1, 2017 – March 31, 2018?**

[ ]  Yes [ ]  No

1. Did the patient have an A1c result between **April 1, 2018 – June 30, 2018**?

[ ]  Yes [ ]  No

**If yes:**

* 1. What was the most recent A1c measurement from **April 1, 2018 – June 30, 2018**?

Text box: \_\_\_\_\_\_\_\_\_\_

* 1. What was the most recent A1c measurement from **April 1, 2017 – March 31, 2018**?

Text box: \_\_\_\_\_\_\_\_\_\_ [ ]  No measurement during this time

* 1. Was this measurement from **April 1, 2017 – March 31, 2018** 9.01% or greater?

[ ]  Yes [ ]  No

* 1. Was there a decrease of 0.5% or more from this measurement to the measurement from April 1, 2018 – June 30, 2018?

[ ]  Yes [ ]  No

***End of chart review section 1, proceed to next section for unblinding/comparison instructions.***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_\_

 *Person completing form dd mmm yyyy*

***Open unblinding envelope/spreadsheet to compare results.***

1. Did the e-measure value for age in Sept.1, 2017 – Aug. 31, 2018 (between 0 and 21 years) match the chart review findings?

[ ]  Yes [ ]  No *If no, explain discrepancy:*

1. Did the e-measure value showing a 21st birthday during Sept.1, 2017 – Aug. 31, 2018 match the chart review findings?

[ ]  Yes [ ]  No [ ]  Not applicable *If no, explain discrepancy:*

1. Did the e-measure value for the presence of a T1D diagnosis match the chart review findings?

[ ]  Yes [ ]  No *If no, explain discrepancy:*

1. Did the e-measure value for the date of T1D diagnosis being before Sept. 1, **2016** match the chart review findings?

[ ]  Yes [ ]  No *If no, explain discrepancy:*

1. Did the e-measure value for number of hospitalizations for DKA in Sept.1, 2017 – Aug. 31, 2018 match the chart review finding?

[ ]  Yes [ ]  No *If no, explain discrepancy:*

1. Did the e-measure value for the patient having **2 or more** T1D related clinic visits in Sept.1, 2017 – Aug. 31, 2018 match the chart review findings?

[ ]  Yes [ ]  No *If no, explain discrepancy:*

1. Did the e-measure value for the patient having **at least 4** T1D related clinic visits in Sept.1, 2017 – Aug. 31, 2018 match the chart review findings?

[ ]  Yes [ ]  No *If no, explain discrepancy:*

1. Did the e-measure value for the patient having 2 or more A1cs greater than 9% in Sept.1, 2017 – Aug. 31, 2018 match the chart review findings?

[ ]  Yes [ ]  No *If no, explain discrepancy:*

1. Did the e-measure value for the last A1c result of Sept.1, 2017 – Aug. 31, 2018 match the chart review finding?

[ ]  Yes [ ]  No *If no, explain discrepancy:*

1. Did the e-measure value for improvement by at least 0.5% when **1 A1c is** **greater than 9%** match the chart review finding?

[ ]  Yes [ ]  No *If no, explain discrepancy:*

1. Did the e-measure value for improvement by at least 0.5% when **neither A1cs are** **9% or less** match the chart review finding?

[ ]  Yes [ ]  No *If no, explain discrepancy:*

1. Is there any other pertinent information about the diagnosis, visits, orders, that was observed in the chart review and not already discussed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_