ARIC	Continuous Glucose Monitoring-Sensor Initialization Form									
ID NUMBER:	FORM CODE: C G M DATE: 05/07/2021 Version 1.0									
Instructions: This form reviews additional exclusions for the Continuous Glucose Monitoring ancillary study to determine if a participant is currently eligible to have the sensor placed. When the participant is determined to be eligible and has agreed to participate, the form records the sensor serial number. This form is completed immediately before the Libre Pro Continuous Glucose Monitoring sensor is given to the participant.										
ADMINISTRATIVE INFORMATION 0a. Completion Date: Month	ay Year Ob. Staff ID:									
0c. Would you be interested in participating in this part of the study, as I've described? _Y □ Yes → Go to item 1 _N □ No										
Oc1. If no, why not?	Save and close form									

A. CGM Sensor Exclusion Information

 Do you have an MRI scan, CT scan, X-ray or diathermy treatment scheduled in the next 14 days? Yes..... Y → Go to item 3

No[N
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2. Do you have any air travel scheduled over the next 14 days?

Yes.....

No $\square_{N} \rightarrow$ Go to item 4

2a. The CGM sensor cannot be worn through regular airport screening machines. Are you willing to request alternative security screening procedures for travel?

Yes..... $\square_{Y} \rightarrow \textbf{Go to item 4}$ No \square_{N}

3. Are you willing to participate in the CGM study at a later date?

Yes..... $\square_{Y} \rightarrow$ Save and close form

No \Box $_{\sf N}$ \rightarrow Save and close form

B. CGM Sensor Initialization Information

4.	CGM sensor serial number								ma	x length=11
5.	Date of CGM sensor application:	 	/ M	D	_/[D	Y	Y	Y	Y	