

## ARE YOU READY TO BE A PUMPER?

Please answer openly and honestly. Preparation is a very important first step to successful pumping.

If you are not sure how to answer any of the statements below, discuss with your diabetes health care team.

**I HAVE HAD TYPE 1 DIABETES FOR MORE THAN ONE YEAR.**

YES  NO

**INSULIN PUMP THERAPY HAS BEEN RECOMMENDED BY MY DIABETES TEAM**

YES  NO

I ...	YES	NO
... am interested in insulin pump therapy and have the support of others in this decision.	<input type="checkbox"/>	<input type="checkbox"/>
... am aware of the benefits and challenges of insulin pump therapy and have read and understand "Is an Insulin Pump for Me?"	<input type="checkbox"/>	<input type="checkbox"/>
... am willing to take on the responsibility associated with pump therapy.	<input type="checkbox"/>	<input type="checkbox"/>
... realize the infusion sites will need to be changed and rotated every 2 to 3 days.	<input type="checkbox"/>	<input type="checkbox"/>
... am willing to be assessed by a diabetes health care team.	<input type="checkbox"/>	<input type="checkbox"/>
... understand that starting on an insulin pump will take some time and effort.	<input type="checkbox"/>	<input type="checkbox"/>
... am able to appropriately manage my diabetes safely and have demonstrated good judgment in potentially risky situations.	<input type="checkbox"/>	<input type="checkbox"/>
... am aware of the costs of pump therapy (initial pump cost and ongoing monthly pump supplies).	<input type="checkbox"/>	<input type="checkbox"/>
... have been checking, recording, and acting on my blood glucose results at least 4 times a day and understand that the frequency of blood testing will increase on a daily basis when using a pump.	<input type="checkbox"/>	<input type="checkbox"/>
... record my blood glucose results in a log regularly and will bring this log to visits with my diabetes health care team.	<input type="checkbox"/>	<input type="checkbox"/>
... am able to adjust my insulin dose for:		
• activity (planned or unplanned activity/exercise)	<input type="checkbox"/>	<input type="checkbox"/>
• illness	<input type="checkbox"/>	<input type="checkbox"/>
• food	<input type="checkbox"/>	<input type="checkbox"/>
... review my blood glucose readings and make regular adjustments to my base dose of insulin (i.e., not just for food or activity).	<input type="checkbox"/>	<input type="checkbox"/>
... am able to carbohydrate count and can demonstrate this when determining required insulin doses.	<input type="checkbox"/>	<input type="checkbox"/>
... am familiar with managing diabetes during illness.	<input type="checkbox"/>	<input type="checkbox"/>
... am willing to have at least 2 A1C tests every year (more frequently if requested by my diabetes health care team).	<input type="checkbox"/>	<input type="checkbox"/>
... agree to try to meet the personalized A1C goal set by me and my diabetes health care team.	<input type="checkbox"/>	<input type="checkbox"/>
... test for ketones when blood glucose is high.	<input type="checkbox"/>	<input type="checkbox"/>
... have had zero (0) admissions to the hospital for DKA in the last year.	<input type="checkbox"/>	<input type="checkbox"/>
• If you did have admissions for DKA, how many? _____		

**Please complete the following questions and review with your diabetes health care team at your pump assessment appointment.**

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**List 2-3 goals you hope to achieve by using an insulin pump.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Do you have any concerns about starting on an insulin pump?**

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**General questions you have about insulin pump therapy.**

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