


Supplementary Data

Start Session

 **Please enter the following and then click submit.**

Operator Identity

1. Person filling out form? Parent or Guardian Child

Blood Glucose

2. Most recent fingerstick reading from study BG meter: mg/dl

3. Was this fingerstick reading obtained in the last 15 minutes? Yes No
(if not, you must perform a fingerstick now and enter the reading above)


CGM Calibration

4. Have you calibrated the study CGM in the last 90 minutes? Yes No
(if not, you must calibrate the CGM now before proceeding)

Exercise

5. Did you exercise one or more times today? Yes No

What was the intensity of the most intense exercise you did today?

Low Medium High 

What time of day was the most intense exercise you did today?

Morning Afternoon Evening

Bedtime Snack

6. Did you have a bedtime snack today? Yes No

Did you bolus for the snack? Yes No

Basal Rate

7. Did you change your overnight basal rate in the past 24 hours? Yes No

SUPPLEMENTARY FIG. S1. Start Session form to capture a subject's self-reported exercise, bedtime snack, and recent basal rate adjustments. CGM, continuous glucose monitor.