

# NB Insulin Pump Program

## PD0019

### - Variable List -

*Disclaimer: This variable list is not a final product but is intended to provide information about the variables in this data set while a codebook is being developed. Due to the ongoing nature of this work, NB-IRDT makes no guarantee that the information herein is complete.*

| <b>Variable</b>                    | <b>Label</b>                | <b>Description/Code</b>                               |
|------------------------------------|-----------------------------|-------------------------------------------------------|
| <b>Date of Birth</b>               | Date of Birth               | (MM/DD/YYYY)                                          |
| <b>Postal Code</b>                 | Postal Code                 | 6-Digit Postal Code                                   |
| <b>Language of Service</b>         | Language of Service         | English/French                                        |
| <b>Child Lives with</b>            | Child Lives with            | Role (Parents, Mother, Father, Other, etc.)           |
| <b>Legal Guardian</b>              | Legal Guardian              | Role (Parents, Mother, Father, Other, etc.)           |
| <b>Date of Last Renewal Letter</b> | Date of Last Renewal Letter | (MM/DD/YYYY)                                          |
| <b>New Applicant A1c</b>           | New Applicant A1c           | Lab Value Reading (0-12)                              |
| <b>Date of Test</b>                | Date of Test                | (MM/DD/YYYY)                                          |
| <b>Renewal A1c</b>                 | Renewal A1c                 | Lab Value Reading (0-12)                              |
| <b>Date1</b>                       | Date1                       | (MM/DD/YYYY)                                          |
| <b>Renewal A1c 2<sup>nd</sup></b>  | Renewal A1c 2 <sup>nd</sup> | Lab Value Reading (0-12)                              |
| <b>Date2</b>                       | Date2                       | (MM/DD/YYYY)                                          |
| <b>DKA Episodes Last 6 Months</b>  | DKA Episodes Last 6 Months  | Number of Episodes                                    |
| <b>DKA Episodes Last 12 Months</b> | DKA episodes Last 12 Months | Number of Episodes                                    |
| <b>Reg Attendance</b>              | Reg Attendance              | At Medical Appointments for Diabetes Care (Check box) |
| <b>Diabetes Mgmt Knowledge</b>     | Diabetes Mgmt Knowledge     | Yes/No (Check box)                                    |
| <b>Self-monitoring</b>             | Self-monitoring             | Yes/No (Check box)                                    |
| <b>Attend Pump Orientation</b>     | Attend Pump Orientation     | Yes/No (Check box)                                    |
| <b>Appropriate Family Support</b>  | Appropriate Family Support  | Yes/No (Check box)                                    |
| <b>Attends Program at</b>          | Attends Program at          | Name of Diabetes Care Program (Defined list)          |
| <b>Signature Date</b>              | Signature Date              | Day/Month/Year                                        |
| <b>Parent Signature Date</b>       | Parent Signature Date       | Day/Month/Year                                        |
| <b>Termination</b>                 | Termination                 | Yes/No (Check box)                                    |

|                                   |                            |                                                    |
|-----------------------------------|----------------------------|----------------------------------------------------|
| <b>Termination Date</b>           | Termination Date           | Day/Month/Year                                     |
| <b>Termination Reason</b>         | Termination Reason         | Defined List of reasons                            |
| <b>Program</b>                    | Program                    | PIPP/SD                                            |
| <b>Tax Year</b>                   | Tax Year                   | Year                                               |
| <b>Parent #1 Line 150</b>         | Parent #1 Line 150         | Total Income                                       |
| <b>Parent #1 Line 430</b>         | Parent #1 Line 435         | Total Tax Payable                                  |
| <b>Parent #2 Line 150</b>         | Parent #2 Line 150         | Total Income                                       |
| <b>Parent #2 Line 430</b>         | Parent #2 Line 435         | Total Tax Payable                                  |
| <b>Family Size</b>                | Family Size                | Number in Family                                   |
| <b>Family Contribution</b>        | Family Contribution        | Monetary Amount Contributed by Family for Pump     |
| <b>Family Contribution Supply</b> | Family Contribution Supply | Monetary Amount Contributed by Family for Supplies |
| <b>Date Entered</b>               | Date Entered               | Year                                               |
| <b>Client Letter Sent</b>         | Client Letter Sent         | Yes/No (Check box)                                 |
| <b>Client Accepts</b>             | Client Accepts             | Date (Day/Month/Year)                              |
| <b>Vendor Letter Sent</b>         | Vendor Letter Sent         | Yes/No (Check box)                                 |
| <b>Participation Date</b>         | Participation Date         | Date (Day/Month/Year)                              |
| <b>Renewal Letter Sent</b>        | Renewal Letter Sent        | Yes/No (Check box)                                 |
| <b>Renewal Letter Received</b>    | Renewal Letter Received    | Yes/No (Check box)                                 |

**Document History**

| Version | Author      | Nature of Change     | Date           |
|---------|-------------|----------------------|----------------|
| 1.0     | Andy Balzer | Creation of document | March 20, 2020 |