



## ABCD Nationwide FreeStyle Libre Audit Pre-FreeStyle Libre Information Collection Form

This audit started in 2017 when FreeStyle Libre access was mainly for people with T1 diabetes in specialist care. FreeStyle Libre is now being used by people with T2 diabetes in primary care. **Fill in what information you have easily to hand, leave blank what you don't have and submit for as many patients as is manageable for you.** All data submitted will be valuable as part of the aggregated UK data set.

**Please note:** Patient name is not needed, just a unique identifier; we suggest using the NHS number so you can find them again. Re Hypoglycaemic unawareness (Gold Score): We realise this is not routinely used in primary care though it is very straightforward – patient can be Always aware (score 1), Never aware (score 7) or somewhere in between. This may be available in patient records or ask the patient when they start with FreeStyle Libre.

Hospital Name / GP Surgery

Centre ID

Date

Name of Clinician

Email

**AFFIX PATIENT LABEL HERE**

NHS Number

Forename

Surname

Date of Birth

Gender  Male  Female

### Ethnicity

White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background
Mixed	<input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White Asian <input type="checkbox"/> Any other mixed background group
Other ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other group <input type="checkbox"/> Not stated

### Driving status

Does not drive       Standard licence  
 Taxi licence       HGV licence

### Height (metres)

### Weight (kg)

### Body mass index

### Duration of diabetes

 years  months

### Type of diabetes

Type 1       Type 2       MODY

**During pregnancy:**       Gestational diabetes       Type 1 diabetes during pregnancy       Type 2 diabetes during pregnancy

Other (please specify)

## PATIENT USE OF FREESTYLE LIBRE

### Is this assessment:

Recorded prior to commencing FreeStyle Libre?       Recorded retrospectively, i.e. after FreeStyle Libre started?

### What is the date of FreeStyle Libre start? (best estimate if uncertain)

### If not already started, intended date of initiation of FreeStyle Libre

### Use of a CGM within the last 6 months before starting FreeStyle Libre?

Yes       No

### Funding of FreeStyle Libre

NHS funded       Non-NHS funded

### If non-NHS funded, please give details

Professional recommendation       Other (please specify)

Patient initiated

**Reason for starting FreeStyle Libre (please tick as many boxes as apply)**

<input type="checkbox"/> High HbA1c	<input type="checkbox"/> Recurrent hospital admissions (>2 DKAs or hypos per year)	<input type="checkbox"/> Advised to self-measure with BGM at least 8 times a day
<input type="checkbox"/> Recurrent hypoglycaemia or severe hypoglycaemia	<input type="checkbox"/> Impaired hypoglycaemia awareness	<input type="checkbox"/> NICE criteria for insulin pump fulfilled, where successful trial might avoid insulin pump
<input type="checkbox"/> Fear of hypoglycaemia	<input type="checkbox"/> High glucose variability	<input type="checkbox"/> Have a condition or disability and cannot self-monitor with BGM but could use CGM
<input type="checkbox"/> Gastroparesis	<input type="checkbox"/> Patient choice	<input type="checkbox"/> Hemodialysis
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Psychosocial circumstance	<input type="checkbox"/> Previous self-funder with HbA1c improvement
<input type="checkbox"/> Occupational circumstance	<input type="checkbox"/> Need help from a care worker or healthcare professional to monitor their blood glucose	<input type="checkbox"/> Wales eligibility criteria: patient treated with insulin
<input type="checkbox"/> Pregnant (estimated date of delivery)	<input type="text"/>	
<input type="checkbox"/> Other diabetes complications (please specify)	<input type="text"/>	
<input type="checkbox"/> Other reasons (please specify)	<input type="text"/>	

**HAS THE PATIENT HAD STRUCTURED EDUCATION?**

Yes       Not as far as I am aware       Don't know

**If yes, what type?**

DAFNE       DESMOND/X-PERT       Other (please specify)

Date of last training (best estimate if uncertain)

**USE OF NHS RESOURCES BEFORE STARTING FREESTYLE LIBRE**

Answer for 12-MONTH period before starting FreeStyle Libre.

If filling in retrospectively, please fill in follow-up form at the same visit.

For all questions extract data from records, otherwise use best estimate where possible.

Average number of SMBG tests in the last 2 weeks      Average number per day       Don't know

**In the year before starting FreeStyle Libre**

Hyperglycaemia/DKA      Hypoglycaemia      Unclassifiable diabetes related      Other

Number of admissions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of paramedic call-outs not resulting in admission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of hypoglycaemic episodes requiring third party assistance not resulting in paramedic call-outs or admission      Number       Date(s)       Don't know

**HYPOGLYCAEMIC AWARENESS BEFORE STARTING FREESTYLE LIBRE**

PLEASE DON'T ENTER RECOLLECTED INFORMATION. Only enter if information obtained prospectively or contemporaneous data present in patient records.

Assessment of awareness of hypoglycaemia (Gold Score). Does the patient know when hypos are commencing?

1       2       3       4       5       6       7

1 = Always aware, 7 = Never aware.

### CAPILLARY BLOOD GLUCOSE MONITOR METER DOWNLOAD DATA BEFORE STARTING FREESTYLE LIBRE (IF AVAILABLE)

Number of days downloaded	Average tests per day	% of tests showing capillary blood glucose equal to or <3.9 mmol/L	% of tests showing capillary blood glucose equal to or >10.1 mmol/L	Number of tests <2.5 mmol/L within past 14 days
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please add all available data even if you do not have it all.

### HbA1c TESTS DONE IN THE LAST 12 MONTHS BEFORE STARTING FREESTYLE LIBRE HbA1c tests after starting FreeStyle Libre to be captured on follow-up form

Date of test:	<input type="text"/>	HbA1c	<input type="text"/>	mmol/mol
Date of test:	<input type="text"/>	HbA1c	<input type="text"/>	mmol/mol
Date of test:	<input type="text"/>	HbA1c	<input type="text"/>	mmol/mol
Date of test:	<input type="text"/>	HbA1c	<input type="text"/>	mmol/mol
Date of test:	<input type="text"/>	HbA1c	<input type="text"/>	mmol/mol
Date of test:	<input type="text"/>	HbA1c	<input type="text"/>	mmol/mol
Date of test:	<input type="text"/>	HbA1c	<input type="text"/>	mmol/mol

### MEDICATIONS

Metformin     Sulphonylureas     Pioglitazone     GLP-1 agonists     DPP4 inhibitors     SGLT-inhibitors

Quick-acting insulin     Basal insulin     Insulin mixtures     Basal bolus     Insulin pump

Total insulin dose (units per day)

Other medications which could affect glycaemic control

### DIABETES DISTRESS SCREENING SCALE

DO NOT ENTER RECOLLECTED INFORMATION. Only enter if information obtained prospectively or contemporaneous data present in patient records.

	Not A Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
1 Feeling overwhelmed by the demands of living with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Feeling that they are often failing with their diabetes routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### OTHER PATIENT COMMENTS?

### OTHER HEALTHCARE PROFESSIONAL COMMENTS?