



ABCD Nationwide FreeStyle Libre Audit Follow-Up Visit 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.

Clinician Centre ID

GENERAL INFORMATION	PATIENT INFORMATION
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<p>Visit date <input style="width: 250px; height: 25px;" type="text"/></p> <p>If this is the first follow-up visit, please confirm the date patient started FreeStyle Libre <input style="width: 280px; height: 25px;" type="text"/></p> <p>Patient still using FreeStyle Libre? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, when was FreeStyle Libre stopped? <input style="width: 280px; height: 25px;" type="text"/></p> <p>Why was FreeStyle Libre stopped?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Lack of funding</td> <td><input type="checkbox"/> Patient choice</td> </tr> <tr> <td><input type="checkbox"/> Lack of benefit</td> <td><input type="checkbox"/> FreeStyle Libre site problem</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (please specify)</td> </tr> </table> <p><input style="width: 280px; height: 25px;" type="text"/></p> <p>FreeStyle Libre site problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input style="width: 450px; height: 40px;" type="text"/></p> <p>If yes, please describe</p>	<input type="checkbox"/> Lack of funding	<input type="checkbox"/> Patient choice	<input type="checkbox"/> Lack of benefit	<input type="checkbox"/> FreeStyle Libre site problem	<input type="checkbox"/> Other (please specify)		<p>Please record patient name and date of birth below OR</p> <p><input style="width: 400px; height: 80px;" type="text"/></p> <p>Affix patient label here</p> <p>Has the patient had training and education on FreeStyle Libre? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Online</td> </tr> <tr> <td><input type="checkbox"/> Group education</td> </tr> <tr> <td><input type="checkbox"/> One-to-one education</td> </tr> </table> <p>If FreeStyle Libre utilised during pregnancy, has patient now delivered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, actual date of delivery <input style="width: 200px; height: 25px;" type="text"/></p> <p><input style="width: 480px; height: 40px;" type="text"/></p> <p>Any other problems with using FreeStyle Libre (please specify)?</p>	<input type="checkbox"/> Online	<input type="checkbox"/> Group education	<input type="checkbox"/> One-to-one education
<input type="checkbox"/> Lack of funding	<input type="checkbox"/> Patient choice									
<input type="checkbox"/> Lack of benefit	<input type="checkbox"/> FreeStyle Libre site problem									
<input type="checkbox"/> Other (please specify)										
<input type="checkbox"/> Online										
<input type="checkbox"/> Group education										
<input type="checkbox"/> One-to-one education										

USE OF NHS RESOURCES SINCE STARTING FREESTYLE LIBRE

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

Since last visit	Hyperglycaemia/DKA	Hypoglycaemia	Unclassifiable diabetes related	Other
Number of admissions	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
Date(s)	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
Number of paramedic call-outs not resulting in admission	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
Date(s)	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
Number of hypoglycaemic episodes requiring third party assistance not resulting in paramedic call-outs or admission	Number <input style="width: 60px; height: 25px;" type="text"/>	Date(s) <input style="width: 150px; height: 25px;" type="text"/>	Don't know <input type="checkbox"/>	

HYPOGLYCAEMIC AWARENESS

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
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1 = Always aware, 7 = Never aware.

HYPOGLYCAEMIA IN GENERAL

With initial use of FreeStyle Libre did the user detect a greater proportion of time in hypoglycaemia than when using blood glucose monitoring?

No	<input type="text"/>	Yes	<input type="text"/>	Unchanged	<input type="text"/>
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With ongoing use of FreeStyle Libre has the user been able to reduce the proportion of time in hypoglycaemia?

No	<input type="text"/>	Yes	<input type="text"/>	Unchanged	<input type="text"/>
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As a result of FreeStyle Libre has the patient been able to reduce the rate of hypoglycaemia?

No	<input type="text"/>	Yes - a little less	<input type="text"/>	Yes - a lot less	<input type="text"/>
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As a result of FreeStyle Libre has the patient been able to reduce the rate of nocturnal hypoglycaemia?

No	<input type="text"/>	Yes - a little less	<input type="text"/>	Yes - a lot less	<input type="text"/>
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FREESTYLE LIBRE DOWNLOAD DATA – MINIMUM ONE SENSOR/14 DAYS WEAR REQUIRED

Patient target range 3.9-10
(if data from reader, check target range is 3.9-10)

Time in target	Average glucose	Standard deviation if using Diasend	Above	In target	Below
14 days	<input type="text"/> mmol/l	<input type="text"/> mmol/l	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Average number of daily SMBG tests in the last two weeks of FreeStyle Libre use	Average number per day	<input type="text"/>	Don't know	<input type="text"/>	<input type="text"/> %

Sensor usage (data can be retrieved from the FreeStyle Libre reader)

	Scans per day	Captured sensor data
14 days	<input type="text"/>	<input type="text"/>
FreeStyle Libre sensor use	Continuous	<input type="text"/> %
FreeStyle Libre used	>70% of the time	<input type="text"/> %
		Not continuous
		<70% of the time

HbA1c SINCE STARTING FREESTYLE LIBRE, OR SINCE LAST FREESTYLE LIBRE AUDIT FOLLOW-UP FORM COMPLETED

Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of test	<input type="text"/>
Current weight	<input type="text"/>	Kg	Body mass index	<input type="text"/>	

DIABETES DISTRESS SCREENING SCALE

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

	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"/>

PATIENT'S OVERALL RATING OF FREESTYLE LIBRE – PLEASE COMMENT

Patient opinion of FreeStyle Libre monitoring overall

0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6

0 = No value, 6 = Excellent.

OTHER PATIENT COMMENTS?

Empty text area for patient comments.

OTHER HEALTHCARE PROFESSIONAL COMMENTS?

Empty text area for healthcare professional comments.