

ABCD Closed-Loop Audit: Baseline Form



In addition to this form please complete a follow-up form at the first visit if the user has been using the system for more than 3 months.

Name			Patient identifiable information in this section will be encrypted to ensure anonymity and only accessible to the submitting centre		
NHS Number					
Date of Birth (DD/MM/YY): / /			Ethnicity		
Male	Female	Index of multiple deprivation decile	White – British	Black	
Type of diabetes			White - Other	Mixed	
Type 1	Type 2	MODY	Asian	Other	
Other			Height		
Date of Diagnosis			month	year	m OR ft/in
Date commenced pump therapy (best estimate)			Weight		
			month	year	kg OR st/lb

Please look this up using the persons full UK postcode and enter IMD decile above using the following website: <https://www.fscbiodiversity.uk/imd/>

Is this form being completed before or after commencement?
 Before After (note: If >3months after commencement please complete follow-up form if data)

Date of commencement of closed-loop (if known) month year

Is the system funded under NHS England pilot criteria? (pump user AND FreeStyle Libre AND HbA1c≥69mmol/mol/8.5%)
 Yes No

If no, how is the system funded?
 Self-funded NHS funding under previous criteria. *If NHS funded complete box →*

Does this person have retinopathy? No retinopathy

Is the patient under Ophthalmology care? Yes No

If yes, please comment on current degree of retinopathy

If NHS eye screening programme grading known, please complete the following

Left:	R0	R1	R2	R3	M0	M1	
Right:	R0	R1	R2	R3	M0	M1	Date of screen

(approx. date if not sure)

Has this person undergone structured education (e.g. DAFNE, BERTIE)?
 Yes No Not to my knowledge

<p>Which system will be used?</p> <p>Medtronic 670G Medtronic 780G Tandem Control IQ CAMP APS FX Medtrum Other</p>	<p>Which insulin will be used?</p> <p>Novorapid Fiasp Humalog Lyumjev Apidra Other</p>	<p>Total daily insulin dose</p> <p>units</p>
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Is the pump NHS funded?
 Yes No

Under which criteria is CGM funded

Disabling hypoglycaemia
 Pregnancy
 Paediatrics
 Other

Healthcare utilisation (please complete in retrospect for the 12 months prior to commencing closed-loop)

Hyperglycaemia/DKA Hypoglycaemia Other (diabetes) Other

No of hospital admissions

Dates

No of paramedic callouts

(not resulting in admission)

Dates

Number of hypoglycaemic episodes requiring third party assistance but not paramedic call outs

Don't know

Dates

Gold Score (prior to closed-loop, DO NOT enter recollected information, only record if previously documented or if this form is being completed prior to commencement) **ADULT USERS ONLY**

Ask the person: Do you know when your hypos are commencing? 1 = always, 7 = never

1 2 3 4 5 6 7

HbA1c (for the 12 months prior to commencing closed-loop)

Note: must have lab HbA1c within 3 months of commencing closed-loop

Dates Values (mmol/mol)

Lab
HbA1c

Glucose management indicator (14 days)

Glucose data from FSL (14 days pre-CL)

Time >13.9mmol/L %

Time in range % (3.9-10mmol/L)

Time below range % (<3.9mmol/L)

Time <3mmol/L %

Coefficient of variation

Number of scans/day

Diabetes distress scale (prior to closed-loop, DO NOT enter recollected information, only record if previously documented or this form is being completed before commencement) **ADULT USERS ONLY**

Question	Not a problem	A slight problem	A moderate problem	A somewhat serious problem	A serious problem	A very serious problem
1. Feeling overwhelmed by the demands of living with diabetes	1	2	3	4	5	6
2. Feeling that I am failing with my diabetes routine	1	2	3	4	5	6

Healthcare professional comments

This box can be used for any additional comments. Please do not include patient identifiable information.