

ABCD Closed-Loop Audit: Follow-up Form

In addition to this form please complete the baseline form if needed.

Patient identifiable information in this section will not need to be entered into the tool, the previous encrypted baseline entry is stored and can be found using the search function and a new visit created

Name

NHS Number

Date of Birth

Height m OR ft/in
(record height again if Paeds)
 Weight kg OR st/lb

Is the patient still using a commercial closed-loop?

Yes No → if "No", complete box

Date form completed

Current insulin in use?

Novorapid Fiasp
 Humalog Lyumjev
 Apidra Other

Reasons for stopping (select all that apply)

Alarm fatigue Patient choice
 Skin site reactions Hypoglycaemia
 Sensor accuracy Body image concerns
 Safety concerns Other
 Stigma

Current closed-loop system?

CamAPS FX with DANA CamAPS FX with YpsoPump (mylife Loop) Omnipod 5
 SmartGuard with Medtronic 780G Tandem Control IQ Other

Current CGM?

Dexcom G6 Dexcom G7 Medtronic Guardian 4 Freestyle Libre 3 Freestyle Libre 2
 Freestyle Libre 2+ Simplera Other

Healthcare utilisation (since commencing closed-loop if first visit, otherwise since previous review)

	Hyperglycaemia/DKA	Hypoglycaemia	Other (diabetes)	Other
No of hospital admissions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No of paramedic callouts (not resulting in admission)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of hypoglycaemic episodes requiring third party assistance but not paramedic call outs Don't know
 Dates

Outpatient consultations

*Number of consultations with diabetes educator or consultant **since last follow-up***

Has the patient commenced new treatment for retinopathy (laser/injection/vitreotomy) since commencing HCL?

Yes No

For centres with access to more detailed retinopathy data please complete the retinopathy follow-up form

Any adverse events since commencing closed-loop? If no, please leave blank

Skin site reactions Alarm Fatigue
 Increased hypoglycaemia Insulin neuritis
 Worsening of retinopathy Recurrent set failures
 Worsening of other complications *e.g. gastroparesis, autonomic neuropathy*

Other

HbA1c (since commencing closed-loop, or since previous follow-up)		
	Dates	Values (mmol/mol)
Lab	<input type="text"/>	<input type="text"/>
HbA1c	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Sensor data for the last 14 days	
Time >13.9mmol/L (%)	<input type="text"/>
Time 10.1-13.9mmol/L (%)	<input type="text"/>
Time 3.9-10mmol/L (%)	<input type="text"/>
Time 3-3.8mmol/L (%)	<input type="text"/>
Time <3mmol/L (%)	<input type="text"/>
Coefficient of variation (%)	<input type="text"/>
GMI (14 days)	<input type="text"/>

Insulin/Carb data for the last 14 days	
Total daily insulin dose	<input type="text"/>
Average carbohydrate intake/day	<input type="text"/>
% time in closed-loop	<input type="text"/>
Average number of boluses/day	<input type="text"/>

Gold Score 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
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User/Caregiver opinion of closed-loop
Would they recommend closed-loop to other people with diabetes?

Not recommend at all Recommend extremely highly

1	2	3	4	5	6	7
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What Impact would they rate closed-loop has had on their quality of life?

Extremely negative impact Extremely positive impact

1	2	3	4	5	6	7
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Diabetes distress scale DO NOT enter recollected information, only record if documented or if this form is being completed prospectively. 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. Do not enter patient identifiable information in this box.

User/Caregiver comments Do not enter patient identifiable information in this box.