Dexcom Audit: Baseline Form

This form is only for individuals using standalone CGM; for individuals using closed-loop please complete the commercial closed-loop or DIY APS audit forms

Patient identifiable information in this section will be encrypted to ensure anonymity and only accessible to the submitting centre

Name

NHS Number

Date of Birth   **Date Form Completed**

Male ☐   **Female** ☐   **Index of multiple deprivation decile**

Ethnicity
White – British ☐
White - Other ☐
Asian ☐
Black ☐
Mixed ☐
Other ☐

Type of diabetes
Type 1 ☐
Type 2 ☐
MODY ☐
Other

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

Date of Diagnosis [   ] month [   ] year

Height [   ] m OR [   ] ft/in

Weight [   ] kg OR [   ] st/lb

If type 2 diabetes, what is the indication for Dexcom use?
Hypoglycaemia (recurrent or severe) ☐   Impaired hypoglycaemia awareness ☐
Glucose testing>8 times a day ☐   Dialysis + on insulin ☐
Unable to self-monitor ☐
Self-funded ☐
Other (please provide the reason)

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

Which sensor is being commenced?
Dexcom One ☐   Dexcom One+ ☐   G6 ☐   G7 ☐

If using insulin, what type of therapy is this? *If using closed-loop please do not enter data into this tool – use the DIY or closed-loop audit tools instead as appropriate*
Basal only ☐   Mealtime only ☐   BD Pre-mixed ☐   Basal-bolus ☐   Pump alone ☐
Other (please provide details)

Is this person using connected insulin pens?
Yes ☐   No ☐

Other non-insulin diabetes medications (if applicable)
None ☐   Metformin ☐   Sulphonylurea ☐   Pioglitazone ☐   DPP4i ☐
SGLT2i ☐   GLP1RA ☐   Other (please detail)

Previous blood glucose monitoring?
SMBG ☐   FreeStyle Libre ☐   Real-time CGM ☐   Other ☐   None ☐

Has this person undergone structured education (e.g. DAFNE, BERTIE)?
Yes- DAFNE ☐   Yes - Other ☐   Not to my knowledge ☐

Driving Status

Does not drive ☐   Taxi License ☐
Standard License ☐   HGV License ☐

Healthcare utilisation (please complete in retrospect for the 12 months prior to commencing Dexcom)

	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 Dexcom, 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 Dexcom)

	Dates	Values (mmol/mol)
Lab HbA1c		

Sensor data *if prev CGM (14 days pre-switch)*

Time >13.9mmol/L (%)	
Time 10.1-13.9mmol/L (%)	
Time 3.9-10mmol/L (%)	
Time 3-3.8mmol/L (%)	
Time <3mmol/L (%)	
Coefficient of variation (%)	
GMI (14 days)	

Diabetes distress scale (prior to Dexcom, 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.