

ABCD Omnipod Audit: Baseline Form

This form should be completed with details **AT THE TIME OF COMMENCEMENT** of OmniPod. In addition to this form please complete a follow-up form at the first visit if the user has been on the system >6months

Name <input type="text"/>		Clinician name <input type="text"/>	
Patient ID <input type="text"/> <small>For UK centres, please use NHS number only</small>			
Date of Birth <input type="text"/>		Ethnicity White – British <input type="checkbox"/> White - Other <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/>	
Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Type of diabetes Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> MODY <input type="checkbox"/> Other <input type="text"/>		Height <input type="text"/> m OR <input type="text"/> ft/in Weight <input type="text"/> kg OR <input type="text"/> st/lb	
Date of Diagnosis (best estimate) <input type="text"/>			
Date commenced any pump therapy (best estimate) <input type="text"/>		If exact dates not known please default to 1 st of the month	
Date of Omnipod commencement (best estimate) <input type="text"/>			
Therapy prior to Omnipod: Multiple daily injections <input type="checkbox"/> Insulin pump <input type="checkbox"/>			

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 >6months after commencement a follow-up form as well if data available)

Is this pump NHS funded?
 Yes No n/a – International centre

If NHS funded, under which criteria was pump therapy originally funded? (select all that apply)
 High HbA1c
 Troublesome hypoglycaemia
 Pregnancy
 Paediatrics
 Other

Has this patient undergone structured education (e.g. DAFNE, BERTIE)?
 Yes No Unsure

Is the user using Omnipod as part of a closed-loop system?
 Yes - Commercially available system
 Yes – DIY/Open Source system
 No/Not to my knowledge

Glucose Monitoring (at commencement) Flash Glucose Monitor <input type="checkbox"/> Continuous Glucose Monitor <input type="checkbox"/> Capillary blood glucose <input type="checkbox"/> Other <input type="text"/>	Insulin (at commencement) Novorapid <input type="checkbox"/> Apidra <input type="checkbox"/> Fiasp <input type="checkbox"/> Lyumjev Humalog <input type="checkbox"/> Other <input type="checkbox"/>	Total daily dose of insulin (before commencement) <input type="text"/>
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Gold Score (prior to Omnipod, DO NOT enter recollected information) ADULT USERS ONLY

Does the patient know when their hypos are commencing?

1=always aware, 7=never aware

1 2 3 4 5 6 7

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

	Hyperglycaemia/DKA	Hypoglycaemia	Diabetes Complications	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	<input type="text"/>	Don't know <input type="checkbox"/>		
Dates	<input type="text"/>			

Glycaemic control (since commencing OmniPod)

	Dates	mmol/mol	or	%
Lab	<input type="text"/>	<input type="text"/>		<input type="text"/>
Hba1c	<input type="text"/>	<input type="text"/>		<input type="text"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>

CGM data (14 days pre-OmniPod)

Time >13.9 mmol/L %	<input type="text"/>
Time in range % (3.9-10mmol/L)	<input type="text"/>
Time below range % (<3.9mmol/L)	<input type="text"/>
Time <3mmol/L %	<input type="text"/>

Glucose management indicator/estimated HbA1c

mmol/mol

or %

Coefficient of variation

Diabetes distress scale (prior to Omnipod, 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. Particularly, in paediatric users, it might be appropriate to comment on hypoglycaemia or other issues that cannot be assessed using Gold or DDSC