



Association of British Clinical Diabetologists

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

NHS Number

Date of Birth

Male Female Index of multiple deprivation decile

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.fscbiiversity.uk/imd/>*

Ethnicity
 White – British
 White - Other
 Asian
 Black
 Mixed
 Other

Height m OR ft/in
 Weight kg OR st/lb

Date of Diagnosis month year

Date commenced pump therapy (best estimate)
 month year

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

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 ≥ 69 mmol/mol/8.5%)
 Yes No

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

Is the pump NHS funded?
 Yes No

Under which criteria is CGM funded
 Disabling hypoglycaemia
 Pregnancy
 Paediatrics
 Other

Does this person have retinopathy?
 No retinopathy

Is the patient under Ophthalmology care?
 No Yes → 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 Date of screen approx. date if not sure
 Right: R0 R1 R2 R3 M0 M1

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

Which system will be used?
 Medtronic 670G
 Medtronic 780G
 Tandem Control IQ
 CAMP APS FX
 Medtrum
 Other

Which insulin will be used?
 Novorapid Fiasp
 Humalog Lyumjev
 Apidra
 Other

Total daily insulin dose
 units

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	<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"/>			

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)
	<input type="text"/>	<input type="text"/>
Lab	<input type="text"/>	<input type="text"/>
HbA1c	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Glucose management indicator (14 days)

Glucose data from FSL (14 days pre-CL)

Time >13.9mmol/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"/>
Coefficient of variation	<input type="text"/>
Number of scans/day	<input type="text"/>

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.