

## ABCD Closed-Loop Audit: Follow-up Form In addition to this form please complete the baseline form if needed.

Name	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
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 ☐ → complete box if "No"	Date completed
Current insulin in use?  Novorapid Fiasp Humalog Lyumjev Apidra Other	Reasons for stopping
Current closed-loop system? Please note, if changed to DIY  CAM APS FX Tandem Control IQ  Medtronic 670G Medtrum	system different options will be presented in the tool  Medtronic 780G   Other
Healthcare utilisation (since commencing closed-loop if	irst visit, otherwise since previous review)
No of hospital admissions  Hyperglycaemia/DKA Hyperglycaemia/DKA	poglycaemia Other (diabetes) Other
Dates	
No of paramedic callouts (not resulting in admission) Dates	
Number of hypoglycaemic episodes requiring third party assistance but not paramedic call outs  Dates	Don't know □
Has this person had updated retinopathy results since last rev	iew? No $\square$ Yes $\square \rightarrow$ if yes, complete below
No retinopathy on most recent review	
Is the patient under Ophthalmology care?  No□ Yes □ → If yes, please comment on current	t degree of retinopathy
If NHS eye screening completed and results known since last vis  Left: R0□ R1□ R2□ R3□ M0□ M1□ □  Right: R0□ R1□ R2□ R3□ M0□ M1□	it, please enter grading: Date of screen approx. date if not sure
Any other adverse events?  This should include any incidents of failed devices, issues with the personal contents.	sonal diabetes manager, worsening of complications
Gold Score ADULT USERS ONLY Ask the person: Do you know when your hypos are commencin 1=always, 7=never	g?
1 2 3 4	5 6 7

Lab HbA1c Glucose management indica		•	ous follow-up) ues (mmol/mo	ol)	days Time > Time ii (3.9-10 Time k (<3.9m Time <	ase data for assembly the second of the seco	%	
User/Caregiver opinion of closed-loop Would they recommend closed-loop to other people with diabetes?								
Not recommend at all 1 2		3	4	5	Re	commend ex 6	tremely highly 7	
What Impact would they rate closed-loop has had on their quality of life?  Extremely negative impact  1 2 3 4 5 Extremely positive impact  6 7								
<b>Diabetes distress scale</b> 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 some serie prob	ous	A serious problem	A very serious problem	
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	ļ	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 concerns around quality of life or hypoglycaemia awareness no assessed using the above if collected during routine clinical practice. Do not enter patient identifiable information in this box.  User/Caregiver comments Do not enter patient identifiable information in this box.								