ABCD Closed-Loop Audit: Follow-up Form

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

Name _____

NHS Number _____

Date of Birth _____

Male ☐   Female ☐

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

As far as you are aware, has the user changed or discontinued their DIY APS or closed-loop setup since their last clinic visit?

Yes- Changed System ☐   No ☐
If yes, please complete the DIY APS Setup box of the appropriate Baseline Form along with this follow-up form

Yes – Discontinued system (including switching between DIY APS and commercially available systems) ☐
If the user has switched EITHER between DIY APS and Closed-Loop please OR the user has simply discontinued altogether please also record reasons below

_____

Adverse events (since commencing DIY APS/Closed-Loop if first visit, otherwise since previous review)

	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 _____

Any other adverse events? Please include events such as insulin over-delivery/under-delivery, worsening of retinopathy etc. here

_____

Gold Score
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

Glycaemic control (since commencing DIY APS/Closed-Loop)

	Dates	Values
Hba1c		

CGM data (prev 30 days)

Time in range %
(3.9-10mmol/L)

Time below range %
(<3.9mmol/L)

User/Caregiver opinion of DIY APS

Would they recommend the system to other people with diabetes?

Not recommend at all   Recommend extremely highly
    1   2   3   4   5   6   7

What Impact would they rate DIY APS has had on their quality of life?

Extremely negative impact   Extremely positive impact
    1   2   3   4   5   6   7

Diabetes distress scale
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 consent etc. or if any concerns around quality of life or hypoglycaemia awareness in a paediatric user

User/Caregiver comments