



ABCD Nationwide FreeStyle Libre Audit Follow Up Visit Data Collection Form

Clinician

Centre ID

GENERAL INFORMATION	PATIENT INFORMATION
Visit date <input style="width: 100px; height: 20px;" type="text"/> / <input style="width: 100px; height: 20px;" type="text"/> / <input style="width: 100px; height: 20px;" type="text"/>	Please record patient name and date of birth below OR
If this is the first follow up visit please confirm the date patient started FreeStyle Libre <input style="width: 100px; height: 20px;" type="text"/> / <input style="width: 100px; height: 20px;" type="text"/> / <input style="width: 100px; height: 20px;" type="text"/>	Affix patient label here
Patient still using FreeStyle Libre? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the patient had training and education on FreeStyle Libre? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which: <input type="checkbox"/> Online <input type="checkbox"/> Group education <input type="checkbox"/> One to one education If FreeStyle Libre utilised during pregnancy has patient now delivered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: actual date of delivery <input style="width: 100px; height: 20px;" type="text"/> / <input style="width: 100px; height: 20px;" type="text"/> / <input style="width: 100px; height: 20px;" type="text"/>
If no, when was FreeStyle Libre stopped? <input style="width: 100px; height: 20px;" type="text"/> / <input style="width: 100px; height: 20px;" type="text"/> / <input style="width: 100px; height: 20px;" type="text"/>	
Why was FreeStyle Libre stopped? <input type="checkbox"/> Lack of funding <input type="checkbox"/> Patient choice <input type="checkbox"/> Lack of benefit <input type="checkbox"/> FreeStyle Libre site problem <input type="checkbox"/> Other (please specify) <input style="width: 200px; height: 20px;" type="text"/>	
FreeStyle Libre site problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe <input style="width: 450px; height: 100px;" type="text"/>	Any other problems with using FreeStyle Libre (please specify) <input style="width: 450px; height: 100px;" type="text"/>

USE OF NHS RESOURCES SINCE STARTING FREESTYLE LIBRE

For all questions extract data from records otherwise use best estimate where possible.

Since last visit	Hyperglycaemia/DKA	Hypoglycaemia	Unclassifiable diabetes related	Other
Number of admissions	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Date(s)	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Number of paramedic call outs not resulting in admission	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Date(s)	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Number of hypoglycaemic episodes requiring third party assistance not resulting in paramedic call outs or admission	Number <input style="width: 60px; height: 20px;" type="text"/>	Date(s) <input style="width: 60px; height: 20px;" type="text"/>	Don't know <input type="checkbox"/>	

HYPOGLYCAEMIC AWARENESS

PLEASE DON'T ENTER RECOLLECTED INFORMATION. Only enter if information obtained prospectively or contemporaneous data present in patient records.

Assessment of awareness of hypoglycaemia (Gold Score). Does the patient know when hypos are commencing?

1	2	3	4	5	6	7
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1 = Always aware, 7 = Never aware.

HYPOGLYCAEMIA IN GENERAL

With initial use of FreeStyle Libre did the user detect a greater proportion of time in hypoglycaemia than when using blood glucose monitoring?

No	<input type="text"/>	Yes	<input type="text"/>	Unchanged	<input type="text"/>
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With ongoing use of FreeStyle Libre has the user been able to reduce the proportion of time in hypoglycaemia?

No	<input type="text"/>	Yes	<input type="text"/>	Unchanged	<input type="text"/>
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As a result of FreeStyle Libre has the patient been able to reduce the rate of hypoglycaemia?

No	<input type="text"/>	Yes - a little less	<input type="text"/>	Yes - a lot less	<input type="text"/>
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As a result of FreeStyle Libre has the patient been able to reduce the rate of nocturnal hypoglycaemia?

No	<input type="text"/>	Yes - a little less	<input type="text"/>	Yes - a lot less	<input type="text"/>
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FREESTYLE LIBRE DOWNLOAD DATA – MINIMUM ONE SENSOR/14 DAYS WEAR REQUIRED

Patient target range 3.9-10 (if data from reader check target range is 3.9-10)

Time in target	Average glucose	Standard deviation if using Diasend	Above	In target	Below
14 days	<input type="text"/> mmol/l	<input type="text"/> mmol/l	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Average number of daily SMBG tests in the last two weeks of Freestyle Libre use	Average number per day	<input type="text"/>	Don't know	<input type="text"/>	<input type="text"/> %

Sensor usage (data can be retrieved from the FreeStyle Libre reader)	Scans per day	Captured sensor data
14 days	<input type="text"/>	<input type="text"/>
FreeStyle Libre sensor use:	Continuous	<input type="text"/> %
FreeStyle Libre used	>70% of the time	<input type="text"/> %
		Not continuous
		< 70% of the time

HbA1c SINCE STARTING FREESTYLE LIBRE, OR SINCE LAST FREESTYLE LIBRE AUDIT FOLLOW UP FORM COMPLETED

Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of Test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of Test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of Test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of Test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of Test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of Test	<input type="text"/>
Current weight	<input type="text"/>	Kg	Body Mass Index	<input type="text"/>	

DIABETES DISTRESS SCREENING SCALE

PLEASE DON'T ENTER RECOLLECTED INFORMATION. Only enter if information obtained prospectively or contemporaneous data present in patient records whilst using FreeStyle Libre.

	Not A Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
1 Feeling overwhelmed by the demands of living with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Feeling that I am often failing with my diabetes routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PATIENTS OVERALL RATING OF FREESTYLE LIBRE – PLEASE COMMENT

Patient opinion of FreeStyle Libre monitoring overall	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6
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0 = No value, 6 = Excellent.

OTHER PATIENT COMMENTS?

Empty text area for patient comments.

OTHER HEALTHCARE PROFESSIONAL COMMENTS?

Empty text area for healthcare professional comments.