

ABCD Nationwide FreeStyle Libre Audit Pre-FreeStyle Libre Information Collection Form

Hospital Name

Centre ID

Date

 / /

Name of Clinician

Email

AFFIX PATIENT LABEL HERE

NHS Number

Forename

Surname

Date of Birth

 / /

Gender

Male

Female

Ethnicity

White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other
Mixed	<input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White Asian <input type="checkbox"/> Any other mixed background group
Other ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other group <input type="checkbox"/> Not stated

Driving status

Does not drive Standard licence
 Taxi licence HGV licence

Height (metres)

Weight (kg)

Body Mass Index

Duration of diabetes

years

months

Type of diabetes

Type 1 Type 2 MODY

During pregnancy:

Gestational diabetes Type 1 diabetes during pregnancy Type 2 diabetes during pregnancy

Other (please specify)

PATIENT USE OF FREESTYLE LIBRE

Is this assessment:

Recorded prior to commencing FreeStyle Libre?

Recorded retrospectively – i.e. after FreeStyle Libre started?

What is the date of FreeStyle Libre start? (best estimate if uncertain)

 / /

If not, intended date of initiation of FreeStyle Libre

 / /

Use of a CGM within the last 6 month before starting FreeStyle Libre?

Yes

No

Funding of FreeStyle Libre

NHS funded

Non-NHS funded

If non-NHS funded please give details

Professional recommendation

Other (please specify)

Patient initiated

Reason for starting FreeStyle Libre (please tick as many boxes as apply)

<input type="checkbox"/> High HbA1c	<input type="checkbox"/> Recurrent hospital admissions (>2 DKA or hypo per year)	Replacement of SMBG <input type="checkbox"/> ≥ 8 tests per day <input type="checkbox"/> < 8 tests per day
<input type="checkbox"/> Frequent hypoglycaemia	<input type="checkbox"/> Recently developed hypoglycaemic unawareness	<input type="checkbox"/> NICE criteria for insulin pump fulfilled, where successful trial might avoid insulin pump
<input type="checkbox"/> Fear of hypoglycaemia	<input type="checkbox"/> High glucose variability	<input type="checkbox"/> Unable to self monitor, need third party assistance
<input type="checkbox"/> Gastroparesis	<input type="checkbox"/> Patient choice	<input type="checkbox"/> Hemodialysis
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Pregnant (estimated date of delivery) / /	
<input type="checkbox"/> Psychosocial circumstance	<input type="checkbox"/> Previous self funder with HbA1c improvement	<input type="checkbox"/> Occupational circumstance
<input type="checkbox"/> Other diabetes complications (please specify)		
<input type="checkbox"/> Other reasons (please specify)		

HAS THE PATIENT HAD STRUCTURED EDUCATION?

Yes Not as far as I am aware Don't know

If yes, please specify

DAFNE DESMOND/X-PERT Other (please specify) _____

Date of last training (best estimate if uncertain) _____ / _____ / _____

USE OF NHS RESOURCES BEFORE STARTING FREESTYLE LIBRE

Answer for 12 MONTH period before starting Freestyle Libre.
 If filling in retrospectively please fill in follow up form at the same visit.
 For all questions extract data from records otherwise use best estimate where possible.

Average number of SMBG tests in the last 2 weeks Average number per day _____ Don't know

In the year before starting FreeStyle Libre	Hyperglycaemia/DKA	Hypoglycaemia	Unclassifiable diabetes related	Other
Number of admissions	_____	_____	_____	_____
Date(s)	_____	_____	_____	_____
Number of paramedic call outs not resulting in admission	_____	_____	_____	_____
Date(s)	_____	_____	_____	_____

Number of hypoglycaemic episodes requiring third party assistance not resulting in paramedic call outs or admission Number _____ Date(s) _____ Don't know

HYPOGLYCAEMIC AWARENESS BEFORE STARTING FREESTYLE LIBRE

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

1 = Always aware, 7 = Never aware.

continued overleaf

CAPILLARY BLOOD GLUCOSE MONITOR METER DOWNLOAD DATA BEFORE STARTING FREESTYLE LIBRE (IF AVAILABLE)

Number of days downloaded	Average tests per day	% of tests showing capillary blood glucose equal or < 3.9	% of tests showing capillary blood glucose equal or > 10.1 mmol/L	Tests <2.5mmol within past 14 days
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please add all available data even if you do not have it all.

HbA1c TESTS DONE IN THE LAST 12 MONTHS BEFORE STARTING FREESTYLE LIBRE HbA1c tests after starting FreeStyle Libre to be captured on follow up form

Date of test:	<input type="text"/> / <input type="text"/> / <input type="text"/>	HbA1c	<input type="text"/>	mmol/mol
Date of test:	<input type="text"/> / <input type="text"/> / <input type="text"/>	HbA1c	<input type="text"/>	mmol/mol
Date of test:	<input type="text"/> / <input type="text"/> / <input type="text"/>	HbA1c	<input type="text"/>	mmol/mol
Date of test:	<input type="text"/> / <input type="text"/> / <input type="text"/>	HbA1c	<input type="text"/>	mmol/mol
Date of test:	<input type="text"/> / <input type="text"/> / <input type="text"/>	HbA1c	<input type="text"/>	mmol/mol
Date of test:	<input type="text"/> / <input type="text"/> / <input type="text"/>	HbA1c	<input type="text"/>	mmol/mol
Date of test:	<input type="text"/> / <input type="text"/> / <input type="text"/>	HbA1c	<input type="text"/>	mmol/mol

MEDICATIONS

Metformin Sulphonylureas TZDs GLP-1 agonists DPP4 inhibitors SGLT-inhibitors

Quick acting insulin Basal insulin Insulin mixtures Basal bolus Insulin pump

Total insulin dose units per day

Other medications which could affect glycaemic control

DIABETES DISTRESS SCREENING SCALE

DO NOT ENTER RECOLLECTED INFORMATION. Only enter if information obtained prospectively or contemporaneous data present in patient records.

	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"/>

OTHER PATIENT COMMENTS?

OTHER HEALTHCARE PROFESSIONAL COMMENTS?