



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 form completed

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.fscbiodiversity.uk/imd/>*

**Ethnicity**  
 White – British   
 White - Other   
 Asian   
 Black   
 Mixed   
 Other

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

**Driving Status**  
 Does not drive  Taxi license   
 Standard license  HGV license

Date of Diagnosis  month  year

Date commenced pump therapy (best estimate)  month  year

Date commenced closed-loop (if known)  month  year

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

Has this person undergone structured education? DAFNE  Other  Not to my knowledge

Has this patient had retinal screening over the last 2 years? Yes  No

Has this patient had any form of retinopathy (including background retinopathy)? Yes  No

Is this patient under ophthalmology team for diabetic retinopathy? Yes  No

If under ophthalmology team, is ophthalmology team aware of HCL start? Yes  No  N/A   
*(For centres with access to detailed retinopathy information, there is an additional form that can be completed for baseline and follow-up)*

Does this patient have gastroparesis? Yes  No

Does this patient have eGFR < 60? Yes  No  If yes, what's the latest eGFR prior to HCL start?

**Indication for closed-loop**  
 HbA1c above target   
 Disabling hypoglycaemia   
 Pregnancy   
 Planning pregnancy   
 Paediatrics   
 Other

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

**Total daily insulin dose**  units

**Previous therapy?**  
 Multiple daily injections   
 Pump alone   
 Commercial HCL   
 Open-source/DIY HCL

**Which system will be used?**  
 SmartGuard with Medtronic 780G   
 Tandem Control IQ   
 CamAPS FX with DANA   
 CamAPS FX with YpsoPump (mylife Loop)   
 Omnipod 5   
 Other

**Which sensor will be used?**  
 Medtronic Guardian 4   
 Dexcom G6   
 Dexcom G7   
 Freestyle Libre 3   
 Freestyle Libre 2   
 Freestyle Libre 2+   
 Other

**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"/>			

**Outpatient consultations**

Number of appointments with a specialist educator or consultant in 12-months pre-CL

**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)

	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"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**Glucose data** (pre-CL) (14 days)

Time >13.9mmol/L (%)	<input type="text"/>
Time 10.1-13.9 mmol/L (%)	<input type="text"/>
Time 3.9-10mmol/L (%)	<input type="text"/>
Time 3-3.8mmol/L (%)	<input type="text"/>
Time <3mmol/L (%)	<input type="text"/>
Coefficient of variation (%)	<input type="text"/>
GMI (14 days)	<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.