

## ABCD APS Audit: Baseline Form

In addition to this form please complete a follow-up form at the first visit. It is anticipated this form will be completed retrospectively as a patient arrives in clinic using DIY APS for the first time.

Name <input type="text"/>		<b>Ethnicity</b> White – British <input type="checkbox"/> White – Irish <input type="checkbox"/> White – Other <input type="checkbox"/> Asian – Indian <input type="checkbox"/> Asian – Pakistani <input type="checkbox"/> Asian – Other <input type="checkbox"/> Black – Caribbean <input type="checkbox"/> Black – African <input type="checkbox"/> Black – Other <input type="checkbox"/> Mixed – White and Black <input type="checkbox"/> Mixed – White and Asian <input type="checkbox"/> Mixed -Other <input type="checkbox"/> Other – Chinese <input type="checkbox"/> Other – Any other <input type="checkbox"/>
NHS Number <input type="text"/>		
Date of Birth <input type="text"/>		
Male <input type="checkbox"/> Female <input type="checkbox"/>		
<b>Type of diabetes</b> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> MODY <input type="checkbox"/> Other <input type="text"/>	Height <input type="text"/> m OR <input type="text"/> ft/in Weight <input type="text"/> kg OR <input type="text"/> st/lb	
Date of Diagnosis <input type="text"/> month <input type="text"/> year		
Date commenced DIY APS (best estimate) <input type="text"/> month <input type="text"/> year		<b>Level of educational attainment (select highest)</b> Did not complete secondary <input type="checkbox"/> GCSE or equivalent <input type="checkbox"/> Post-GCSE vocational qualification <input type="checkbox"/> A-Level <input type="checkbox"/> Degree level <input type="checkbox"/> Not applicable (Paeds) <input type="checkbox"/>
Date commenced pump therapy (best estimate) <input type="text"/> month <input type="text"/> year		

<b>DIY APS Setup</b> Which APS system is the patient using? Loop <input type="checkbox"/> AndroidAPS <input type="checkbox"/> OpenAPS <input type="checkbox"/> How did they find out about DIY APS? Healthcare professional <input type="checkbox"/> Other person with diabetes <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Other social media (please state) <input type="text"/> Other internet site (please state) <input type="text"/> Which software do they use to collect/compute data? (select all that apply) xDrip <input type="checkbox"/> NightScout <input type="checkbox"/> Glimp <input type="checkbox"/> Spike <input type="checkbox"/> DexCom app <input type="checkbox"/> Other <input type="text"/> How did the user set the system up? Independent reading <input type="checkbox"/> Build session <input type="checkbox"/> Help for another person with diabetes <input type="checkbox"/> Other <input type="text"/>		<b>Insulin Pump</b> Medtronic Paradigm Veo 554/754 <input type="checkbox"/> Roche Combo <input type="checkbox"/> Roche Insight <input type="checkbox"/> DanaRS or DanaR <input type="checkbox"/> Omnipod <input type="checkbox"/> Tandem T: Slim <input type="checkbox"/> Other <input type="text"/> Is this pump in warranty? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this pump NHS funded? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, where from <input type="text"/>
	<b>Glucose Sensor</b> Dexcom G6 <input type="checkbox"/> FreeStyle Libre + Miao Miao <input type="checkbox"/> FreeStyle Libre 2 <input type="checkbox"/> Medtrum <input type="checkbox"/> Sensionics <input type="checkbox"/> Medtronic CGM <input type="checkbox"/> Other <input type="text"/> Is this sensor NHS funded? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Adverse events** (please complete in retrospect for the 12 months prior to commencing DIY APS)

	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"/>			

**Gold Score** (prior to DIY APS, DO NOT enter recollected information, only record if previously documented)

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** (for the 12 months prior to commencing DIY APS/Closed-Loop)

	Dates	Values	
<b>Hba1c</b>	<input type="text"/>	<input type="text"/>	<b>CGM data (30 days pre-APS)</b> Time in range % (3.9-10mmol/L) <input type="text"/> Time below range % (<3.9mmol/L) <input type="text"/>
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	

**Diabetes distress scale** (prior to DIY APS, DO NOT enter recollected information, only record if previously documented)

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. if any concerns and quality of life prior to DIY APS and hypoglycaemia awareness