

## ABCD Closed-Loop Audit: Follow-up Form In addition to this form please complete the baseline form if needed.

Name	Patient identifiable information in this section will not need to be entered into the tool, the previous encrypted baseline entry is stored and can be found using the search function and a new visit created							
NHS Number  Date of Birth	Height m OR ft/in (record height again if Paeds)							
Date of Birth	Weight kg OR st/lb							
Is the patient still using a commercial closed-loop?  Yes ☐ No ☐ → if "No", complete box	Date form completed							
	Reasons for stopping (select all that apply)  Alarm fatigue							
Current CGM?  Dexcom G6 Dexcom G7 Medtronic Guardian 4 Freestyle Libre 3 Freestyle Libre 2 Other								
Healthcare utilisation (since commencing closed-	loop if first visit, otherwise since previous review)							
Hyperglycaemia/DKA No of hospital admissions	Hypoglycaemia Other (diabetes) Other							
Dates								
No of paramedic callouts (not resulting in admission) Dates								
Number of hypoglycaemic episodes requiring third party assistance but not paramedic call outs Dates								
Outpatient consultations  Number of consultations with diabetes educator or consultant since last follow-up								
Has the patient commenced new treatment for retinopathy (laser/injection/vitrectomy) since commencing HCL?  Yes \Boxedown No \Boxedown  For centres with access to more detailed retinopathy data please complete the retinopathy follow-up form								
Any adverse events since commencing closed-loop? If no, please leave blank  Skin site reactions □ Alarm Fatigue □								
Increased hypoglycaemia  Insulin neuritis  Insulin neuritis								
Worsening of retinopathy ☐ Recurrent set failures ☐								
Worsening of other complications $\square$ e.g. gastroparesis, autonomic neuropathy								
Other								

HbA1c (since commencing Dates  Lab HbA1c	•	•	ous follow-up) lues (mmol/mo	ol)	Time > Time 10 Time 3 Time 3	or data for t 13.9mmol/L 0.1-13.9mmol/l .9-10mmol/l -3.8mmol/L 3mmol/L (%	ol/L (%)		
Insulin/Carb data for the last 14 days  Total daily insulin dose									
Gold Score 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		
User/Caregiver opinion of closed-loop Would they recommend closed-loop to other people with diabetes?									
Not recommend at all 2		3	4	5	Recommend ex		tremely highly 7		
What Impact would they rate closed-loop has had on their quality of life?									
Extremely negative impact 1 2		3	4	5		Extremely 6	positive impact 7		
<b>Diabetes distress scale</b> DO NOT enter recollected information, only record if documented or if this form is being completed prospectively. ADULT USERS ONLY									
Question	Not a problem	A slight problem	A moderate problem	A some seric	ous	A serious problem	A very serious problem		
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. Do not enter patient identifiable information in this box.									
User/Caregiver comme	<b>nts</b> Do not ent	er patient ide	ntifiable informa	ition in th	is box.				