

# Dexcom Audit: Baseline Form

This form is only for individuals using standalone CGM; for individuals using closed-loop please complete the commercial closed-loop or DIY APS audit forms

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

Name

NHS Number

Date of Birth  Date Form Completed

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

Date of Diagnosis  month  year

Height  m OR  ft/in

Weight  kg OR  st/lb

**If type 2 diabetes, what is the indication for Dexcom use?**

Hypoglycaemia (recurrent or severe)  Impaired hypoglycaemia awareness   
 Glucose testing >8 times a day  Dialysis + on insulin   
 Unable to self-monitor   
 Self-funded   
 Other (please provide the reason)

**Is this form being completed before or after commencement?**

Before  After  (note: If >3months after commencement please also complete follow-up form if data)

**Which sensor is being commenced?**

Dexcom One  G6  G7

**If using insulin, what type of therapy is this? If using closed-loop please do not enter data into this tool – use the DIY or closed-loop audit tools instead as appropriate**

Basal only  Mealtime only  BD Pre-mixed  Basal-bolus  Pump alone   
 Other (please provide details)

**Is this person using connected insulin pens?**

Yes  No

**Other non-insulin diabetes medications (if applicable)**

None  Metformin  Sulphonylurea  Pioglitazone  DPP4i   
 SGLT2i  GLP1RA  Other (please detail)

**Previous blood glucose monitoring?**

SMBG  FreeStyle Libre  Real-time CGM  Other  None

**Has this person undergone structured education (e.g. DAFNE, BERTIE)?**

Yes- DAFNE  Yes - Other  Not to my knowledge

**Driving Status**

Does not drive  Taxi License   
 Standard License  HGV License

**Healthcare utilisation** (please complete in retrospect for the 12 months prior to commencing Dexcom)

	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 Dexcom, 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 Dexcom)

	Dates	Values (mmol/mol)
Lab 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"/>
	<input type="text"/>	<input type="text"/>

**Sensor data** if prev CGM (14 days pre-switch)

Time >13.9mmol/L (%)

Time 10.1-13.9mmol/L (%)

Time 3.9-10mmol/L (%)

Time 3-3.8mmol/L (%)

Time <3mmol/L (%)

Coefficient of variation (%)

GMI (14 days)

**Diabetes distress scale** (prior to Dexcom, 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.