



## ABCD Nationwide FreeStyle Libre Audit Follow Up Visit Data Collection Form

Clinician

Centre ID

### GENERAL INFORMATION

### PATIENT INFORMATION

Visit date

 /  / 

Please record patient name and date of birth below  
OR

If this is the first follow up visit please confirm the date patient started FreeStyle Libre

 /  / 

Affix patient label here

Patient still using FreeStyle Libre?

 Yes  No

If no, when was FreeStyle Libre stopped?

 /  / 

Why was FreeStyle Libre stopped?

 Lack of funding  Patient choice  
 Lack of benefit  FreeStyle Libre site problem  
 Other (please specify)

FreeStyle Libre site problems?

 Yes  No

If yes, please describe

Any other problems with using FreeStyle Libre (please specify)

### USE OF NHS RESOURCES SINCE STARTING FREESTYLE LIBRE

**For all questions extract data from records otherwise use best estimate where possible.**

**Since last visit**

Hyperglycaemia/DKA    Hypoglycaemia    Unclassifiable diabetes related    Other

Number of admissions

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Number of paramedic call outs not resulting in admission

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Number of hypoglycaemic episodes requiring third party assistance not resulting in paramedic call outs or admission

Number  Don't know

### HYPOGLYCAEMIC AWARENESS

**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.

**HYPOGLYCAEMIA IN GENERAL**

With initial use of FreeStyle Libre did the user detect a greater proportion of time in hypoglycaemia than when using blood glucose monitoring?

No	<input type="text"/>	Yes	<input type="text"/>	Unchanged	<input type="text"/>
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With ongoing use of FreeStyle Libre has the user been able to reduce the proportion of time in hypoglycaemia?

No	<input type="text"/>	Yes	<input type="text"/>	Unchanged	<input type="text"/>
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As a result of FreeStyle Libre has the patient been able to reduce the rate of hypoglycaemia?

No	<input type="text"/>	Yes - a little less	<input type="text"/>	Yes - a lot less	<input type="text"/>
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As a result of FreeStyle Libre has the patient been able to reduce the rate of nocturnal hypoglycaemia?

No	<input type="text"/>	Yes - a little less	<input type="text"/>	Yes - a lot less	<input type="text"/>
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**FREESTYLE LIBRE DOWNLOAD DATA - MINIMUM ONE SENSOR/14 DAYS WEAR REQUIRED**

Patient target range if specified

Time in target	Average glucose	Standard deviation if using Diasend	Above	In target	Below
14 days	<input type="text"/> mmol/l	<input type="text"/> mmol/l	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
30 days	<input type="text"/> mmol/l	<input type="text"/> mmol/l	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Average number of daily SMBG tests in the last two weeks of Freestyle Libre use	Average number per day	<input type="text"/>	Don't know	<input type="text"/>
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Sensor usage (data can be retrieved from the FreeStyle Libre reader)

	Scans per day	Captured sensor data
14 days	<input type="text"/>	<input type="text"/> %
30 days	<input type="text"/>	<input type="text"/> %

FreeStyle Libre sensor use:	Continuous	<input type="text"/>	Not continuous	<input type="text"/>
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FreeStyle Libre used	>70% of the time	<input type="text"/>	< 70% of the time	<input type="text"/>
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**HbA1c SINCE STARTING FREESTYLE LIBRE, OR SINCE LAST FREESTYLE LIBRE AUDIT FOLLOW UP FORM COMPLETED**

Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of Test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of Test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of Test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of Test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of Test	<input type="text"/>
Please enter either	<input type="text"/> %	OR	<input type="text"/> mmol/mol	Date of Test	<input type="text"/>

Current weight	<input type="text"/> Kg	Body Mass Index	<input type="text"/>
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**DIABETES DISTRESS SCREENING SCALE**

PLEASE DON'T ENTER RECOLLECTED INFORMATION. Only enter if information obtained prospectively or contemporaneous data present in patient records whilst using FreeStyle Libre.

	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"/>

**PATIENTS OVERALL RATING OF FREESTYLE LIBRE - PLEASE COMMENT**

Patient opinion of FreeStyle Libre monitoring overall

0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6
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0 = No value, 6 = Excellent.

**OTHER PATIENT COMMENTS?**

Empty box for patient comments.

**OTHER HEALTHCARE PROFESSIONAL COMMENTS?**

Empty box for healthcare professional comments.