**ABCD Nationwide FreeStyle Libre Audit**

**Follow Up Visit Data Collection Form**

### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Visit date</th>
<th>/ /</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Patient still using FreeStyle Libre?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If no, when was FreeStyle Libre stopped?

<table>
<thead>
<tr>
<th>Why was FreeStyle Libre stopped?</th>
<th>Lack of funding</th>
<th>Patient choice</th>
<th>Lack of benefit</th>
<th>FreeStyle Libre site problem</th>
<th>Other (please specify)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FreeStyle Libre site problems?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, please describe

### PATIENT INFORMATION

Please record patient name and date of birth below

Affix patient label here

Has the patient had training and education on FreeStyle Libre?

If yes, which:

- Online
- Group education
- One to one education

If FreeStyle Libre utilised during pregnancy has patient now delivered

If yes: actual date of delivery / /

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**

<table>
<thead>
<tr>
<th>Hyperglycaemia/DKA</th>
<th>Hypoglycaemia</th>
<th>Unclassifiable diabetes related</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of admissions</th>
<th>/ /</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>/ /</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of paramedic call outs not resulting in admission</th>
<th>/ /</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>/ /</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of hypoglycaemic episodes requiring third party assistance not resulting in paramedic call outs or admission</th>
<th>Number</th>
<th>Date(s)</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number</th>
<th>/ /</th>
</tr>
</thead>
</table>

### 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
- Yes
- Unchanged

With ongoing use of FreeStyle Libre has the user been able to reduce the proportion of time in hypoglycaemia?

- No
- Yes
- Unchanged

As a result of FreeStyle Libre has the patient been able to reduce the rate of hypoglycaemia?

- No
- Yes - a little less
- Yes - a lot less

As a result of FreeStyle Libre has the patient been able to reduce the rate of nocturnal hypoglycaemia?

- No
- Yes - a little less
- Yes - a lot less

FREESTYLE LIBRE DOWNLOAD DATA – MINIMUM ONE SENSOR/14 DAYS WEAR REQUIRED

Patient target range 3.9-10
(if data from reader check target range is 3.9-10)

<table>
<thead>
<tr>
<th>Time in target</th>
<th>Average glucose</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 days</td>
<td>mmol/l</td>
<td>mmol/l</td>
</tr>
</tbody>
</table>

Average number of daily SMBG tests in the last two weeks of Freestyle Libre use

Average number per day

Don't know

Sensor usage (data can be retrieved from the FreeStyle Libre reader)

Scans per day

Captured sensor data

14 days

FreeStyle Libre sensor use:

Continuous

% Not continuous

FreeStyle Libre used

>70% of the time

% < 70% of the time

HbA1c SINCE STARTING FREESTYLE LIBRE, OR SINCE LAST FREESTYLE LIBRE AUDIT FOLLOW UP FORM COMPLETED

Please enter either

% OR

mmol/mol

Date of Test

Please enter either

% OR

mmol/mol

Date of Test

Please enter either

% OR

mmol/mol

Date of Test

Please enter either

% OR

mmol/mol

Date of Test

Please enter either

% OR

mmol/mol

Date of Test

Please enter either

% OR

mmol/mol

Date of Test

Current weight

Kg

Body Mass Index

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.

1 Feeling overwhelmed by the demands of living with diabetes

Not A Problem

A Slight Problem

A Moderate Problem

Somewhat Serious Problem

A Serious Problem

A Very Serious Problem

2 Feeling that I am often failing with my diabetes routine

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

0 = No value, 6 = Excellent.