

## ABCD OmniPod Audit: Follow-up Form

In addition to this form please complete the baseline form if needed.

Name <input type="text"/>	Date of follow-up <input type="text"/>
Patient ID <input type="text"/> <small>For UK centres, please use NHS number only</small>	Height <input type="text"/> m OR <input type="text"/> ft/in (record height again if Paeds)
Date of Birth <input type="text"/>	Weight <input type="text"/> kg OR <input type="text"/> st/lb

### Is the patient still using OmniPod?

Yes  No  → complete box if "No"

### Is the patient using a closed-loop

No   
 Yes – Commercial system   
 Yes – DIY system

### Reason for stopping

Site issues   
 Recurrent pod failures   
 Changed to another pump   
 Total daily dose too high   
 No longer meets criteria   
 Other

**Total daily dose of insulin**  
(currently)

### Glucose Monitoring (currently)

Flash Glucose Monitor   
 Continuous Glucose Monitor   
 Capillary blood glucose   
 Other

### Insulin (currently)

Novorapid  Apidra   
 Fiasp  Lyumjev   
 Humalog  Other

### Healthcare utilisation (since commencing OmniPod if first visit, otherwise since previous review)

	Hyperglycaemia/DKA	Hypoglycaemia	Diabetes Complications	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  Don't know   
 Dates

Has the patient had any skin site reactions?

Yes  No

Any other adverse events?

This should include any incidents of failed devices, issues with the personal diabetes manager, worsening of complications

### Gold Score 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** (since commencing OmniPod)

	Dates	mmol/mol	or	%
Lab	<input type="text"/>	<input type="text"/>		<input type="text"/>
Hba1c	<input type="text"/>	<input type="text"/>		<input type="text"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>

Glucose management indicator/estimated HbA1c  
 mmol/mol   
 or %

**CGM data (14 days)**

Time >13.9mmol/L %

Time in range % (3.9-10mmol/L)

Time below range % (<3.9mmol/L)

Time <3mmol/L %

Coefficient of variation

**User/Caregiver opinion of OmniPod**

Would they recommend OmniPod to other people with diabetes?

Not recommend at all 1 2 3 4 5 Recommend extremely highly 6 7

What Impact would they rate OmniPod has had on their quality of life?

Extremely negative impact 1 2 3 4 5 Extremely positive impact 6 7

Do they prefer OmniPod to your previous therapy?

Preferred previous therapy 1 2 3 No preference 4 5 Strongly prefer OmniPod 6 7

**Diabetes distress scale**  
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 quality of life or hypoglycaemia awareness in a paediatric user

**User/Caregiver comments**