

# ABCD nationwide tirzepatide audit – visit 1 data collection form



Association of  
**British Clinical  
Diabetologists**

Name	<input type="text"/>	Date of visit (dd/mmm/yyyy)	<input type="text"/>
NHS Number	<input type="text"/>		
Date of Birth	<input type="text"/>		
Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Ethnicity</b> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>		Clinician name <input type="text"/> Centre name <input type="text"/> Centre ID <input type="text"/>
Height <input type="text"/> m Weight <input type="text"/> kg BMI <input type="text"/> kg/m <sup>2</sup> Waist circ. <input type="text"/> cm	Patient's postcode <input type="text"/> then enter postcode into <a href="https://alasdairrae.github.io/postcodez/">https://alasdairrae.github.io/postcodez/</a> to obtain... IMD Decile <input type="text"/> (a whole number from one to ten, provided by the website above)		

## Diabetes history, presence or absence of complications, and co-morbidities

Duration of diabetes (in years) at this visit: 0 to 5 years ☐ 6 to 10 years ☐ >10 years ☐ Unknown ☐

<b>(Y for yes, N for no, leave blank if not known)</b>		Diabetic Retinopathy																																																																																					
<input type="checkbox"/> Diabetic kidney disease	<input type="checkbox"/> Diabetic neuropathy	• Yes <input type="checkbox"/> • No <input type="checkbox"/> • Don't know <input type="checkbox"/> • What was the last grade? Circle choices below.	Date of last check <input type="text"/>																																																																																				
<input type="checkbox"/> Peripheral arterial disease	<input type="checkbox"/> Previous or current diabetic foot ulcer																																																																																						
<input type="checkbox"/> Lower extremity amputation	<input type="checkbox"/> Erectile dysfunction																																																																																						
<input type="checkbox"/> Ischaemic heart disease (angina/MI/coronary stents/CABG)	<input type="checkbox"/> Cerebrovascular disease (stroke/transient ischaemic attack)																																																																																						
<input type="checkbox"/> Heart failure	<input type="checkbox"/> Treated or untreated hypertension																																																																																						
<input type="checkbox"/> Sleep apnoea	<input type="checkbox"/> Osteoarthritis																																																																																						
		<b>England/Wales/NI system</b> <table border="1"> <tr> <th>Right eye</th> <th>R0</th> <th>R0</th> <th>Left eye</th> </tr> <tr> <td></td> <td>R1</td> <td>R1</td> <td></td> </tr> <tr> <td></td> <td>R2</td> <td>R2</td> <td></td> </tr> <tr> <td></td> <td>R3A</td> <td>R3A</td> <td></td> </tr> <tr> <td></td> <td>R3S</td> <td>R3S</td> <td></td> </tr> <tr> <td></td> <td>and</td> <td>and</td> <td></td> </tr> <tr> <td></td> <td>M0</td> <td>M0</td> <td></td> </tr> <tr> <td></td> <td>M1</td> <td>M1</td> <td></td> </tr> <tr> <td></td> <td>or</td> <td>or</td> <td></td> </tr> <tr> <td></td> <td>Ungradeable</td> <td>Ungradeable</td> <td></td> </tr> <tr> <td></td> <td>Uncertain</td> <td>Uncertain</td> <td></td> </tr> </table>	Right eye	R0	R0	Left eye		R1	R1			R2	R2			R3A	R3A			R3S	R3S			and	and			M0	M0			M1	M1			or	or			Ungradeable	Ungradeable			Uncertain	Uncertain		<b>Scotland system</b> <table border="1"> <tr> <th>Right eye</th> <th>R0</th> <th>R0</th> <th>Left eye</th> </tr> <tr> <td></td> <td>R1</td> <td>R1</td> <td></td> </tr> <tr> <td></td> <td>R2</td> <td>R2</td> <td></td> </tr> <tr> <td></td> <td>R3</td> <td>R3</td> <td></td> </tr> <tr> <td></td> <td>R4</td> <td>R4</td> <td></td> </tr> <tr> <td></td> <td>R6</td> <td>R6</td> <td></td> </tr> <tr> <td></td> <td>and</td> <td>and</td> <td></td> </tr> <tr> <td></td> <td>M0</td> <td>M0</td> <td></td> </tr> <tr> <td></td> <td>M1</td> <td>M1</td> <td></td> </tr> <tr> <td></td> <td>M2</td> <td>M2</td> <td></td> </tr> </table>	Right eye	R0	R0	Left eye		R1	R1			R2	R2			R3	R3			R4	R4			R6	R6			and	and			M0	M0			M1	M1			M2	M2	
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Test results (last dates **MUST** be entered for all tests where results are reported, using dd/mmm/yyyy format)

HbA1c	please enter <b>either</b> % or mmol/mol	<input type="text"/> % <input type="text"/> mmol/mol	Date of test	<input type="text"/>			
Total cholesterol	<input type="text"/> mmol/L	Date of test	<input type="text"/>	Serum creatinine	<input type="text"/> μmol/L	Date of test	<input type="text"/>
HDL cholesterol	<input type="text"/> mmol/L	Date of test	<input type="text"/>	ALT	<input type="text"/> IU/L	Date of test	<input type="text"/>
Triglycerides	<input type="text"/> mg/mmL	Date of test	<input type="text"/>	Urine ACR	<input type="text"/> mg/mmL	Date of test	<input type="text"/>

Oral (non-GLP-1RA) antidiabetic treatment before initiation of tirzepatide								
Drug / Drug class	Current medication? Circle as appropriate			If “Yes”, any dose change when tirzepatide started? Circle as appropriate				
	Yes	No	Unknown	Unchanged	Increased	Decreased	Stopped	Unknown
Metformin	Y	N	?	↔	↑	↓	⊗	?
Sulfonylurea	Y	N	?	↔	↑	↓	⊗	?
Pioglitazone	Y	N	?	↔	↑	↓	⊗	?
DPP4 inhibitor	Y	N	?	↔	↑	↓	⊗	?
SGLT2 inhibitor	Y	N	?	↔	↑	↓	⊗	?
Meglitinide	Y	N	?	↔	↑	↓	⊗	?
Acarbose	Y	N	?	↔	↑	↓	⊗	?

Baseline insulin (disregard brand / type if more than one insulin prescribed, instead reporting combined values)					
Number of insulin injections (of all types) per day: _____		Total daily insulin dose: _____ units			
... and upon tirzepatide initiation, insulin dose:	Unchanged	Increased	Decreased	Stopped	Unknown

GLP-1RA treatment prior to starting tirzepatide						
Was the patient using a GLP-1RA before starting tirzepatide? Circle one: <b>Yes</b> (please indicate dose below)				<b>No</b>	<b>Unknown</b>	
Oral Semaglutide daily	3 mg	7 mg	14 mg			
S/C Semaglutide weekly	0.25 mg	0.5 mg	1 mg	1.7 mg	2 mg	2.4 mg
S/C Dulaglutide weekly	0.75 mg	1.5 mg	3 mg	4.5 mg		
S/C Liraglutide daily	0.6 mg	1.2 mg	1.8 mg	2.4 mg	3 mg	
S/C Lixisenatide daily	10 mcg	20 mcg				
S/C Exenatide weekly	2 mg					
S/C Exenatide twice daily	5 mcg	10 mcg				
IGlarLixi (100 units + 33 mcg)/ml _____ dose steps daily ... or ... (100 units + 50 mcg)/ml _____ dose steps daily						
IDegLira _____ dose steps daily						
Reason for switching from the GLP-1RA above to tirzepatide (circle as many as relevant)						
Drug insufficiently effective		Lack of supply		Other (provide details below)		
Not tolerated		Patient request		Unknown		

Tirzepatide starting dose						
Date of initiation (dd/mmm/yyyy) _____						
Please circle the weekly starting dose	2.5 mg	5 mg	7.5 mg	10 mg	12.5 mg	15 mg

Healthcare professional comments  
This box can be used for any additional comments. Please do not include patient identifiable information