

ABCD Nationwide Exenatide Audit

1. **Name of ABCD member**
2. **Hospital name**
3. **Address**
4. **Postcode**
5. **Best telephone number(s) to contact**
6. **Email**
7. **Please assign your own unique code to identify this patient should you ever need to return to update the record or should we ever need to contact you for more information. You should keep a local record of this code. E.g. JohnSmith1**
8. **Age (years) of patient at Exenatide start**

9.

Sex (Please Tick)			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

10.

	Ethnicity (NHS official UK)	Please Tick
A	British	
B	Irish	
C	Any Other White Background	
D	White and Black Caribbean	
E	White and Black African	
F	White Asian	
G	Any Other Mixed Background	
H	Indian	
J	Pakistani	
K	Bangladeshi	
L	Any Other Asian Background	
M	Caribbean	
N	African	
P	Any Other Black Background	
R	Chinese	
S	Any Other Ethnic Group	
Z	Unknown	

11. **Other Ethnicity (specify):**
12. **Duration (best estimate) of diabetes in years at time of Exenatide start – (if data available)**
13. **Date of Exenatide start** __ / __ / ____
14. **Date Exenatide stopped (if applicable)** __ / __ / ____
15. **Why was Exenatide stopped? (if applicable)**
16. **Date of your report (last data date)** __ / __ / ____
17. **Height (Metres)**
18. **Insulin type and dose (if applicable) before Exenatide start**

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19. **Diabetes medication before Exenatide start**
20. **Did you change medication at time of Exenatide start – describe**
- 21.

HbA1c Results with Dates (must have date)		
	Value	Date
Last BEFORE Exenatide start		
1st AFTER Exenatide start		
2nd AFTER Exenatide start		
3rd AFTER Exenatide start		
4th AFTER Exenatide start		
5th AFTER Exenatide start		
6th AFTER Exenatide start		
7th AFTER Exenatide start		
8th AFTER Exenatide start		

22.

Weight (Kg) Results with Dates (must have date)		
	Kg	Date
Last BEFORE or on day of Exenatide start		
1st AFTER Exenatide start		
2nd AFTER Exenatide start		
3rd AFTER Exenatide start		
4th AFTER Exenatide start		
5th AFTER Exenatide start		
6th AFTER Exenatide start		
7th AFTER Exenatide start		
8th AFTER Exenatide start		

23. **Insulin type and dose (if applicable) at time you are reporting**

24. **Diabetes medication at time you are reporting**

25. **Has there been hypoglycaemia SINCE Exenatide started?**

26. **Was there hypoglycaemia BEFORE Exenatide was started?**

27.

Were there any gastrointestinal side effects in association with Exenatide Use?	Please Tick
Not as far as I am aware	
Yes but transient	
Yes – Patient discontinued Exenatide temporarily	
Yes – Patient discontinued Exenatide permanently	
Uncertain	

28.

Did the patient have pancreatitis whilst they were on Exenatide?	Please tick
Not as far as I am aware	
Yes	
Possibly	
Uncertain	

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29.

Were there any other side effects?	Please tick
Not as far as I am aware	
Yes	
Possibly	
Uncertain	

30. Please describe any side effects

31.

What was the patient's opinion about Exenatide?	Please Tick
Extremely pleased	
Very pleased	
Ambivalent	
Unhappy	
Very unhappy	
Extremely unhappy	
Uncertain	

32. If the patient has expressed an opinion about Exenatide please enter it here

Is the patient a professional driver?	Please Tick
Not as far as I am aware	
LGV / PSV licence holder	
CI licence holder	
Taxi and other occupational driver	
Uncertain	

33. Why did you use Exenatide?

34.

Do you think the therapeutic strategy of using Exenatide was a success in this case?	Please Tick
Extremely Successful	
Very Successful	
Ambivalent	
Unsuccessful	
Very unsuccessful	
Extremely unsuccessful	
Other	

35. Any other comments to illuminate this case?

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SUPPLEMENTARY QUESTIONS: THE FOLLOWING ADDITIONAL INFORMATION WOULD BE HELPFUL IF YOU HAVE THE DATA TO HAND

36.

Waist Measurements	(cm)	
Waist circumference pre Exenatide		Date
Latest Waist circumference since Exenatide start		

37. **Other medication before Exenatide start**

38. **Other medication at time you are reporting**

39.

Blood Pressure Measurements			
	Systolic	Diastolic	
BP BEFORE Exenatide start			Date
Latest BP since Exenatide start			

40.

Lipid Results	Value	
Cholesterol (mmol/l) BEFORE Exenatide		Date
Latest Cholesterol (mmol/l) since Exenatide start		
HDL cholesterol (mmol/l) BEFORE Exenatide		Date
Latest HDL cholesterol (mmol/l) since Exenatide start		
Triglycerides (mmol/l) BEFORE Exenatide		Date
Latest Triglycerides (mmol/l) since Exenatide start		