

# ABCD prospective nationwide liraglutide audit – visit 1 data collection form

Date	<input type="text" value="/"/> / <input type="text" value="/"/> (dd/mm/yyyy)	Hospital name	<input type="text"/>
Name of clinician	<input type="text"/>	Hospital postcode	<input type="text"/>
Email	<input type="text"/>	Centre I.D.	<input type="text"/>

## Patient identification

Please record patient name, gender and date of birth below  
**OR**  
AFFIX PATIENT LABEL HERE

Patient name

Gender  Male  Female (circle one)

Date of birth  /  (dd/mm/yyyy)

White	A B C	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any Other White Background
Mixed	D E F G	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White Asian <input type="checkbox"/> Any Other Mixed Background
Asian or Asian British	H J K L	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any Other Asian Background
Black or Black British	M N P	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any Other Black Background
Other Ethnic Groups	R S Z	<input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Ethnic Group <input type="checkbox"/> Not stated

Unique 6 digit personal identification number

(generated as follows: Clinician initials (x3), sequential number per patient (starting at 001))

## Baseline medical history

Duration of diabetes (in years) at this visit  (yy)

Does the patient have a job that would be (or has been) affected by going on insulin (e.g. professional driver)? **Yes** **Not as far as I am aware** (circle one)

If 'Yes' please give details including type of licence if appropriate. Licence types include:

- PCV (Passenger Carrying Vehicle) subdivided into category B (taxi/private hire) or D1 (minibus up to 16 seats)
- C/CE (large goods vehicles)
- C1/C1E (lorries)

Test Results (test dates **MUST** be entered for all tests where results are reported (dd/mm/yyyy))

HbA1c please enter <b>either</b> % <input type="text"/> % <b>or</b> mmol/mol in correct cell <input type="text"/> mmol/mol	Date of test <input type="text"/>	Blood pressure SBP <input type="text"/> mmHg DBP <input type="text"/> mmHg	Date of test <input type="text"/>
Height <input type="text"/> metres	Date of test <input type="text"/>	Triglyceride <input type="text"/> mmol/L	Date of test <input type="text"/>
Current weight <input type="text"/> kg	Date of test <input type="text"/>	HDL <input type="text"/> mmol/L	Date of test <input type="text"/>
BMI will be auto-calculated when data is entered into audit spreadsheet		Total cholesterol <input type="text"/> mmol/L	Date of test <input type="text"/>
Alanine aminotransferase - ALT <input type="text"/> IU/L	Date of test <input type="text"/>	Serum creatinine <input type="text"/> µmol/L	Date of test <input type="text"/>

## Endocrine History

Has the patient ever had pancreatitis? **Yes** **No** **Possibly** **Uncertain** (circle one)

If the patient has had or may have had pancreatitis please give details

Does the patient have a goitre? **Yes** **No** **Possibly** **Uncertain** (circle one)

Does the patient have or has the patient ever had thyroid disease of any sort and/or goitre? **Yes** **No** **Possibly** **Uncertain** (circle one)

If the patient has or has had thyroid disease or goitre please give details

## Current antidiabetic treatment before initiation of liraglutide

Please circle the drugs that the patient is on circle if 'Yes'

Biguanides	Drug name <input type="checkbox"/> metformin	Please add up the patient's total daily metformin dose (including metformin in combination products) and enter the sum value into the metformin 'Total Dose' box	Total Dose <input type="text"/> mg/day
Sulphonylurea	Drug name <input type="checkbox"/> gliclazide <input type="checkbox"/> gliclazide MR <input type="checkbox"/> gliclazide SR <input type="checkbox"/> glimepiride <input type="checkbox"/> glipizide <input type="checkbox"/> tolbutamide <input type="checkbox"/> chlorpropamide <input type="checkbox"/> glibenclamide		Total Dose <input type="text"/> mg/day
TZDs & TZDs with metformin	Drug name <input type="checkbox"/> pioglitazone <input type="checkbox"/> rosiglitazone <input type="checkbox"/> pioglitazone + metformin <input type="checkbox"/> rosiglitazone + metformin		Total Dose <input type="text"/> TZD dose only mg/day
Meglitinides	Drug name <input type="checkbox"/> nateglinide <input type="checkbox"/> repaglinide		Total Dose <input type="text"/> mg/day
Alpha-glucosidase inhibitors	Drug name <input type="checkbox"/> acarbose		Total Dose <input type="text"/> mg/day
GLP-1 agonist	Drug name <input type="checkbox"/> exenatide <input type="checkbox"/> exenatide (once-weekly) <input type="checkbox"/> exenatide qw <input type="checkbox"/> lixisenatide		Total Dose <input type="text"/> mcg/day
SGLT2 inhibitors	Drug name <input type="checkbox"/> dapagliflozin <input type="checkbox"/> canagliflozin <input type="checkbox"/> empagliflozin		Total Dose <input type="text"/> mg/day

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## Current antidiabetic treatment before initiation of liraglutide (continued)

Please circle the drugs that the patient is on

circle if 'Yes'

DPP-4 inhibitors and DPP-4 inhibitors with metformin	Drug name	<input type="checkbox"/> sitagliptin	<input type="checkbox"/> sitagliptin + metformin	<input type="checkbox"/> vildagliptin	<input type="checkbox"/> vildagliptin + metformin	Total Dose					
		<input type="checkbox"/> alogliptin	<input type="checkbox"/> alogliptin + metformin	<input type="checkbox"/> linagliptin	<input type="checkbox"/> linagliptin + metformin						
		<input type="checkbox"/> saxagliptin	<input type="checkbox"/> saxagliptin + metformin								
Insulin – rapid/short acting	Drug name	<input type="checkbox"/> insulin lispro	<input type="checkbox"/> insulin aspart	<input type="checkbox"/> insulin glulisine	<input type="checkbox"/> highly purified animal	Total Dose					
		<input type="checkbox"/> insulin human sequence			IU/day						
Insulin – long/intermediate acting	Drug name	<input type="checkbox"/> insulin degludec	<input type="checkbox"/> insulin detemir	<input type="checkbox"/> insulin glargine	<input type="checkbox"/> insulin zinc suspension	Total Dose					
		<input type="checkbox"/> protamine zinc insulin	<input type="checkbox"/> isophane insulin ( <i>highly purified animal</i> )		IU/day						
		<input type="checkbox"/> isophane insulin ( <i>human sequence</i> )									
Insulin – biphasic	Drug name	<input type="checkbox"/> biphasic insulin lispro	<input type="checkbox"/> biphasic insulin aspart	<input type="checkbox"/> biphasic isophane insulin ( <i>animal</i> )		Total Dose					
		<input type="checkbox"/> biphasic isophane insulin ( <i>human</i> )		<input type="checkbox"/> biphasic isophane insulin	IU/day						
Other antidiabetic medications or medications which could affect glycaemic control	Drug name	(freetext box)						Total Dose		mg/day	
Anti-obesity medication	Drug name	<input type="checkbox"/> orlistat	<input type="checkbox"/> sibutramine					Total Dose		mg/day	

## Initiation of liraglutide

Date of initiation of liraglutide (dd/mm/yyyy)    /    /

To improve gastro-intestinal tolerability liraglutide should be initiated at 0.6mg for at least 1 week and then be increased to 1.2mg in line with SPC

Change in other antidiabetic medication?	Yes    No	If yes please cross out the drug you are changing from and circle the drug you are changing to				New Dose				
Biguanides	Drug name	<input type="checkbox"/> metformin		Please add up the patient's total daily metformin dose (including metformin in combination products) and enter the sum value into the metformin 'Total Dose' box				Total Dose		mg/day
Sulphonylurea	Drug name	<input type="checkbox"/> gliclazide	<input type="checkbox"/> gliclazide MR	<input type="checkbox"/> gliclazide SR	<input type="checkbox"/> chlorpropamide	<input type="checkbox"/> gliclazide	<input type="checkbox"/> tolbutamide	<input type="checkbox"/> glibenclamide	Total Dose	mg/day
TZDs & TZDs with metformin	Drug name	<input type="checkbox"/> pioglitazone	<input type="checkbox"/> rosiglitazone	<input type="checkbox"/> pioglitazone + metformin	<input type="checkbox"/> rosiglitazone + metformin	Total Dose			mg/day	
Meglitinides	Drug name	<input type="checkbox"/> nateglinide	<input type="checkbox"/> repaglinide					Total Dose		mg/day
Alpha-glucosidase inhibitors	Drug name	<input type="checkbox"/> acarbose						Total Dose		mg/day
GLP-1 agonist	Drug name	<input type="checkbox"/> exenatide	<input type="checkbox"/> exenatide (once-weekly)	<input type="checkbox"/> exenatide qw	<input type="checkbox"/> lixisenatide	Total Dose			mcg/day	
SGLT2 inhibitors	Drug name	<input type="checkbox"/> dapagliflozin	<input type="checkbox"/> canagliflozin	<input type="checkbox"/> empagliflozin					Total Dose	mg/day
DPP-4 inhibitors and DPP-4 inhibitors with metformin	Drug name	<input type="checkbox"/> sitagliptin	<input type="checkbox"/> sitagliptin + metformin	<input type="checkbox"/> vildagliptin	<input type="checkbox"/> vildagliptin + metformin	Total Dose		mg/day		
		<input type="checkbox"/> alogliptin	<input type="checkbox"/> alogliptin + metformin	<input type="checkbox"/> linagliptin	<input type="checkbox"/> linagliptin + metformin				DPP-4 dose only	
		<input type="checkbox"/> saxagliptin	<input type="checkbox"/> saxagliptin + metformin							
Insulin - rapid/short acting	Drug name	<input type="checkbox"/> insulin lispro	<input type="checkbox"/> insulin aspart	<input type="checkbox"/> insulin glulisine	<input type="checkbox"/> highly purified animal	Total Dose				
		<input type="checkbox"/> insulin human sequence			IU/day					
Insulin - long/intermediate acting	Drug name	<input type="checkbox"/> insulin degludec	<input type="checkbox"/> insulin detemir	<input type="checkbox"/> insulin glargine	<input type="checkbox"/> insulin zinc suspension	Total Dose				
		<input type="checkbox"/> protamine zinc insulin	<input type="checkbox"/> isophane insulin ( <i>highly purified animal</i> )		IU/day					
		<input type="checkbox"/> isophane insulin ( <i>human sequence</i> )								

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# Initiation of liraglutide

New Dose

Insulin - biphasic

Drug name

biphasic insulin lispro

biphasic insulin aspart

biphasic isophane insulin (*animal*)

biphasic isophane insulin (*human*)

biphasic isophane insulin

IU/day

Other antidiabetic medications  
or medications which could  
affect glycaemic control

Drug name

(freetext box)

mg/day

Anti-obesity medication

Drug name

orlistat

sibutramine

mg/day

Patient opinion of antidiabetic treatment (where 0=lowest opinion & 6=highest opinion)

Place 'x' on Visual Analogue Scale corresponding to patient's satisfaction level with current treatment

0 1 2 3 4 5 6

Very dissatisfied

Very satisfied

Any other comments?