

ABCD prospective nationwide oral semaglutide audit – follow-up visit data collection form

Date / / (dd/mm/yyyy)

Name of clinician

Patient still taking oral semaglutide? Yes No (circle one)

Patient identification

Please record patient name and date of birth below

OR

AFFIX PATIENT LABEL HERE

Patient name

Date of birth / / (dd/mm/yyyy)

If no:

Date stopped / / (dd/mm/yyyy)

Reason stopped Efficacy Patient choice Side effects Other (circle one)

Reason if 'other'

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

HbA1c please enter either % <input type="text"/> % or 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"/>
Current weight <input type="text"/> kg	Date of test <input type="text"/>	Triglyceride <input type="text"/> mmol/L HDL <input type="text"/> mmol/L	Date of test <input type="text"/>
<i>BMI will be auto-calculated when data is entered into audit spreadsheet</i>		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"/>
Urine albumin: creatinine ratio mg/mmol (ACR) <input type="text"/>	Date of test <input type="text"/>		

Current dose of oral semaglutide 3 7 14 (circle one) mg/day

GI side effects No Yes, but transient Yes, continuing (circle one)

Other possible side effects

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Novo Nordisk Limited (Telephone Novo Nordisk Customer Care Centre 0845 6005055). Calls may be monitored for training purposes.

Current medication:

Metformin	<input type="radio"/> Yes <input type="radio"/> No	Yes = 1; No=0	Score <input type="text"/>
Sulphonylurea	<input type="radio"/> Yes <input type="radio"/> No	If yes, < half max. dose (Score 1) half max. dose (Score 2) > half max. dose – < full dose (Score 3) Full dose (Score 4)	Score <input type="text"/>
Pioglitazone	<input type="radio"/> 0mg <input type="radio"/> 15mg <input type="radio"/> 30mg <input type="radio"/> 45mg <input type="radio"/> No		
Meglitinides	<input type="radio"/> Yes <input type="radio"/> No	Yes = 1; No=0	Score <input type="text"/>
Alpha-glucosidase inhibitors	<input type="radio"/> Yes <input type="radio"/> No	Yes = 1; No=0	Score <input type="text"/>
SGLT2 inhibitors	<input type="radio"/> Yes <input type="radio"/> No	Yes = 1; No=0	Score <input type="text"/>
DPP-4 inhibitors	<input type="radio"/> Yes <input type="radio"/> No	Yes = 1; No=0	Score <input type="text"/>
Total dose of insulin			Total Dose <input type="text"/> IU/day
Other antidiabetic medications or medications which could affect glycaemic control	Drug name <input type="text"/>	<i>(freetext box)</i>	
Anti-obesity medication	Drug name <input type="radio"/> orlistat	Yes = 1; No=0	Score <input type="text"/>

ABCD prospective nationwide oral semaglutide audit – follow-up visit data collection form (continued)

Has the patient had a diabetic retinopathy assessment since last visit?

Yes No Tick one Date of screening: If not known please enter best guess

Result of screening

Visual acuity:	Left Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Circle one
	Right Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Circle one

Retinopathy screening grade:

Left Eye		Circle one	Right Eye		Circle one
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

Patient satisfaction – oral semaglutide live up to your expectations?

Tick one

Exceeded expectation

Achieved expectation

Neither did nor did not achieve expectation (neutral)

Did not achieve expectation

Any other comments?