

ABCD prospective nationwide Tirzepatide Audit – follow up visit data collection form



Association of
**British Clinical
Diabetologists**

Name	<input type="text"/>	Date of visit (dd/mm/yyyy)	<input type="text"/>
NHS Number	<input type="text"/>	Name of clinician	<input type="text"/>
Date of Birth	<input type="text"/>	Name of hospital	<input type="text"/>
Male <input type="checkbox"/> Female <input type="checkbox"/>		Center name	<input type="text"/>
Patient still taking tirzepatide? Yes <input type="checkbox"/> No <input type="checkbox"/> If no:		Centre ID	<input type="text"/>
Date of stopping (dd/mm/yyyy) <input type="text"/>		Height <input type="text"/> m	
Reason(s) stopped <input type="text"/>		Weight <input type="text"/> kg	
Reason if 'other' <input type="text"/>		BMI <input type="text"/> kg/m ²	
		Date <input type="text"/>	

Please provide separate height and weight measurements if they are available, rather than BMI, because the formula for calculating eGFR requires weight

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

HbA1c	please enter either % <input type="text"/> % or mmol/mol <input type="text"/> mmol/mol	Date of test	<input type="text"/>
		Triglyceride	<input type="text"/> mmol/L Date of test <input type="text"/>
		HDL	<input type="text"/> mmol/L Date of test <input type="text"/>
		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"/>
Urine albumin creatinine ratio	<input type="text"/>	Date of test	<input type="text"/>
		Serum creatinine	<input type="text"/> umol/L Date of test <input type="text"/>

Current dose of Tirzepatide mg/week

Any adverse effects?

*If you have chosen "Hypoglycaemia" did the patient experience Level 3 hypoglycaemia, defined as a severe event characterised by altered mental and/or physical functioning that requires assistance from another person for recovery, irrespective of glucose level?

Latest retinopathy grading

(tick one for each eye)

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.

Right	Left
<input type="checkbox"/> R0M0	<input type="checkbox"/> R0M0
<input type="checkbox"/> R0M1	<input type="checkbox"/> R0M1
<input type="checkbox"/> R1M0	<input type="checkbox"/> R1M0
<input type="checkbox"/> R1M1	<input type="checkbox"/> R1M1
<input type="checkbox"/> R2M0	<input type="checkbox"/> R2M0
<input type="checkbox"/> R2M1	<input type="checkbox"/> R2M1
<input type="checkbox"/> R3AM0	<input type="checkbox"/> R3AM0
<input type="checkbox"/> R3AM1	<input type="checkbox"/> R3AM1
<input type="checkbox"/> R3SM0	<input type="checkbox"/> R3SM0
<input type="checkbox"/> R3SM1	<input type="checkbox"/> R3SM1
<input type="checkbox"/> Uncertain	<input type="checkbox"/> Uncertain

- Date of the grading
- Currently under Ophthalmology?

(circle one)

Other possible side effects

Current Medications

Metformin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Sulfonylurea	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Pioglitazone	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Meglitinides	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Acarbose	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
SGLT2 inhibitors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
DPP-4 inhibitors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Insulin	Current total daily dose (all insulin types combined) <input type="text"/> units/Day Current number of insulin injections per day (all insulin types combined) <input type="text"/> injections/Day		

Clinician Perception of Patients' satisfaction (Please rate from 1 to 5)

1 2 3 4 5 Unable to ascertain (circle one)

1 = Negative
 2 = mildly negative
 3 = neutral
 4 = mildly positive
 5 = positive

Any other comments?