

# ABCD nationwide tirzepatide audit – visit 1 data collection form



Association of  
**British Clinical  
Diabetologists**

Name  Date of visit (dd/mm/yyyy)

NHS Number  Name of clinician

Date of Birth  Email

Male  Female

**Ethnicity**

White

Asian

Black

Mixed

Other

Unknown

Height  m

Weight  kg

BMI  kg/m<sup>2</sup>

Center name

Centre ID

Postcode  then enter postcode into <https://alasdairrae.github.io/postcodez/> to obtain IMD Decile (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

<input type="checkbox"/> Diabetic kidney disease	<p><b>Diabetic Retinopathy</b></p> <ul style="list-style-type: none"> <li>• Yes <input type="checkbox"/></li> <li>• No <input type="checkbox"/></li> <li>• Don't know <input type="checkbox"/></li> </ul> <p>If 'Yes', What is the date of last check? <input type="text"/></p> <ul style="list-style-type: none"> <li>• What was the last grade? Tick one for each eye.</li> </ul> <table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td>R0M0</td> <td>R0M0</td> <td></td> </tr> <tr> <td></td> <td>R0M1</td> <td>R0M1</td> <td></td> </tr> <tr> <td></td> <td>R1M0</td> <td>R1M0</td> <td></td> </tr> <tr> <td></td> <td>R1M1</td> <td>R1M1</td> <td></td> </tr> <tr> <td></td> <td>R2M0</td> <td>R2M0</td> <td></td> </tr> <tr> <td></td> <td>R2M1</td> <td>R2M1</td> <td></td> </tr> <tr> <td><b>Right</b></td> <td>R3AM0</td> <td>R3AM0</td> <td><b>Left</b></td> </tr> <tr> <td></td> <td>R3AM1</td> <td>R3AM1</td> <td></td> </tr> <tr> <td></td> <td>R3SM0</td> <td>R3SM0</td> <td></td> </tr> <tr> <td></td> <td>R3SM1</td> <td>R3SM1</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> <p style="text-align: right; font-size: small;">Tick the boxes where applicable</p>		R0M0	R0M0			R0M1	R0M1			R1M0	R1M0			R1M1	R1M1			R2M0	R2M0			R2M1	R2M1		<b>Right</b>	R3AM0	R3AM0	<b>Left</b>		R3AM1	R3AM1			R3SM0	R3SM0			R3SM1	R3SM1			Ungradeable	Ungradeable			Uncertain	Uncertain	
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<input type="checkbox"/> Diabetic neuropathy																																																	
<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/ myocardial infarction/CABG)																																																	
<input type="checkbox"/> Cerebrovascular (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																																																	

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

HbA1c    please enter **either** %  %    Date of test   
           **or** mmol/mol     mmol/mol

Triglycerides	<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"/>	ALT	<input type="text"/> IU/L	Date of test	<input type="text"/>
Urine ACR	<input type="text"/> mg/mmol	Date of test	<input type="text"/>	Serum creatinine	<input type="text"/> µmol/L	Date of test	<input type="text"/>

## Antidiabetic treatment before initiation of tirzepatide

Is the patient switching to tirzepatide from GLP1a treatment?	Yes	No	(Circle one)	
GLP-1 receptor agonist	Yes	No	(Circle one)	If yes, specify which GLP1a and the dose (Free text)
Metformin	Yes	No	(Circle one)	
Sulfonylurea	Yes	No	(Circle one)	
Thiazolidinediones (pioglitazone)	Yes	No	(Circle one)	
Meglitinides (repaglinide, nateglinide)	Yes	No	(Circle one)	
Alpha-glucosidase inhibitors (Acarbose)	Yes	No	(Circle one)	
SGLT2 inhibitors	Yes	No	(Circle one)	
DPP-4 inhibitors	Yes	No	(Circle one)	
Insulin	Yes	No	(Circle one)	Total daily Dose (all insulin types combined) <input type="text"/> units/Day Number of insulin injections per day (all insulin types combined) <input type="text"/> injections

Initiation of tirzepatide		Date of initiation of tirzepatide (dd/mm/yyyy)						<input type="text"/>
Reason for using Tirzepatide	Insufficiently effective <input type="checkbox"/>	Lack of supply <input type="checkbox"/>	Other <input type="checkbox"/> (please specify below)					
	Not tolerated <input type="checkbox"/>	Patient request <input type="checkbox"/>	Unknown <input type="checkbox"/>					
Starting dose of Tirzepatide	2.5 mg	5 mg	7.5 mg	10 mg	12.5 mg	15 mg		
Change in other antidiabetic medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Record medications as it will be after tirzepatide start)					
Metformin	Unchanged <input type="checkbox"/>	Increased <input type="checkbox"/>	Decreased <input type="checkbox"/>	Stopped <input type="checkbox"/>	Unknown <input type="checkbox"/>			
Sulfonylurea	Unchanged <input type="checkbox"/>	Increased <input type="checkbox"/>	Decreased <input type="checkbox"/>	Stopped <input type="checkbox"/>	Unknown <input type="checkbox"/>			
Pioglitazone	Unchanged <input type="checkbox"/>	Increased <input type="checkbox"/>	Decreased <input type="checkbox"/>	Stopped <input type="checkbox"/>	Unknown <input type="checkbox"/>			
Meglitinides	Unchanged <input type="checkbox"/>	Increased <input type="checkbox"/>	Decreased <input type="checkbox"/>	Stopped <input type="checkbox"/>	Unknown <input type="checkbox"/>			
Acarbose	Unchanged <input type="checkbox"/>	Increased <input type="checkbox"/>	Decreased <input type="checkbox"/>	Stopped <input type="checkbox"/>	Unknown <input type="checkbox"/>			
SGLT2 inhibitors	Unchanged <input type="checkbox"/>	Increased <input type="checkbox"/>	Decreased <input type="checkbox"/>	Stopped <input type="checkbox"/>	Unknown <input type="checkbox"/>			
DPP-4 inhibitors	Unchanged <input type="checkbox"/>	Increased <input type="checkbox"/>	Decreased <input type="checkbox"/>	Stopped <input type="checkbox"/>	Unknown <input type="checkbox"/>			
Insulin	Total daily dose <b>after</b> Tirzepatide initiation (all types of insulin combined)						<input type="text"/> units/Day	
	Total number of insulin injections per day (all types of insulin combined)						<input type="text"/> injections/Day	

### Healthcare professional comments

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

Any other comments?