ABCD nationwide dapagliflozin audit – Visit 1 data collection form

Date	/ / (dd/mm/yyyy)	Hospital Name	
Name of Clinician		Hospital Postcode	
Email		Centre I.D.	

NHS Number	
Forename	
Surname	(dd/mm/yyyy)
Date of Birth	/ /
Gender	Male ☐ Female ☐

AFFIX PATIENT LABEL HERE

White	☐ British ☐ Irish ☐ Any Other White Background	Black or Black British	☐ Caribbean ☐ African ☐ Any other
Mixed	☐ White and Black Caribbean ☐ White Asian ☐ Any Other Mixed Background	Other Ethnic Groups Ethnic	☐ Chinese ☐ Any Other Group ☐ Not stated
Asian or Asian British	☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Any Other Asian Background		

Height (metres)

Baseline medical history

Duration of diabetes in years

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

Does the patient have a job that would be (or has been) affected by going on insulin (e.g professional driver)?

Including type of licence if appropriate Licence types include: PCV (passenger carrying vehicles of category B (taxi/private hire drivers) or D (minibus) LGV (large goods vehicles) C1/C1E (lorries))

☐ Not as far as I'm aware ☐ Yes

If yes please give details including type of licence if appropriate

Has the patient had any urinary tract infections in the last year

Not as far as I am aware ☐ Possibly ☐ Uncertain ☐ Yes ☐ How many in total? ☐ How many required treatment? ☐

How many required hospital admission? ☐ Comment

Has the patient had a genital infection (thrush) in the last year?

Not as far as I am aware ☐ Possibly ☐ Uncertain ☐ Yes ☐ How many in total? ☐ How many required treatment? ☐

Comment

Does the patient have urinary incontinence?

Not as far as I am aware ☐ Uncertain ☐ Yes ☐

Does the patient have nocturia?

Not as far as I am aware ☐ Uncertain ☐ Yes ☐ How many times? ☐

Has this patient had bariatric surgery?

☐ No ☐ Yes Year of surgery ☐

Current antidiabetic treatment before initiation of Dapagliglozin (Forxiga®)

Please circle the drugs that the patient is on:

Metformin	Metformin **Total dose including any in combined preparations**	Total Dose ☐ mg/Day
Sulphonylurea	Glimepiride Glipizide Chlorpropamide Gliclazide Gliclazide MR Gliclazide SR Tolbutamide Glibenclamide	Total Dose ☐ mg/Day
Pioglitazone	Pioglitazone **Total dose including any in combined preparations**	Total Dose ☐ mg/Day
Meglitinides	Nateglinide Repaglinide	Total Dose ☐ mg/Day
Alpha-glucosidase inhibitors	Acarbose	Total Dose ☐ mg/Day
GLP-1 receptor agonists	Exenatide (Micrograms/day) Liraglutide (Milligrams/day) Lixisenatide(Micrograms/day) Exenatide QW (Milligrams/week)	Total Dose ☐ mcg/mg/Day/ Week
DPP4 inhibitors	Sitagliptin Vildagliptin Saxagliptin Linagliptin Alogliptin	Total Dose ☐ mg/Day
SGLT2 inhibitors	Canagliflozin Empagliflozin	Total Dose ☐ mg/Day
If switching to dapagliflozin from another SGLT2 inhibitor please give reason.		
Insulin - Rapid / Short Acting	Insulin Lispro Insulin Aspart Insulin Glulisine Highly purified Animal Insulin Human Sequence Other/Unsure	Total Dose ☐ IU/Day Please Specify
Insulin - Long / Intermediate Acting	Insulin Detemir Insulin Glargine Insulin zinc Suspension Protamine zinc insulin Isophane - Highly purified Animal Isophane - Insulin Human Sequence Insulin Degludec Other/Unsure	Total Dose ☐ IU/Day Please Specify
Insulin - Biphasic	Biphasic Insulin Lispro Biphasic Insulin Aspart Bishasic Isophane Insulin – Human Bishasic Isophane Insulin – Animal Other/Unsure	Total Dose ☐ IU/Day Please Specify
Other antidiabetic medications	Or medications which could affect glycaemic control	
Anit-obesity medication	Orlistat (Xenical)	Total Dose ☐ mg/Day

The ABCD nationwide exenatide QW audit is an independent audit supported by an unrestricted grant from Astra Zeneca

Test Results

Blood Pressure SBP ____ mmHg DBP ____ mmHg Date of test ____ (dd/mm/yyyy) **Current Weight** ____ kg Date of test ____ (dd/mm/yyyy)

HbA1c Percentage ____ % or mmol/mol ____ mmol/mol Date of test ____ **Lipids** Triglyceride Value ____ mmol/L HDL Value ____ mmol/L Total Cholesterol ____ mmol/L Date of test ____ (dd/mm/yyyy)

Alanine Aminotransferase - ALT ____ IU/L Date of measure ____ (dd/mm/yyyy) **Serum Creatinine** ____ mmol/L Date of measure ____ (dd/mm/yyyy)

Medication changes at Dapagliflozin start

☐ **Diabetes medication not changed at dapagliflozin start** ☐ **Diabetes medications changed at dapagliflozin start**

Record medication as it will be after dapagliflozin start – circle the drugs concerned and give the doses.

Metformin	Metformin **Total dose including any in combined preparations**	Total Dose ____ mg/Day
Sulphonylurea	Glimepiride / Glipizide / Chlorpropamide / Gliclazide / Gliclazide MR / Gliclazide SR / Tolbutamide / Glibenclamide	Total Dose ____ mg/Day
Pioglitazone	Pioglitazone **Total dose including any in combined preparations**	Total Dose ____ mg/Day
Meglitinides	Nateglinide / Repaglinide	Total Dose ____ mg/Day
Alpha-glucosidase inhibitors	Acarbose	Total Dose ____ mg/Day
GLP-1 receptor agonists	Exenatide (Micrograms/day) / Liraglutide (Milligrams/day) / Lixisenatide (Micrograms/day) / Exenatide QW (Micrograms/week)	Total Dose ____ mcg/mg/Day/ Week
DPP4 inhibitors	Sitagliptin / Vildagliptin / Saxagliptin / Linagliptin / Alogliptin	Total Dose ____ mg/Day
SGLT2 inhibitors	Canagliflozin / Empagliflozin	Total Dose ____ mg/Day
Insulin - Rapid / Short Acting	Insulin Lispro / Insulin Aspart / Insulin Glulisine / Highly purified Animal / Insulin Human Sequence / Other/Unsure	Total Dose ____ IU/Day Please Specify ____
Insulin - Long / Intermediate Acting	Insulin Detemir / Insulin Glargine / Insulin zinc Suspension / Protamine zinc insulin / Isophane - Highly purified Animal / Isophane - Insulin Human Sequence / Insulin Degludec / Other/Unsure	Total Dose ____ IU/Day Please Specify ____
Insulin - Biphasic	Biphasic Insulin Lispro / Biphasic Insulin Aspart / Bishasic Isophane Insulin – Human / Bishasic Isophane Insulin – Animal / Other/Unsure	Total Dose ____ IU/Day Please Specify ____
Other antidiabetic medications	Or medications which could affect glycaemic control ____	
Anit-obesity medication	Orlistat (Xenical)	Total Dose ____ mg/Day

Patient opinion of antidiabetic treatment 0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6

Any other patient comments?	Any other doctor/nurse comments?