The ABCD nationwide degludec audit is an independent audit supported by an unrestricted grant from Novo Nordisk Ltd

ABCD nationwide degludec audit – follow-up visit data collection form

Clinician

Centre

General Information

Visit date / / (dd/mm/yyyy)

Patient still taking degludec? Yes No (circle one)

If yes Dose: units/day

If no

When was degludec stopped? / / (dd/mm/yyyy)

Why was degludec stopped?

Injection site problems? Yes No (circle one)

Details

Patient Identification

Please record patient name and date of birth below
OR

AFFIX PATIENT LABEL HERE

Patient name

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

Any new adverse events/medical conditions/ worsening of pre-existing medical condition? Yes No (circle one)

Details

Adverse events should be reported according to local practice. Serious Adverse Events/Serious Adverse Reactions and pregnancy exposures must be reported within 24 hours of the Investigator's knowledge of the event to Novo Nordisk Ltd. via email to NNGB-SAFETY@novonordisk.com.

At what level does the patient know they are going low? Not at all <3mmol/l 3mmol/l or greater (circle one)

Assessment of awareness of hypoglycaemia (Gold Score)
Does the patient know when hypos are commencing? 1 2 3 4 5 6 7 (1) Always Aware (7) Never Aware (circle one)

Months after starting degludec (months)

Who administers degludec? Health professional Other Patient Relative (circle one) If other please specify:

When is degludec administered? Afternoon Evening/bedtime Lunchtime Morning Variable (circle one) If variable please specify:

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

Patient opinion of degludec compared to previous basal insulin

N/A Not previously on basal insulin | No preference | Prefer degludec | Prefer previous basal insulin | Slightly prefer degludec | Strongly prefer degludec | Strongly prefer previous basal insulin (circle one)

Patient's comments

Clinician's comments

Date of blood test							
Blood pressure SBP	mmHg			Blood pressure DBP	mmHg	Date of test	
Triglyceride	mmol/L	Date of test		HDL	mmol/L	Date of test	
Total Cholesterol	mmol/L	Date of test		Serum Creatinine	µmol/L	Date of test	
Height	m			Current weight	kg	Date of test	
BMI will be auto-calculated when data is entered into online audit form				Alanine aminotransferase ALT	IU/L	Date of test	

			New Dose	No Change	Change Dose	Added	Stopped/ Switched
Biguanides	Drug name	Metformin	mg/day				
Sulfonylureas	Drug name	Chlorpropamide, Glibenclamide, Gliclazide, Gliclazide MR, Gliclazide SR, Glimepiride, Glipizide	mg/day				

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			New Dose	No Change	Change Dose	Added	Stopped/ Switched
TZDs & TZDs with metformin	Drug name	Pioglitazone; Pioglitazone + metformin; Rosiglitazone; Rosiglitazone + metformin; Enter only dose of TZD	mg/day				
Meglitinides	Drug name	Nateglinide; Repaglinide	mg/day				
Alpha-glucosidase inhibitors	Drug name	Acarbose	mg/day				
GLP-1 agonist	Drug name	Exenatide; Liraglutide; Exenatide (once-weekly); Exenatide qw; Lixisenatide	mcg/day				
SGLT2 inhibitors	Drug name	Dapagliflozin; Canagliflozin; Empagliflozin	mg/day				
DPP-4 inhibitors and DPP-4 inhibitors with metformin	Drug name	Alogliptin; Alogliptin + metformin; Linagliptin; Linagliptin + metformin; Sitagliptin + metformin; Sitagliptin; Saxagliptin; Saxagliptin + metformin; Vildagliptin; Vildagliptin + metformin; Enter only dose of DDP-4 inhibitor	mg/day				
Insulin – rapid/short acting	Drug name	Insulin aspart; Insulin glulisine; Insulin lispro	IU/day				
Insulin – long/ intermediate acting	Drug name	Insulin detemir; Insulin glargine; Insulin zinc suspension	IU/day				
Insulin – biphasic	Drug name	Biphasic insulin aspart; Biphasic insulin lispro; Biphasic isophane insulin	IU/day				
Insulin – pump therapy	Drug name	Human soluble insulin; Insulin aspart; Insulin glulisine; Insulin lispro; Porcine soluble insulin; Other	Basal insulin rate units/ 24hrs; Bolus insulin amount units/ 24hrs				
Other antidiabetic medications or medications which could affect glycaemic control	Drug name		mg/day				
Anti-obesity medication	Drug name	Orlistat; Sibutramine	mg/day				

Hypoglycaemia History

Roughly how long since last visit (months)

Hypoglycaemia frequency

Please give best estimate. For example, if last visit was 3 months ago and a patient has had on average 2 mild hypos per week, then enter 26 as your best estimate of the number over the last 3 months.

Minor
Self-treated (symptoms/glucose values not required)

Severe
3rd party intervention (defined as patient could not have self-treated. Excludes cases where a patient could have self-treated but a kind person helped)

Nocturnal
Either minor or severe, 00:00 to 06:00

Increased	Decreased	Stayed the same (circle one)	Number since last visit	

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Severe Episodes

Episode Details		Episode Number				
		1	2	3	4	5
Blood Glucose value (mmol/L)						
Symptoms (choose as many as apply)	Remembered by patient	Yes No	Yes No	Yes No	Yes No	Yes No
	Reported by 3rd Party	Yes No	Yes No	Yes No	Yes No	Yes No
	Confused	Yes No	Yes No	Yes No	Yes No	Yes No
	Semi-conscious	Yes No	Yes No	Yes No	Yes No	Yes No
	Unconscious	Yes No	Yes No	Yes No	Yes No	Yes No
	Not known	Yes No	Yes No	Yes No	Yes No	Yes No
Treatment (choose as many as apply)	Family member/friend	Yes No Not known	Yes No Not known	Yes No Not known	Yes No Not known	Yes No Not known
	Ambulance call out	Yes No Not known	Yes No Not known	Yes No Not known	Yes No Not known	Yes No Not known
	Hospitalisation	Yes No Not known	Yes No Not known	Yes No Not known	Yes No Not known	Yes No Not known
	Required oral glucose	Yes No Not known	Yes No Not known	Yes No Not known	Yes No Not known	Yes No Not known
	Required IM glucagon	Yes No Not known	Yes No Not known	Yes No Not known	Yes No Not known	Yes No Not known
	Required IV glucose	Yes No Not known	Yes No Not known	Yes No Not known	Yes No Not known	Yes No Not known

Please use blank paper for additional severe episodes