

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

Clinician

Centre

General Information

Visit date / / (dd/mm/yyyy)

Patient still taking IDegLira? **Yes** **Temporarily stopped** **No** (circle one)

If yes Dose: dose steps

If no When was IDegLira stopped? / / (dd/mm/yyyy)

If stopped, reason stopped?
Efficacy **Patient choice**
GI side effect **Other**

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

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.

Months after starting IDegLira (months)

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

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

HbA_{1c} please enter either % or mmol/mol Date of test

Patient opinion of IDegLira compared to previous basal insulin

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

Patient's comments

Clinician's comments

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

Patient Satisfaction

Place 'x' on Visual Analogue Scale corresponding to patient's satisfaction level with current treatment 0 1 2 3 4 5 6
 Patient option of antidiabetic treatment BEFORE introducing IDegLira (where 0= lowest opinion & 6= highest opinion)

Any other patient comments?

Any other doctor/nurse comments?

			New Dose	No Change	Change Dose	Added	Stopped/ Switched
Biguanides	Drug name	<input type="text"/> Metformin	Enter total dose including that in combination tablets <input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulphonylureas	Drug name	<input type="text"/> Chlorpropamide <input type="text"/> Glibenclamide <input type="text"/> Gliclazide <input type="text"/> Gliclazide MR	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="text"/> Gliclazide SR <input type="text"/> Glimepiride <input type="text"/> Glipizide					

				New Dose	No Change	Change Dose	Added	Stopped/ Switched
TZDs & TZDs with metformin	Drug name	Pioglitazone	Pioglitazone + metformin	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Rosiglitazone	Rosiglitazone + metformin					
Meglitinides	Drug name	Nateglinide	Repaglinide	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alpha-glucosidase inhibitors	Drug name	Acarbose		<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GLP-1 agonist	Drug name	Exenatide	Liraglutide	<input type="text"/> mcg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Exenatide qw	Lixisenatide					
SGLT2 inhibitors	Drug name	Dapagliflozin	Canagliflozin	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPP-4 inhibitors and DPP-4 inhibitors with metformin	Drug name	Alogliptin	Alogliptin + metformin	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Linagliptin	Linagliptin + metformin					
		Sitagliptin	Sitagliptin + metformin					
		Saxagliptin	Saxagliptin + metformin					
		Vildagliptin	Vildagliptin + metformin	Enter only dose of DPP-4 inhibitor				
Insulin – rapid/short acting	Drug name	Actrapid	Apidra	<input type="text"/> units/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Fiasp	Humalog					
		Humalog S	Insuman Rapid					
Insulin – long/ intermediate acting	Drug name	Abasaglar	Humulin I	<input type="text"/> units/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Insulatard	Insuman Basal					
		Lantus	Levemir					
Insulin – biphasic	Drug name	Humalog Mix 25	Humalog Mix 50	<input type="text"/> units/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Humulin M3	Insuman Comb 15					
		Insuman Comb 25	Insuman Comb 50					
Other antidiabetic medications or medications which could affect glycaemic control	Drug name	<input type="text"/>		<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-obesity medication	Drug name	Orlistat	Sibutramine	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

Number in last 3 months

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

Of those episodes listed above (minor or severe), how many have occurred between 00:00 and 6:00