ABCD nationwide IDegLira audit – first visit data collection form

ABCD
Association of British Clinical Diabetologists

Clinician _____   Centre _____

Patient Identification

AFFIX PATIENT LABEL HERE **OR** Please record patient name, gender and date of birth below	

Patient name _____

Gender   **Male   Female**   (circle one)

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

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

Date of visit _____ / _____ / _____ (dd/mm/yyyy)   Age _____

First Visit - Baseline Medical History

Duration of diabetes (in years) at this visit _____ years

Type of diabetes   **Type 1   Type 2   Other**   (circle one)   If other please specify: _____

HbA$_{1c}$	please enter **either** _____ %	**or** _____ mmol/mol	Date of test _____

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 _____

Pancreatitis and Bariatric Surgery

Has the patient ever had pancreatitis?   **Yes   No**   (circle one)   Has the patient ever had Bariatric Surgery?   **Yes   No**   (circle one)

Details _____

Rationale for starting IDegLira?

Problems with hypoglycaemia on current treatment   **Yes   No**   (circle one)   Poor compliance, e.g. need flexible injection timing   **Yes   No**   (circle one)

Need more than 80 IU/day   **Yes   No**   (circle one)   Highly variable glucose values with current insulin regime   **Yes   No**   (circle one)

Achieving glycaemic control   **Yes   No**   (circle one)   To fit in with variably timed visit by third party to administer (e.g. district nurse, relative)   **Yes   No**   (circle one)

Stop or reduce weight gain   **Yes   No**   (circle one)   Preferred once-daily combination regimen instead of free combination   **Yes   No**   (circle one)

If other please specify _____

Patient Satisfaction

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

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

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

First visit - Current Medications before initiation of IDegLira

Please circle the drugs that the patient is on

Total Dose

Biguanides	Drug name	Metformin	Enter total dose including that in combination tablets	_____ mg/day

Sulphonylureas	Drug name	Chlorpropamide	Glibenclamide	Gliclazide	Gliclazide MR	Gliclazide SR	Glimepiride	Glipizide	_____ mg/day

Drug class	Drug name	Options						Total Dose
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	Dulaglutide	_____ mg/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 / Saxagliptin / Saxagliptin + metformin / Sitagliptin / Sitagliptin + metformin / Vildagliptin / Vildagliptin + metformin				Enter only dose of DDP-4 inhibitor		_____ mg/day
Insulin – rapid/short acting	Drug name	Actrapid / Apidra / Fiasp / Humalog / Humalog S / Insuman Rapid / NovoRapid / Other						_____ units/day
Insulin – long/ intermediate acting	Drug name	Abasaglar / Humulin I / Insulatard / Insuman Basal / Lantus / Levemir / Tresiba / Other						_____ units/day
Insulin – biphasic	Drug name	Humalog Mix 25 / Humalog Mix 50 / Humulin M3 / Insuman Comb 15 / Insuman Comb 25 / Insuman Comb 50 / NovoMix 30 / Other						_____ units/day
Other antidiabetic medications or medications which could affect glycaemic control	Drug name							_____ mg/day
Anti-obesity medication	Drug name	Orlistat	Sibutramine					_____ mg/day

First Visit - Hypoglycaemia History

Please give best estimate. For example, if over the last 3 months a patient has had on average 2 mild hypos per week, then enter 24 as your best estimate of the number over the last 3 months.

	Number in 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	_____

Initiation of IDegLira

Start dose _____ dose steps

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

Proposed time of IDegLira administration: **Afternoon Evening/bedtime Lunchtime Morning Variable** (circle one) If variable please specify: _____

Date of initiation of degludec: ___/___/___ (dd/mm/yyyy) Change in other antidiabetic medication? **Yes No** (circle one)

If yes, please indicate change below

	Drug name	Options	New Dose	No Change	Change Dose	Added	Stopped/ Switched
Biguanides	Drug name	Metformin Enter total dose including that in combination tablets	_____ mg/day	☐	☐	☐	☐
Sulphonylureas	Drug name	Chlorpropamide / Glibenclamide / Gliclazide / Gliclazide MR / Gliclazide SR / Glimepiride / Glipizide	_____ mg/day	☐	☐	☐	☐

		Medications			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 / Dulaglutide				_____ mg/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	Actrapid / Apidra / Fiasp / Humalog / Humalog S / Insuman Rapid / NovoRapid / Other				_____ units/day	☐	☐	☐	☐
Insulin – long/ intermediate acting	Drug name	Abasaglar / Humulin I / Insulatard / Insuman Basal / Lantus / Levemir / Tresiba / Other				_____ units/day	☐	☐	☐	☐
Insulin – biphasic	Drug name	Humalog Mix 25 / Humalog Mix 50 / Humulin M3 / Insuman Comb 15 / Insuman Comb 25 / Insuman Comb 50 / NovoMix 30 / Other				_____ units/day	☐	☐	☐	☐
Other antidiabetic medications or medications which could affect glycaemic control	Drug name					_____ mg/day	☐	☐	☐	☐
Anti-obesity medication	Drug name	Orlistat / Sibutramine				_____ mg/day	☐	☐	☐	☐