

# ABCD nationwide exenatide QW audit – Visit 1 data collection form



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

NHS Number		White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any Other White Background	Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other
Forename		Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White Asian <input type="checkbox"/> Any Other Mixed Background	Other Ethnic Groups Ethnic	<input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Group <input type="checkbox"/> Not stated
Surname	(dd/mm/yyyy)	Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any Other Asian Background		
Date of Birth	/ /				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>				
AFFIX PATIENT LABEL HERE					
		Height (metres)			

## Baseline medical history

Duration of diabetes in years  Date of initiation of Exenatide QW / / (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 ever had pancreatitis ?**

Not as far as I'm aware  Possibly  Uncertain  Yes

Please give details

**Has this patient had bariatric surgery?**

No  Yes Year of surgery

## Current antidiabetic treatment before initiation of Exenatide QW (Bydureon®)

Please circle the drugs that the patient is on:

<b>Metformin</b>	<input type="checkbox"/> Metformin	<b>Total dose including any in combined preparations</b>	Total Dose <input type="text"/> mg/Day
<b>Sulphonylurea</b>	<input type="checkbox"/> Glimepiride <input type="checkbox"/> Glipizide <input type="checkbox"/> Chlorpropamide <input type="checkbox"/> Gliclazide <input type="checkbox"/> Gliclazide MR <input type="checkbox"/> Gliclazide SR <input type="checkbox"/> Tolbutamide <input type="checkbox"/> Glibenclamide	<b>Total dose including any in combined preparations</b>	Total Dose <input type="text"/> mg/Day
<b>Pioglitazone</b>	<input type="checkbox"/> Pioglitazone	<b>Total dose including any in combined preparations</b>	Total Dose <input type="text"/> mg/Day
<b>Meglitinides</b>	<input type="checkbox"/> Nateglinide <input type="checkbox"/> Repaglinide	<b>Total dose including any in combined preparations</b>	Total Dose <input type="text"/> mg/Day
<b>Alpha-glucosidase inhibitors</b>	<input type="checkbox"/> Acarbose	<b>Total dose including any in combined preparations</b>	Total Dose <input type="text"/> mg/Day
<b>Has patient been on a GLP-1 agonist before exenatide QW?</b>			
<input type="checkbox"/> <b>currently on another GLP-1 agonist, changing over to exenatide QW (Please circle)</b>			
<input type="checkbox"/> Exenatide <input type="checkbox"/> Liraglutide <input type="checkbox"/> Lixisenatide			Total Dose <input type="text"/> mcg/mg/Day
What is the main reason for changing GLP-1 receptor agonist to exenatide QW?			
<input type="checkbox"/> Not specified <input type="checkbox"/> GI intolerance <input type="checkbox"/> lack HbA1c and weight reduction <input type="checkbox"/> lack HbA1c reduction <input type="checkbox"/> Lack weight reduction <input type="checkbox"/> Patient preference for less injections or compliance issues <input type="checkbox"/> Other			Please Specify <input type="text"/>
<input type="checkbox"/> <b>previously on another GLP-1 agonist, now starting exenatide QW (Please circle)</b>			
<input type="checkbox"/> Exenatide <input type="checkbox"/> Liraglutide <input type="checkbox"/> Lixisenatide			Total Dose <input type="text"/> mcg/mg/Day
What is the main reason for discontinuing this GLP-1 receptor agonist?			
<input type="checkbox"/> Not specified <input type="checkbox"/> GI intolerance <input type="checkbox"/> lack HbA1c and weight reduction <input type="checkbox"/> lack HbA1c reduction <input type="checkbox"/> Lack weight reduction <input type="checkbox"/> Patient preference for less injections or compliance issues <input type="checkbox"/> Other			Please Specify <input type="text"/> Months Since Stoppage <input type="text"/>
<b>DPP4 inhibitors</b>	<input type="checkbox"/> Sitagliptin <input type="checkbox"/> Vildagliptin <input type="checkbox"/> Saxagliptin <input type="checkbox"/> Linagliptin <input type="checkbox"/> Alogliptin	<b>Total dose including any in combined preparations</b>	Total Dose <input type="text"/> mg/Day
<b>SGLT2 inhibitors</b>	<input type="checkbox"/> Dapagliflozin <input type="checkbox"/> Canagliflozin <input type="checkbox"/> Empagliflozin	<b>Total dose including any in combined preparations</b>	Total Dose <input type="text"/> mg/Day
<b>Insulin - Rapid / Short Acting</b>	<input type="checkbox"/> Insulin Lispro <input type="checkbox"/> Insulin Aspart <input type="checkbox"/> Insulin Glulisine <input type="checkbox"/> Highly purified Animal <input type="checkbox"/> Insulin Human Sequence <input type="checkbox"/> Other/Unsure	<b>Total dose including any in combined preparations</b>	Total Dose <input type="text"/> IU/Day Please Specify <input type="text"/>
<b>Insulin - Long / Intermediate Acting</b>	<input type="checkbox"/> Insulin Detemir <input type="checkbox"/> Insulin Glargine <input type="checkbox"/> Insulin zinc Suspension <input type="checkbox"/> Protamine zinc insulin <input type="checkbox"/> Isophane - Highly purified Animal <input type="checkbox"/> Isophane - Insulin Human Sequence <input type="checkbox"/> Insulin Degludec <input type="checkbox"/> Other/Unsure	<b>Total dose including any in combined preparations</b>	Total Dose <input type="text"/> IU/Day Please Specify <input type="text"/>
<b>Insulin - Biphasic</b>	<input type="checkbox"/> Biphasic Insulin Lispro <input type="checkbox"/> Biphasic Insulin Aspart <input type="checkbox"/> Bisphasic Isophane Insulin – Human <input type="checkbox"/> Bisphasic Isophane Insulin – Animal <input type="checkbox"/> Other/Unsure	<b>Total dose including any in combined preparations</b>	Total Dose <input type="text"/> IU/Day Please Specify <input type="text"/>

**Other antidiabetic medications** Or medications which could affect glycaemic control

**Anit-obesity medication**  Orlistat (Xenical) Total Dose  mg/Day

**Test Results**

Blood Pressure	SBP	<input type="text"/>	mmHg	Date of test	<input type="text"/>	<input type="text"/>	<input type="text"/>	Current Weight	<input type="text"/>	kg	Date of test	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DBP	<input type="text"/>	mmHg		(dd/mm/yyyy)				(dd/mm/yyyy)					
HbA1c	Percentage	<input type="text"/>	%	Lipids	Triglyceride Value	<input type="text"/>	mmol/L	Date of test	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	or mmol/mol	<input type="text"/>	mmol/mol		HDL Value	<input type="text"/>	mmol/L		(dd/mm/yyyy)					
	Date of test	<input type="text"/>	<input type="text"/>		<input type="text"/>	Total Cholesterol	<input type="text"/>		mmol/L					
Alanine Aminotransferase - ALT	<input type="text"/>	IU/L	Date of measure	<input type="text"/>	<input type="text"/>	<input type="text"/>	Serum Creatinine	<input type="text"/>	mmol/L	Date of measure	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Medication changes**

Diabetes medication not changed at Exenatide QW start     Diabetes medications changed at Exenatide QW start

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

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

<b>Any other patient comments?</b>	<b>Any other doctor/nurse comments?</b>