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

ABCD prospective nationwide liraglutide audit – follow-up visit data collection form



Date		/	/	(dd/mr	m/yyyy) Pat	ient identifi	cation				
Name of clinician	Name of clinician Please record patient name and date of birth below OR										
Patient still taking liraglu	tide?		Yes N	No (circ	cle one)		— – AFF	IX PATIENT LABEL HE	RE		
If no:											
Date stopped		/	/	(dd/mm/	(yyyy) I						
Reason stopped	Efficacy	Patient cl	hoice Side effect			Patient name					
Reason if 'other'			(energians)		=	I Date of birth		1			
						ate or birtir		,	,	(dd/mm	n/yyyy)
					╝ [_						
Results of tests if undertaken ((test date	es MUST k	ne entered for a	Il tests where re	sults are reported	d (dd/mm/\\\\\))					
HbA1c please enter eit		es MOST k	%	Date of test	·	Blood pressu	ıre SBP	mmHg	Date of test		
or mmol/mol in corre	ect cell		mmol/mol				DBP	mmHg			
						Trigly	/ceride	mmol/L	Date of test		
Current v	veight		kg	Date of test	:		HDL	mmol/L	Date of test		
BMI will be auto-calculated wh	г	is entered	7			Total chol	_	mmol/L	Date of test		
Alanine aminotransferase	e – ALT [IU/L	Date of test		Serum cre	atinine	μmol/L	Date of test		
Current dose of liraglutid	e	0.6	1.2	1.8	(circle one)	mg/day			Adverse even		
GI side effects No					es, continuing (circle one)				information can be found at www.mhra.gov.uk/yellowcard.		
Other possible side effects									Adverse even	o Novo I	Nordisk
									Limited (Tele Nordisk Custo 0845 6005055	mer Car	e Centre
									be monitored purposes.		
Change in other antidiabe						Yes	No	(circle one)			
n yes pease doss out the drug you	are chang	jing nom u	na circle the drug	you are changing t					New Do	se	Stopped or Switched
Biguanides	Dru	g name	metformin		e patient's total dail ducts) and enter the					mg/day	Yes / No
Sulphonylurea	Dru	g name	glimepiride	glipizide	chlorpropamide	gliclazide					
			gliclazide MR	gliclazide SR	tolbutamide	glibenclamide				mg/day	Yes / No
TZDs & TZDs with metformin	Dru	g name	pioglitazone	rosiglitazone	pioglitazone	+ metformin	rosiglit	azone + metformin	TZD dose only	mg/day	Yes / No
Meglitinides	Dru	g name	nateglinide	repaglinide						mg/day	Yes / No
Alpha-glucosidase inhibitors	Dru	g name	acarbose							mg/day	Yes / No
GLP-1 agonist	Dru	g name	exenatide	exenatide (once-weekly)	lixisenatide	exenatide	qw		mcg/day	Yes / No
SGLT2 inhibitors	Dru	g name	dapagliflozin	canagliflozin	empagliflozin					mg/day	Yes / No
DPP-4 inhibitors and DPP-4 inhibitors with metformin	Dru	g name	sitagliptin	sitagliptin -	+ metformin	vildagliptin	vildag	liptin + metformin			
			alogliptin	alogliptin -	+ metformin	linagliptin	linagl	iptin + metformin			
			saxagliptin	saxagliptin	+ metformin				DPP-4 dose only	mg/day	Yes / No

ABCD prospective nation	nwide lirag	lutide audit	– follow-up	visit data co	ollection for	m (continue	d)			
						New Dose		Stopped or Switched		
Insulin – rapid/short acting	Drug name	insulin lispro	insulin aspart	insulin glulisine	highly pur	ified animal				
		insulin hum	an sequence						IU/day	Yes / No
Insulin – long/intermediate acting	Drug name	insulin degludec	insulin detemir	insulin glargine	insulin zind	c suspension				
		protamine zinc insulin isophane insulin (highly purified animal)								
		isophane insulin (human sequence)						IU/day	Yes / No	
Insulin – biphasic	Drug name	biphasic insulin lispro biphasic insulin aspart biphasic isophane insulin (an			e insulin <i>(animal)</i>					
	biphasic isophane insulin (human) biphasic isophane insulin							IU/day	Yes / No	
Other antidiabetic medications or medications which could										
affect glycaemic control		(freetext box)							mg/day	Yes / No
Anti-obesity medication	Drug name	orlistat	sibutramine						mg/day	Yes / No
Patient opinion of antidiabetic treatme Place 'x' on Visual Analogue Scale corre	esponding to pation	ent's satisfaction le	vel with current tre							
0 1 2	3	4 	5 	6 						
Very dissatisfied				Very satisfied						