

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

Date  /  /  (dd/mm/yyyy)

Name of clinician

Patient still taking semaglutide?  Yes  No (circle one)

## Patient identification

Please record patient name and date of birth below

OR

AFFIX PATIENT LABEL HERE

Patient name

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

If no:

Date stopped  /  /  (dd/mm/yyyy)

Reason stopped  Efficacy  Patient choice  Side effects  Other (circle one)

Reason if 'other'

Test Results (test dates **MUST** be entered for all tests where results are reported (dd/mm/yyyy))

|   |                                   |   |                                   |
|---|-----------------------------------|---|-----------------------------------|
| HbA1c please enter either % <input type="text"/> %<br>or mmol/mol in correct cell <input type="text"/> mmol/mol | Date of test <input type="text"/> | Blood pressure SBP <input type="text"/> mmHg<br>DBP <input type="text"/> mmHg | Date of test <input type="text"/> |
| Current weight <input type="text"/> kg  | Date of test <input type="text"/> | Triglyceride <input type="text"/> mmol/L<br>HDL <input type="text"/> mmol/L   | Date of test <input type="text"/> |
| <i>BMI will be auto-calculated when data is entered into audit spreadsheet</i>                                  |                                   | Total cholesterol <input type="text"/> mmol/L                                 | Date of test <input type="text"/> |
| Alanine aminotransferase - ALT <input type="text"/> IU/L  | Date of test <input type="text"/> | Serum creatinine <input type="text"/> µmol/L                                  | Date of test <input type="text"/> |
| Urine albumin: creatinine ratio mg/mmol (ACR) <input type="text"/>  | Date of test <input type="text"/> |   |                                   |

Current dose of semaglutide  0.25  0.5  1.0 (circle one) mg/week

GI side effects  No  Yes, but transient  Yes, continuing (circle one)

Other possible side effects

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard). Adverse events should also be reported to Novo Nordisk Limited (Telephone Novo Nordisk Customer Care Centre 0845 6005055). Calls may be monitored for training purposes.

## Current medication:

|  |   |   |  |
|--|---|---|--|
| Metformin  | <input type="radio"/> Yes <input type="radio"/> No  | Yes = 1; No=0   | Score <input type="text"/>             |
| Sulphonylurea  | <input type="radio"/> Yes <input type="radio"/> No  | If yes, < half max. dose (Score 1)<br>half max. dose (Score 2)<br>> half max. dose – < full dose (Score 3)<br>Full dose (Score 4) | Score <input type="text"/>             |
| Pioglitazone   | <input type="radio"/> 0mg <input type="radio"/> 15mg <input type="radio"/> 30mg <input type="radio"/> 45mg <input type="radio"/> No |   |  |
| Meglitinides   | <input type="radio"/> Yes <input type="radio"/> No  | Yes = 1; No=0   | Score <input type="text"/>             |
| Alpha-glucosidase inhibitors   | <input type="radio"/> Yes <input type="radio"/> No  | Yes = 1; No=0   | Score <input type="text"/>             |
| SGLT2 inhibitors   | <input type="radio"/> Yes <input type="radio"/> No  | Yes = 1; No=0   | Score <input type="text"/>             |
| DPP-4 inhibitors   | <input type="radio"/> Yes <input type="radio"/> No  | Yes = 1; No=0   | Score <input type="text"/>             |
| Total dose of insulin  |   |   | Total Dose <input type="text"/> IU/day |
| Other antidiabetic medications or medications which could affect glycaemic control | Drug name <input type="text"/>  | (freetext box)  |  |
| Anti-obesity medication  | Drug name <input type="radio"/> orlistat  | Yes = 1; No=0   | Score <input type="text"/>             |

Patient satisfaction – did semaglutide live up to your expectations?

Tick one

Exceeded expectation

Achieved expectation

Neither did nor did not  
achieve expectation (neutral)

Did not achieve expectation

Any other comments?