OK-Diabetes

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Phase II
Follow-up Medical Records Information

Person Initials		Date of Birth	Day Month Year	Phase I ID	

To be completed from medical records at the follow-up time point for all participants

NHS number

Completed by ☐ GP practice ☐ Researcher visiting GP

Most Recent Test Results

Test	Value	Date assessed	Or tick if not available	Notes
QRISK2	. % Or tick if >20% ☐ Please only use results calculated by QRISK2	Day Month Year	☐	
Serum creatinine	. µmol/L	Day Month Year	☐	
Microalbuminuria	mg	Day Month Year	☐	
Date of most recent retinal screen		Day Month Year	☐	
Date of most recent foot examination		Day Month Year	☐	

Diabetes Medications

Is the person currently taking any medication for their diabetes? ☐ Yes ☐ No

If yes, please tick all that apply:

- ☐ Metformin
- ☐ Metformin SR *e.g. Glucophage SR*
- ☐ Gliclazide *e.g. Diamicron*
- ☐ Glimepiride *e.g. Amaryl*
- ☐ Glibenclamide *e.g. Daonil, Semi-Daonil and Euglucon*
- ☐ Sitagliptin *e.g. Januvia*
- ☐ Linagliptin *e.g. Trajenta*
- ☐ Vildagliptin *e.g. Galvus*
- ☐ Saxagliptin *e.g. Onglyza*
- ☐ Alogliptin *e.g. Vipidia*
- ☐ Pioglitazone *e.g. Actos*
- ☐ Dapagliflozin *e.g. Forxiga*
- ☐ Exenatide *e.g. Byetta*
- ☐ Exenatide ER *e.g. Bydureon*
- ☐ Liraglutide *e.g. Victoza*
- ☐ Metformin in combination with Sitagliptin *e.g. Janumet*
- ☐ Metformin in combination with Vipidia *e.g. Vipdomet*
- ☐ Lixisenatide *e.g. Lyxumia*
- ☐ Insulin
- ☐ Other, please specify

Completed by Date Day Month Year

Form continues on next page ►►

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For office use only	Computerised Date	Initials	Verified/Checked Date	Initials

OK-Diabetes

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Phase II
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Person Initials		Date of Birth	Day Month Year	Phase I ID	

Service Usage

Only complete this page with information from randomisation until 4 months later

Please indicate the person's service usage for the time period: *(Randomisation date)* Day Month Year TO *(4 months later)* Day Month Year

(Please answer all questions)

Service	Did they use this service? Yes	No	Unknown	If used, how many times?		
Inpatient stays	☐	☐	☐		☐ Number of times not known	**Also complete hospital section below***
A&E *(Including minor injuries clinics)*	☐	☐	☐		☐ Number of times not known	
GP *(Including out-of-hours appointments)*	☐	☐	☐		☐ Number of times not known	
Practice Nurse	☐	☐	☐		☐ Number of times not known	
District Nurse *(Home visit)*	☐	☐	☐		☐ Number of times not known	
Diabetic clinic at the hospital	☐	☐	☐		☐ Number of times not known	
Ophthalmologist	☐	☐	☐		☐ Number of times not known	
Podiatrist	☐	☐	☐		☐ Number of times not known	
Dietician	☐	☐	☐		☐ Number of times not known	
Nephrologist	☐	☐	☐		☐ Number of times not known	
Diabetes educational course	☐	☐	☐		☐ Number of times not known	
Chronic illness course	☐	☐	☐		☐ Number of times not known	
Other services, please specify:	☐	☐	☐			
					☐ Number of times not known	
					☐ Number of times not known	

Hospital Usage

***If the person has been in hospital within the time period stated above, was it due to:**

(Please answer all questions)

Reason	Yes	No	Unknown	If yes, how many times?	
Diabetes related physical illness?	☐	☐	☐		☐ Number of times not known
Non- diabetes related physical illness?	☐	☐	☐		☐ Number of times not known
Mental illness?	☐	☐	☐		☐ Number of times not known

Completed by | Date Day Month Year | *Last Page* ■

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