

Full questionnaire for GPs (Study D)

GP questionnaire: v2.0 17 February 2012

Questionnaire *(This should ideally be completed by the GP who issued the first prescription).*

Practice ID	Patient ID	Sex	Year of Birth

Anti-obesity medication:	<i>Metformin/Orlistat/Sibutramine</i>
Ethnicity	
Date of first prescription:	
Date of last prescription:	
Total supply issued (months):	

1. Has this patient been obese within the last 2 years?

- Yes (Please return the completed questionnaire to AIS using the self addressed label enclosed and forward the invitation pack to the patient)
- No: this patient is not eligible for this study. (Please return the completed questionnaire & the invitation pack to AIS using the self addressed label enclosed)

Please enter any measurements you have in the last 2 years (in any order)

Date									
Weight (kg)									
Height (cms)									

2. What co-morbidities has this patient had (tick all that apply)?

- Hypertension Hyperinsulinaemia Dyslipidaemia Type 2 diabetes Psychological dysfunction
- Psycho-social distress (e.g. low self-esteem, teasing and bullying)
- Mental health (e.g. depression, eating disorder) Sleep apnoea
- Weight-related exacerbations of conditions such as asthma Polycystic ovarian syndrome
- Orthopaedic/mobility issues related to weight (please specify): _____
- Other (please specify): _____

3. How was this medication initiated?

- GP issued this medication without secondary/tertiary care advice (go to question X)
- GP issued this medication after advice from secondary/tertiary care team (go to question Y)

X) Which of the following did the patient receive BEFORE initiation of medication (by any member of team, e.g. dietician, councillor, practice nurse)

A. General assessment:

- Dietetic review Lifestyle review Medical causes of obesity
- Growth and pubertal status Family history of obesity and co-morbidities
- Records inadequate to answer

B. Assessment of co-morbidities:

- Hypertension Hyperinsulinaemia Dyslipidaemia Type 2 diabetes
- Sleep apnoea Exacerbations of conditions such as asthma
- Psycho-social distress (e.g. low self-esteem, teasing, bullying) Mental health (e.g. depression, eating disorder) Records inadequate to answer

C. Motivation Review:

- Review of willingness and motivation to change
- Records inadequate to answer

D. Other treatment options attempted:

- Mental/emotional health support Exercise prescription
- Structured community intervention (e.g. MEND) Records inadequate to answer

Y) If treatment was recommended by secondary/tertiary care:

A. Who recommended starting this medication?

- Paediatrician Adult physician Other (please specify): _____

AIS Reference:

B. Was this practitioner part of a multi-disciplinary team with expertise in managing obesity in this age group?

Yes No Don't know

C. Did patient require support from primary care with this medication?

Yes-Side-effect Yes – Efficacy Yes- other(please specify): _____

No Don't know

4. What is the current status of this medication?

New prescription issued within last 3 months

Patient stopped taking / not requested prescription for more than 3 months.

Please specify reasons if known: _____

Medication stopped by doctor. Why (tick all that apply):

Lack of efficacy Non-concordance Adverse effects

5. Were any nutritional/vitamin supplement prescribed?

No Yes, please specify: _____

6. Who reviewed the patient to assess effectiveness, adverse effects and adherence (tick all that apply)

GP Paediatrician Adult physician Other (please specify): _____ Don't know

7. Were there any adverse effects of this drug?

No Yes, please specify: _____ Don't know

8. Did the patient's weight change while on the medication?

Loss, how much (if known or approx.): _____ Neutral

Gain, (if known or approx.): _____ Don't know

9. Do you think this medication benefitted the patient

Yes No Unsure

10. Metformin only: What was the indication for prescribing metformin (tick all that apply)

Diabetes Polycystic ovarian syndrome Insulin resistance / hyperinsulinism

Impaired glucose tolerance / Impaired fasting glucose Obesity with none of the above

Other: please specify: _____

11. What tools were used to support the prescribing of this medication?

NICE guidance MIMS BNF GP notebook Local prescribing recommendations

Other: please specify: _____

12. How confident do you feel about prescribing anti-obesity medications, using a scale 1-10,

To adults: _____

(10 = very confident)

To children (<18 years): _____

13. Any comments regarding prescribing of this drug:

14. We will be developing a guide to support clinicians prescribing anti-obesity drugs. What would you like to see in this guide:

This patient is eligible and I have forwarded the invitation pack to the patient YES NO

Please tick one box as appropriate

AIS Reference:

Cegedim Strategic Data (THIN)

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