

ADCQR 2023 DATA DEFINITIONS

Identifiers	
Patient ID	Compulsory field. Enter identifier such as record number <u>or</u> use the following nomenclature: site ID, the first 2 letters of the first name, and the first 2 letters of the surname (e.g. NNNFFSS) to enable you to check your records if there is a query from the ADCQR regarding the data.
Site ID	Unique site identifier (assigned by the ADCQR Secretariat).
Staff initials (optional)	Site staff initials.
Visit conduct	Record if the consultation was conducted in person , by video or by phone .
Participant information sheet given	Mark if the patient was provided with the participant information sheet.
Section 1. Patient Demographics	
Date of birth	Record the patient's date of birth as DD/MM/YYYY .
Sex	Mark Male <u>or</u> Female <u>or</u> Other to indicate the person's recorded sex at birth.
Currently pregnant	If sex is female, mark Yes <u>or</u> No to indicate if the patient is currently pregnant.
Date of visit	Record the date the patient attended as DD/MM/YYYY .
Initial visit	Mark Yes <u>or</u> No to indicate if this is an initial visit assessment at this site.
Aboriginal/Torres Strait Islander	Mark Yes <u>or</u> No to indicate Aboriginal/Torres Strait Islander background.
Main language spoken at home	Record the patient's main language spoken at home.
Interpreter required	Mark Yes <u>or</u> No to indicate if the patient requires an interpreter.
Residential postcode	Record the patient's residential postcode.
NDSS registrant	Mark Yes <u>or</u> No to indicate if the patient is registered on the National Diabetes Services Scheme (NDSS).
Country of birth	Record the patient's country of birth.
DVA	Mark Yes <u>or</u> No to indicate if the patient's medical care charges are met by the Department of Veterans' Affairs (DVA).
Section 2. Diabetes Type & Management	
Date of diagnosis	Record first diagnostic blood glucose estimation as MM/YYYY . [If date unknown other than year, record as 01/YYYY].
Type of diabetes	Mark Type 1 <u>or</u> Type 2 <u>or</u> Other (secondary causes) <u>or</u> Don't know , to indicate the clinical classification of diabetes. <i>Please note: Female patients with a diagnosis of gestational diabetes mellitus (GDM) (not known to have established diabetes, i.e. a diagnosis of diabetes prior to pregnancy) are excluded from the Registry and should not have data collected.</i>
Self-monitoring of glucose	Mark how blood glucose levels are self-monitored by the patient. If multiple, tick all that apply within the last 12 months. None: No regular blood glucose monitoring is performed. Finger pricking: A blood sample is obtained via a finger-prick and is analysed using testing strips and a glucometer. Continuous Glucose Monitoring (CGM): Subcutaneous/interstitial glucose monitoring systems that automatically provide the user (and/or carer) with real-time glucose data via a receiver or compatible phone running an application. To indicate that a patient uses CGM, this system should have been used for at least 1 month over the last 12 months. Flash Glucose Monitoring: A factory calibrated subcutaneous/interstitial glucose monitoring system that currently requires the user (and/or carer) to scan the attached sensor with a reader or compatible phone running an application in order to view recent glucose data. To indicate that a patient uses Flash Glucose Monitoring, this system should have been used for at least 1 month over the last 12 months.
Finger pricking - Does the patient check their blood glucose level as often as	If monitoring glucose by finger pricking, mark if the patient checks their blood glucose as often as recommended (Yes/No/Unsure of recommended frequency).

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recommended?	
Finger pricking - How many times a day?	If monitoring glucose by finger pricking, indicate the number of times the patient does finger pricking per day on average.
If using Flash/CGM, time using sensors	If monitoring glucose using Flash/CGM, mark Yes or No to indicate if the patient has worn a sensor for a minimum of 14 days in the last 3 months. If Yes , mark the percentage of time the sensor was active (<70% or ≥70%)
Management method	If multiple, tick all that apply . DPP4 – dipeptidyl peptidase IV, GIP – glucose-dependent insulinotropic polypeptide, GLP1 – glucagon-like peptide 1, SGLT2 – sodium-glucose cotransporter-2. See the Living Evidence Guidelines in Diabetes for treatment recommendations and information on each drug class. These guidelines can be found on the Australian Diabetes Society website, or with the direct links below: https://www.diabetessociety.com.au/living-evidence-guidelines-in-diabetes
Insulin duration	If the patient is on insulin, record the number of years/months the patient has been on insulin.
Insulin mode	If the patient is on insulin, mark the mode of administration(s). If multiple, tick all that apply . Basal: Intermediate-acting or long-acting insulin injection(s). Basal bolus: Insulin regime that utilises any type of basal insulin as well as any type of bolus insulin. Pre-mixed insulins are excluded from this category. Pre-mixed: Injection of any pre-mixed combination of intermediate or long-acting insulin with either short-acting or very short-acting insulin. Pump: Mode of insulin delivery being via continuous subcutaneous insulin infusion. If using a pump, mark the type of pump: CSII Automated or CSII Non-automated If using a CSII Automated pump, mark if it is a hybrid closed loop system: The simultaneous and integrated use of continuous glucose monitoring and an insulin pump with a control algorithm that may increase and decrease basal insulin delivery based on real-time interstitial glucose results.
Section 3. Weight & Height	
Weight	Record in kilograms the weight measurement without shoes or jacket. Weight may be measured in clinic or self-reported by the patient.
Height	Record in metres the height measurement without shoes. Height may be measured in clinic or self-reported by the patient.
Section 4. Blood Pressure	
Blood pressure	Record systolic / diastolic (mmHg) measured after 5 minutes sitting, [1st and 5th phases] . Mark the option that describes where blood pressure was measured (In clinic/Self-reported)
Anti-hypertensive treatment	Mark Yes or No to indicate if the patient is on treatment for hypertension.
Anti-hypertensive medications	If Yes , select the anti-hypertensive medication(s) the patient is currently taking. ACE – angiotensin converting enzyme, ARB – angiotensin II receptor blocker. Thiazides also include thiazide-like diuretics. If on a combination tablet, tick all that apply.
Section 5. Blood Glucose Control & Renal Function	
HbA1c result	Record the most recent Haemoglobin A1c (HbA1c) result [%] in the last 12 months, or tick 'Not tested'. 'Not tested' refers to a test which has not been ordered by the patient's clinician/health practitioner in the last 12 months.
HbA1c test date	If HbA1c was measured, record the date as MM/YYYY for the most recent Haemoglobin A1c (HbA1c) result in the last 12 months.
eGFR	Record the result for the most recent eGFR [mL/min per 1.73m²] in the last 12 months, or tick 'Not tested'. If the result is reported as eGFR ≥90, record as 90.

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	'Not tested' refers to a test which has not been ordered by the patient's clinician/health practitioner in the last 12 months.
Serum creatinine	Record result measurement of serum creatinine [$\mu\text{mol/L}$] in the last 12 months, or tick 'Not tested'. 'Not tested' refers to a test which has not been ordered by the patient's clinician/health practitioner in the last 12 months.
Urinary albumin	Record amount of albumin [mg/L] <u>or ratio</u> . If the result is less than the lower limit of detection provided by the pathology service, please record the lower limit of detection. Example: If reported as <0.05 please record as 0.05. Tick 'Not tested' if a test has not been ordered by the patient's clinician/health practitioner in the last 12 months.
Urinary protein	Record amount of albumin [mg/L] <u>or ratio</u> . If the result is less than the lower limit of detection provided by the pathology service, please record the lower limit of detection. Example: If reported as <0.05 please record as 0.05. Tick 'Not tested' if a test has not been ordered by the patient's clinician/health practitioner in the last 12 months.
Section 6. Medications and Lipids	
Aspirin	Mark Yes <u>or</u> No to indicate whether the patient is on aspirin. Indicate if contraindicated.
Other anti-platelets	Mark Yes <u>or</u> No to indicate whether the patient is on any other anti-platelet treatment (e.g. clopidogrel, ticagrelor or prasugrel). Indicate if contraindicated.
Anti-coagulants	Mark Yes <u>or</u> No to indicate whether the patient is on anti-coagulants (e.g. warfarin or non-vitamin K antagonist oral anticoagulants (NOAC)). Indicate if contraindicated.
Lipid modifying treatment	Mark Yes <u>or</u> No to indicate whether the patient is on lipid lowering treatment. If Yes , indicate whether they are on statin, fibrate, ezetimibe, fish oil, PCSK9 inhibitor. PCSK9 – proprotein convertase subtilisin/kexin type 9. Indicate if contraindicated. If on combination tablet, tick all that apply.
Lipids measured	Mark Yes <u>or</u> No to indicate if lipids have been measured in the last 12 months.
Total Cholesterol, LDL, HDL, Triglycerides	Record the most recent result(s) for <i>total, LDL & HDL cholesterol</i> and <i>triglycerides</i> [mmol/L] in the last 12 months or tick 'Not tested'. <i>Recorded lipids can include fasting or non-fasting results.</i> 'Not tested' refers to a test which has not been ordered by the patient's clinician/health practitioner.
Section 7. Diabetes Related Eye & Foot Complications	
Mark Yes <u>or</u> No to indicate diagnosis/detection of diabetes related eye and foot problems in the last 12 months AND/OR previously (prior to the last 12 months). Answer all questions.	
Retinopathy	Mark Yes <u>or</u> No to indicate if the ophthalmological assessment revealed any diabetic retinopathy or maculopathy.
Treatment for retinopathy	Mark Yes <u>or</u> No to indicate if the patient has had any treatment for retinopathy. Includes any of the following: laser photocoagulation treatment, intravitreal VEGF inhibitor injection, or vitrectomy.
Right or left cataract	Mark Yes <u>or</u> No to indicate if the patient currently has a cataract or has had one removed.
Blindness	Mark Yes <u>or</u> No to indicate if the patient became legally blind (visual acuity <6/60) in either eye.
Peripheral neuropathy	Mark Yes <u>or</u> No to indicate clinical judgement following assessment using pin prick and vibration (using a Biothesiometer or tuning fork) or Monofilament. Includes the presence of both painful and non-painful neuropathy. Also includes the presence of Charcot foot.
Foot ulceration	Mark Yes <u>or</u> No to indicate past history of foot ulceration.
Lower limb amputation	Mark Yes <u>or</u> No to indicate lower limb amputation. Amputation of toe, forefoot or leg [above or below knee], not due to trauma or causes other than vascular disease.
Minor/Major Lower Limb	If the patient has had an amputation in either lower limb, indicate if minor and/or

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Amputation	major. Minor = Amputation of the toe(s) or foot (below the ankle) Major = Amputation above the ankle.
Section 8. Other Complications/Events/Comorbidities	
Mark Yes or No to indicate diagnosis/detection or event in the last 12 months AND/OR previously (prior to the last 12 months). Answer all questions.	
Cerebral stroke	Mark Yes or No to indicate if the patient has had a diagnosis of ischaemic stroke (Does not include transient ischaemic attack or haemorrhagic stroke).
Myocardial infarction	Mark Yes or No to indicate if the patient has had a myocardial infarction evidenced by ECG changes, plasma enzyme changes or medical documentation.
CABG/Angioplasty	Mark Yes or No to indicate if the patient has had Coronary Artery Bypass Graft (CABG) surgery, coronary angioplasty or stent.
Congestive cardiac failure	Mark Yes or No to indicate if the patient has symptomatic congestive cardiac failure with response to specific therapy.
Peripheral vascular disease	Mark Yes or No to indicate if the patient has peripheral vascular disease. Yes: Absence of both dorsalis pedis <u>and</u> posterior tibial pulses in either foot and/or symptoms of peripheral vascular disease (e.g. intermittent claudication, rest pain, tissue loss/gangrene) and/or Ankle-Brachial Pressure Index <0.9 and/or confirmatory arterial ultrasound or angiography and/or previous revascularisation procedure (incl. angioplasty, stent insertion or surgical bypass).
End stage kidney disease	Mark Yes or No to indicate if the patient has any of the following: stage 5 chronic kidney disease (eGFR <15mL/min/1.73m ²) and/or dialysis-dependent (haemodialysis or peritoneal dialysis) and/or renal transplant recipient.
Sexual dysfunction	Mark Yes or No to indicate if the patient has/had experienced any of the following: If male: History or treatment of failure to achieve or maintain erection sufficient for satisfactory sexual intercourse. If female: History of persistent and recurrent problems with sexual response, desire, orgasm or pain that cause distress or relationship strain associated with diabetes.
Dementia	Mark Yes or No to indicate if the patient has had a formal diagnosis of dementia from a clinician or prescribed dementia-specific pharmacotherapy.
Depression	Mark Yes or No to indicate if the patient has had a formal diagnosis of depression from a clinician or prescribed pharmacotherapy for depression.
Anxiety	Mark Yes or No to indicate if the patient has had a formal diagnosis of anxiety from a clinician or prescribed pharmacotherapy for anxiety.
Malignancy	Mark Yes or No to indicate if the patient has had any type of malignancy. <i>Exclude non-melanoma skin cancers.</i>
Diabetic Ketoacidosis (DKA)	Mark Yes or No to indicate if the patient has had any hospital admission involving diabetic ketoacidosis as evidenced by blood results (glucose, ketones, pH) or medical documentation.
Hyperosmolar Hyperglycaemic State (HHS)	Mark Yes or No to indicate if the patient has had any hospital admission involving hyperosmolar hyperglycaemic state as evidenced by blood results (glucose, osmolality) or medical documentation.
Impaired awareness of hypoglycaemia	Mark Yes or No to indicate if the patient has had any of the following: - Reduced ability to perceive the onset of hypoglycaemia. Includes: - Reduced symptoms of hypoglycaemia - Lower recognition of those symptoms, e.g. through diminished severity of symptoms or because those symptoms are occurring at a lower glucose level than previously - Change in symptom type, whereby the patient does not 'recognise' the new symptom as being related to hypoglycaemia onset
Severe hypoglycaemia	Mark Yes or No to indicate severe hypoglycaemia requiring assistance of another person to actively administer carbohydrates, glucagon, or other corrective actions.
Number of episodes	If Yes to 'Severe hypoglycaemia', mark the number of episodes (1-2, 3-5 or >5).
Liver disease	Indicate severity of liver disease <u>or</u> if not applicable . Mild: cirrhosis <u>without</u> portal hypertension, chronic hepatitis.

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	Moderate to severe: cirrhosis <u>with</u> portal hypertension.
COVID-19 positive	Mark Yes or No to indicate if the patient has tested positive to COVID-19 confirmed by a positive Rapid Antigen Test (RAT) or Polymerase Chain Reaction (PCR) test in the last 12 months AND/OR previously (prior to the last 12 months).
COVID-19 hospitalisation	If Yes to 'COVID-19', mark Yes or No to indicate if the patient was admitted to hospital. Any hospital admission, including to a general medical ward or intensive care unit (ICU).
Section 9. Mental Health Screening	
Diabetes distress	Mark Yes or No to indicate if the patient has been screened for diabetes distress using a validated questionnaire/measure in the last 12 months. Example: Problem Areas In Diabetes questionnaire (PAID) screening tool, Diabetes Distress Scale (DDS).
Depression	Mark Yes or No to indicate if the patient has been screened for depression using a validated questionnaire/measure in the last 12 months. Example: Patient Health Questionnaire (PHQ-9) screening tool. <i>This only applies to patients who have NOT had a formal diagnosis of depression from a clinician or prescribed pharmacotherapy for depression in the last 12 months.</i>
Anxiety	Mark Yes or No to indicate if the patient has been screened for anxiety using a validated questionnaire/measure in the last 12 months. Example: Generalized Anxiety Disorder scale (GAD- 7) screening tool. <i>This only applies to patients who have NOT had a formal diagnosis of anxiety from a clinician or prescribed pharmacotherapy for anxiety in the last 12 months.</i>
PATIENT HEALTH & WELL-BEING QUESTIONNAIRE	
Section 1. Smoking & Vaccination Status	
Currently smoke tobacco	Mark if the patient currently smokes <u>any</u> tobacco material (Yes/No). [i.e. cigarettes/cigars/e-cigarettes(vaping)]
Previously smoked tobacco	If No to 'Currently smoke tobacco', mark if the patient previously smoked <u>any</u> tobacco material (Yes/No).
COVID-19 vaccination	Mark if the patient had a COVID-19 vaccination in the last 6 months (Yes/No).
Flu/Influenza vaccination	Mark if the patient had a flu (influenza) vaccination in the last 12 months (Yes/No).
Pneumococcal vaccination	Mark if the patient is up-to-date with their pneumococcal vaccination (Yes/No/Unsure).
Section 2. Health Professional Attendances	
Endocrinologist	Mark if the patient attended an Endocrinologist in the last 12 months (Yes/No).
Diabetes Educator/Nurse Practitioner	Mark if the patient attended a Diabetes Educator/Nurse Practitioner in the last 12 months (Yes/No).
Dietitian	Mark if the patient attended a Dietician in the last 12 months (Yes/No).
Podiatrist	Mark if the patient attended a Podiatrist in the last 12 months (Yes/No).
Ophthalmologist	Mark if the patient attended an Ophthalmologist in the last 12 months (Yes/No).
Optometrist	Mark if the patient attended an Optometrist in the last 12 months (Yes/No).
Psychologist/Psychiatrist	Mark if the patient attended a Psychologist/Psychiatrist in the last 12 months (Yes/No).
Social Worker	Mark if the patient attended a Social Worker in the last 12 months (Yes/No).
Dentist	Mark if the patient attended a Dentist in the last 12 months (Yes/No).
Exercise Physiologist/Physiotherapist	Mark if the patient attended an Exercise Physiologist/Physiotherapist in the last 12 months (Yes/No).
Ambulance	Mark if the patient needed an Ambulance for their diabetes in the last 12 months (Yes/No).

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Emergency Department	Mark if the patient attended an Emergency Department for their diabetes in the last 12 months (Yes/No).
Section 3. Medication Use	
Medication use practices	Mark if the patient has not taken their medications as recommended in the last 2 weeks (Yes/No). If Yes , indicate the number of times.
Section 4. Foot care	
Feet Checked	Mark if the patient has had their feet checked by a professional (e.g. doctor, nurse, podiatrist) in the last 12 months (Yes/No).
Self-check of feet	Mark the option that best describes how often the patient self-checks their feet (Daily, Weekly, Monthly, Rarely/never).
Section 5. Nutrition/Diet Management	
Do you know what foods are best to eat?	Mark if the patient has enough knowledge about what foods and how much are best to eat (Yes/No).
Do you have enough time to prepare healthy meals?	Mark if the patient has enough time to prepare healthy meals (Yes/No).
Does it cost too much to eat healthy meals?	Mark if the patient feels it costs too much to eat healthy meals (Yes/No).
If you have Type 1 diabetes, do you find it hard to count carbs/weigh food?	If the patient has type 1 diabetes, mark if the patient finds it hard to count carbs and/or weigh food (Yes/No).
Section 6. Physical Activity	
Physical activity	Mark the usual weekly duration of time (150 mins/week or more, less than 150 mins/week, or rarely/never) spent performing moderate or vigorous intensity physical activity. Physical activity is calculated in 'total minutes per week' by summing the total minutes of walking, moderate and/or vigorous physical activity in a usual 7-day period. Vigorous physical activity is weighted by a factor of two to account for its greater intensity. <i>Intensity of physical activity</i> is defined by The National Physical Activity Guidelines for Australians: Moderate physical activity causes a slight but noticeable increase in breathing and heart rate, the person can comfortably talk but not sing. Vigorous physical activity causes the person to 'huff and puff,' talking in full sentences between breaths is difficult.
Muscle strengthening exercise	Mark whether the patient does any muscle strengthening exercise in a usual week. (Yes/No). Muscle strengthening activities are physical activities that maintain or improve the strength, power, endurance and size of skeletal muscles. This can be physical activity with free weights, body weight or resistance machines/bands, or house/garden activities that involve muscular effort, such as, lifting, carrying or digging.