Draft

Australian Diabetes Clinical Quality Registry
ADCQR Clinical Data Collection Form

Patient ID **Site ID** **Staff Initials (optional)**

How was the consultation conducted? ☐ In person ☐ Video ☐ Phone **Participant information sheet given** ☐

Section 1. Patient Demographics

1.1 Date of birth d d / m m / y y y y **1.2 Sex** ☐ Male ☐ Female ☐ Other → **1.2.1 Currently pregnant** ☐ Yes ☐ No

1.3 Date of visit d d / m m / y y y y **1.4 NDSS registrant** ☐ Yes ☐ No **1.5 Aboriginal/Torres Strait Islander** ☐ Yes ☐ No

1.6 Initial visit ☐ Yes ☐ No **1.7 Interpreter required** ☐ Yes ☐ No

1.8 Main language spoken at home **1.9 DVA** ☐ Yes ☐ No

1.10 Country of birth **1.11 Residential postcode**

Section 2. Diabetes Type & Management

2.1 Date of diagnosis m m / y y y y **2.2 Type of diabetes** ☐ Type 1 ☐ Type 2 ☐ Other (Secondary causes) ☐ Don't know

2.3 Self-monitoring of glucose *(Select all that apply)*

☐ None

☐ Finger pricking → **2.3.1 Does the patient check as often as recommended?** ☐ Yes ☐ No ☐ Unsure of recommended frequency; **2.3.2 How many times a day?**

☐ Continuous Glucose Monitoring

☐ Flash Glucose Monitoring

→ **2.3.3 Was the sensor worn for ≥ 14 days in the last 3 months?** ☐ Yes ☐ No

***if YES*, percentage of time sensor was active** ☐ <70% ☐ ≥70%

2.4 Glycaemic Management method *(Select all that apply)*

☐ Diet only ☐ Metformin ☐ SGLT2 inhibitor ☐ GLP1/GIP agonist

☐ DPP4 inhibitor ☐ Sulphonylurea ☐ Thiazolidinedione ☐ Acarbose

☐ Insulin → **2.4.1 Insulin duration** years months

2.4.2 Insulin mode *(Select all that apply)*

☐ Basal ☐ Pre-mixed insulin

☐ Basal bolus ☐ Pump → ☐ CSII Automated → ☐ Hybrid closed loop system; ☐ CSII Non-automated

Section 3. Weight & Height *(Measured in clinic or self-reported)*

3.1 Weight . kg **3.2 Height** . m

Section 4. Blood Pressure

4.1 Blood pressure / mmHg → **4.1.1** Measured in clinic ☐ **OR** Self-reported ☐

4.2 Anti-hypertensive treatment ☐ Yes ☐ No *if YES* → **4.2.1** *(Select all that apply)* ☐ ACE inhibitor ☐ Ca^{2+} channel blocker ☐ Beta blocker ☐ ARB ☐ Thiazides/Diuretics ☐ Other

Section 5. Blood Glucose Control & Renal Function *(Most recent in last 12 months)*

5.1 HbA1c Result . % **OR** ☐ Not tested **5.1.1 HbA1c test date** m m / y y y y

5.2 eGFR mL/min per 1.73m^2 **OR** ☐ Not tested **5.3 Serum creatinine** µmol/L **OR** ☐ Not tested

5.4a Urinary albumin . ☐ mg/L ☐ ratio **OR** ☐ Not tested

5.4b Urinary protein . ☐ mg/L ☐ ratio **OR** ☐ Not tested

Section 6. Medications & Lipids

	Yes	No	Contraindicated
6.1 Aspirin	☐	☐	☐
6.2 Other anti-platelets	☐	☐	☐
6.3 Anti-coagulants	☐	☐	☐
6.4 Lipid modifying Rx	☐	☐	
if YES → 6.4.1 Statin	☐	☐	☐
6.4.2 Fibrate	☐	☐	☐
6.4.3 Ezetimibe	☐	☐	☐
6.4.4 Fish oil	☐	☐	☐
6.4.5 PCSK9 inhibitor	☐	☐	☐

	Yes	No	
6.5 Lipids measured	☐	☐	
if YES → Complete below:			Not tested
6.5.1 Total Cholesterol	. mmol/L		OR ☐
6.5.2 LDL	. mmol/L		OR ☐
6.5.3 HDL	. mmol/L		OR ☐
6.5.4 Triglycerides	. mmol/L		OR ☐

PLEASE COMPLETE PAGE 2

Patient ID | | | | | | | | | | | | | | **Site ID** | | | | | |

Section 7. Diabetes Related Eye & Foot Complications

	Diagnosed in the last 12 months		Diagnosed previous to the last 12 months	
	Yes	No	Yes	No
7.1 Retinopathy	☐	☐	☐	☐
7.2 Treatment for retinopathy	☐	☐	☐	☐
7.3 Right or left cataract	☐	☐	☐	☐
7.4 Blindness	☐	☐	☐	☐
7.5 Peripheral neuropathy	☐	☐	☐	☐
7.6 Foot ulceration	☐	☐	☐	☐
7.7 Lower limb amputation	☐	☐	☐	☐
if YES *(Select all that apply)* → **7.7.1** ☐ Minor ☐ Major			**7.7.2** ☐ Minor ☐ Major	

Section 8. Other Complications/Events/Comorbidities

	Diagnosed in the last 12 months		Diagnosed previous to the last 12 months	
	Yes	No	Yes	No
8.1 Cerebral stroke	☐	☐	☐	☐
8.2 Myocardial infarction	☐	☐	☐	☐
8.3 CABG/Angioplasty	☐	☐	☐	☐
8.4 Congestive cardiac failure	☐	☐	☐	☐
8.5 Peripheral vascular disease	☐	☐	☐	☐
8.6 End stage kidney disease	☐	☐	☐	☐
8.7 Sexual dysfunction	☐	☐	☐	☐
8.8 Dementia	☐	☐	☐	☐
8.9 Depression	☐	☐	☐	☐
8.10 Anxiety	☐	☐	☐	☐
8.11 Malignancy (exclude non-melanotic skin cancers)	☐	☐	☐	☐
8.12 Diabetic ketoacidosis	☐	☐	☐	☐
8.13 Hyperosmolar hyperglycaemic state	☐	☐	☐	☐
8.14 Impaired awareness of hypoglycaemia	☐	☐	☐	☐
8.15 Severe hypoglycaemia	☐	☐	☐	☐
if YES → **8.15.1 No. of episodes** ☐ 1-2 ☐ 3-5 ☐ >5				

8.16 Liver disease ☐ Mild ☐ Moderate/Severe ☐ Not applicable

	Last 12 months		Previous to the last 12 months	
8.17 Has the patient tested positive to COVID-19?	☐ Yes	☐ No	☐ Yes	☐ No
if YES → **8.17.1 Was the patient hospitalised?** / **8.17.2**	☐ Yes	☐ No	☐ Yes	☐ No

Section 9. Mental Health Screening *(if not previously diagnosed)*

9.1 Has the patient been screened for diabetes distress in the last 12 months using a validated measure? *(e.g. PAID, DDS)*	☐ Yes	☐ No
9.2 Has the patient been screened for depression in the last 12 months using a validated measure? *(e.g. PHQ_9)*	☐ Yes	☐ No
9.3 Has the patient been screened for anxiety in the last 12 months using a validated measure? *(e.g. GAD-7)*	☐ Yes	☐ No

Please indicate whether the patient health and well-being questionnaire will be completed?

☐ **Yes** → Please complete the questionnaire on page 3.

☐ **No** → Thank you for completing the ADCQR data collection form.

PATIENT HEALTH & WELL-BEING QUESTIONNAIRE
Australian Diabetes Clinical Quality Registry

Patient ID | | | | | | | | | | | | | | **Site ID** | | | | | |

(OFFICE USE ONLY - Site staff to complete Patient ID)

Please answer all questions by marking the appropriate box **Cross box like this: X**

Section 1. Smoking & Vaccination Status

1.1 Do you currently smoke tobacco? ☐ Yes ☐ No → **1.1.1 *If NO*, did you previously smoke tobacco?** ☐ Yes ☐ No
[i.e. cigarettes/cigars/e-cigarettes(vaping)]

1.2 Have you had a COVID-19 vaccination in the last 6 months? ☐ Yes ☐ No

1.3 Have you had a flu (influenza) vaccination in the last 12 months? ☐ Yes ☐ No

1.4 Are you up to date with your pneumococcal vaccination? ☐ Yes ☐ No ☐ Unsure

Section 2. Health Professional Attendances

2.1 Have you seen an Endocrinologist in the last 12 months?	☐ Yes	☐ No
2.2 Have you seen a Diabetes Educator/Nurse Practitioner in the last 12 months?	☐ Yes	☐ No
2.3 Have you seen a Dietitian in the last 12 months?	☐ Yes	☐ No
2.4 Have you seen a Podiatrist in the last 12 months?	☐ Yes	☐ No
2.5 Have you seen an Ophthalmologist in the last 12 months?	☐ Yes	☐ No
2.6 Have you seen an Optometrist in the last 12 months?	☐ Yes	☐ No
2.7 Have you seen a Psychologist/Psychiatrist in the last 12 months?	☐ Yes	☐ No
2.8 Have you seen a Social Worker in the last 12 months?	☐ Yes	☐ No
2.9 Have you seen a Dentist in the last 12 months?	☐ Yes	☐ No
2.10 Have you seen an Exercise Physiologist/Physiotherapist in the last 12 months?	☐ Yes	☐ No
2.11 Have you needed an Ambulance for your diabetes in the last 12 months?	☐ Yes	☐ No
2.12 Have you attended the Emergency Department for your diabetes in the last 12 months?	☐ Yes	☐ No

Section 3. Medication Use

3.1 Sometimes people do not take their medications as recommended. Has this happened to you in the last 2 weeks? ☐ Yes ☐ No

3.1.1 → *If YES,* how many times? | |

Section 4. Foot Care

4.1 Have you had your feet checked by a health professional in the last 12 months? ☐ Yes ☐ No

4.2 How often do you self check your feet? ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely/Never

Section 5. Nutrition/Diet Management

5.1 Do you know what foods are best to eat?	☐ Yes	☐ No
5.2 Do you have enough time to prepare healthy meals?	☐ Yes	☐ No
5.3 Does it cost too much to eat healthy meals?	☐ Yes	☐ No
5.4 If you have type 1 diabetes - Do you find it hard to count carbs/weigh food?	☐ Yes	☐ No

Section 6. Physical Activity

6.1 How many minutes per week of moderate or vigorous intensity physical activity do you usually do?
(e.g. brisk walking, lawnmowing, swimming, or more vigorous activity such as jogging)

☐ 150 mins/week or more
☐ Less than 150 mins/week
☐ I rarely/never do moderate or vigorous physical activity

6.2 Do you do any muscle strengthening exercise in a usual week? ☐ Yes ☐ No
(e.g. lifting weights or household tasks that involve lifting, carrying or digging)

THANK YOU FOR COMPLETING THE QUESTIONNAIRE.
PLEASE RETURN TO STAFF.