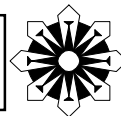


Australian National Diabetes Audit



ANDA-AQCA 2013

Data Collection Form
Data Definitions Data
Dictionary



Section 1. Patient Demographics

Medical Record No. Centre ID Site Staff Identifier

1.1 Date of Birth / / 1.2 Sex Male Female *if FEMALE* → 1.2.1 Currently pregnant No Yes

1.3 Date of Visit / / 1.4 Initial Visit No Yes 1.5 Indigenous No Yes

1.6 Country of birth

Section 2. Diabetes Type & Management

2.1 Date of Diagnosis / 2.2 Type of Diabetes Type 1 Type 2 GDM Don't Know Other

2.3 Management Method Diet Only Acarbose GLP1 Agonist Sulphonylurea Insulin *if INSULIN* → 2.3.1 Insulin year started Glitazone Metformin DPP4 Inhibitor Nil

Section 3. Height, Weight & Smoking Status

3.1 Weight . Kg

3.2 Height . m

3.3 Smoking Status Current Smoker Past Smoker Never Smoked

Section 4. Blood Pressure

4.1 Blood pressure (most recent, measured after 5 mins sitting) / mmHg

4.2 Anti-hypertensive treatment No Yes *if YES* → 4.2.1 Select from below:

ACE Inhibitor ACE + Thiazide A2 Antag A2 + Thiazide
 Beta Blocker Calcium Antag Thiazides Other

Section 5. Diabetic Eye Disease - last 12 months

5.1 Saw Optometrist No Yes 5.2 Referred to ophthalmologist No Yes 5.3. Attended ophthalmologist No Yes

5.4 Visual acuity right eye 6/ 5.5 Visual acuity left eye 6/

5.6 Fundus examination in the past 12 months No Yes *if YES* → 5.6.1 Retinal camera No Yes

5.7 Right Cataract No Yes 5.6.2 Right Retina Normal Diabetes Abnormality Non Diabetes Abnormality Not Visualised

5.8 Left Cataract No Yes 5.6.3 Left Retina Normal Diabetes Abnormality Non Diabetes Abnormality Not Visualised

Section 6. Diabetic Foot Problems

	No	Yes
6.1 Peripheral Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Past History of Ulceration	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Foot Deformity	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Peripheral Vascular Disease	<input type="checkbox"/>	<input type="checkbox"/>
6.5 Current Foot Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
6.6 Active Foot Lesion (<i>other than</i> foot ulcer)	<input type="checkbox"/>	<input type="checkbox"/>
Seen by health professional in past 12 months		
6.7 Attended Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
6.8 Attended Educator	<input type="checkbox"/>	<input type="checkbox"/>
6.9 Attended Dietitian	<input type="checkbox"/>	<input type="checkbox"/>

Section 7. Medications & Lipids (most recent results last 12 months)

	No	Yes	Contra-indicated
7.1 Anti-Lipid Rx	<input type="checkbox"/>	<input type="checkbox"/>	
7.2 Statin Rx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Fibrate Rx	<input type="checkbox"/>	<input type="checkbox"/>	
7.4 Vytorin Rx	<input type="checkbox"/>	<input type="checkbox"/>	
7.5 Ezetrol Rx	<input type="checkbox"/>	<input type="checkbox"/>	
7.6 Fish Oil Rx	<input type="checkbox"/>	<input type="checkbox"/>	
7.7 Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.8 Other anti-platelet therapies (eg clopidogrel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.9 Anticoagulant (eg warfarin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.10 Lipids measured No Yes *if YES* → Enter details below:

7.10.1 Cholesterol . mmol/L

7.10.2 LDL . mmol/L

7.10.3 HDL . mmol/L

7.10.4 Triglycerides . mmol/L

7.10.5 Above measured in fasting specimen No Yes

Section 8. Complications/Events

	Last 12 months		Previous	
	No	Yes	No	Yes
8.1 Cerebral stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3 Lower limb amputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4 End stage renal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5 CABG/Angioplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6 Blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.7 Severe hypoglycaemia	<input type="checkbox"/>	<input type="checkbox"/>	NA	
8.8 Erectile dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 9. Renal Function & Blood Glucose Control

9.1 eGFR > 60 No Yes 9.2 Result mL/min per 1.73m²

9.3 Microalbumin/Proteinuria Collected No Yes *if YES* → 9.3.1 Result .

9.3.2 Units mg/L mg/24 hr µg/min ratio

9.4 Serum Creatinine µmol/L

9.5.1 Glycated Hb Result . % AND 9.5.2 mmol/mol (most recent in last 12 months)

Section 1. Patient Demographics	
Medical Record No.	(Compulsory field). Enter some identifier such as record number or first the 2 letters of the first name and surname and month and year of birth (e.g. FFSSMMYY) to enable you to check your records if there is a question regarding the data.
Centre ID	Site Identifier.
Site Staff Identifier	Site staff ID.
Date of Birth	Record as DD/MM/YYYY . [If unknown other than year : Record as 1/01/YYYY].
Sex	Mark Male or Female indicating phenotypic (physical) sex at birth.
Currently pregnant	If Sex is female, mark Yes or No if the patient is currently pregnant.
Date of Visit	Record the date the patient attended as DD/MM/2013 .
Initial Visit	Mark No or Yes indicating if this is an initial visit assessment.
Indigenous	Mark No or Yes indicating Aboriginal / Torres Strait Islander background.
Country of Birth	Enter the patient's country of birth

Section 2. Diabetes Type & Management	
Date of Diagnosis	Record as MM/YYYY of first diagnostic blood glucose estimation. [If date unknown other than year, record as 01/YYYY].
Type of Diabetes	Mark Type1 [IDDM] or Type2 [NIDDM] or GDM or Don't Know , or Other to indicate the clinical classification of diabetes.
Management Method	Mark No or YES to indicate if the patient is implementing any management methods. Select the patient's management method: Diet Only, Metformin, Sulphonylurea, Glitazone, GLP1 Agonist, DDP4 Inhibitor, and Acarbose, and/or Insulin or NIL. Answer all.
Insulin year started	If the patient is on Insulin, record the YEAR insulin was started. Record as YYYY .

Section 3. Height, Weight & Smoking Status	
Weight	Record in kilograms the weight measurement without shoes or jacket.
Height	Record in metres the height measurement without shoes.
Smoking Status	Mark Current Smoker or Past Smoker or Never Smoked to indicate smoking of any tobacco material. <i>Current Smoker</i> = regular smoking over the past 3mths, <i>Past Smoker</i> = no regular smoking for 1month or more, <i>Never smoked</i> – never smoked any tobacco material.

Section 4. Blood Pressure	
Blood Pressure	Record Systolic / Diastolic (mm Hg) measured after 5 minutes sitting, [1st and 5th phases] .
Anti-hypertensive Treatment	Mark No or Yes to indicate if the patient is on treatment for hypertension. If YES, select the medications from the list
Anti-hypertensive drugs	Select the anti-hypertensive drugs that the patient is currently taking from the list.

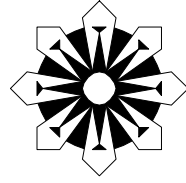
Section 5. Diabetic Eye Disease	
Saw optometrist	Mark No or Yes to indicate if the patient Attended an Optometrist in the last 12mths.
Ophthalmologist	Mark No or Yes to indicate if the patient was Referred to and Attended an Ophthalmologist in the last 12mths. Answer All.
Visual acuity right & left eye	Record actual result for both right and left eyes as 6/5, 6/6, 6/7.5, 6/9, 6/12, 6/18, 6/24, 6/36, 6/60, CF (Count fingers) HM (Hand movement), PL (Perceive Light), BL (Blind). Tested wearing glasses (or using pinhole if acuity is not normal).
Fundus examination	Mark No or Yes to indicate if the patient has had an Ophthalmological Assessment (Direct or Indirect) in the last 12mths.
Retinal camera	Mark No or Yes to indicate if the Ophthalmological Assessment was using a Retinal Camera. Answer only if fundus examination is Yes.
Right & Left retina	Indicate the fundus examination results by marking Normal or Diabetes Abnormality or Non Diabetes Abnormality or was Not Visualised . Record for both Right Retina and Left Retina. Answer one only.
Right & Left Cataract	Mark No or Yes to indicate if the patient currently has a cataract present or has had one removed previously. Record for Right and Left eye.

Section 6. Diabetic Foot Problems	
Peripheral neuropathy	Mark No or Yes to indicate clinical judgement following assessment using pin prick and vibration (using perhaps a Biothesiometer) or Monofilament.
Past history of ulceration	Mark No or Yes to indicate <i>Past History of Foot Ulceration</i>
Foot deformity	Mark No or Yes to indicate the presence of <i>Foot Deformity</i>
Peripheral vascular disease	Mark No or Yes to indicate Peripheral Vascular Disease. Record YES as absence of both dorsalis pedis and posterior tibial pulses in either foot.
Current foot ulcer	Mark No or Yes to indicate <i>Current Foot Ulceration</i> .
Active foot lesion	Mark No or Yes to indicate the presence and/or <i>Active Foot Lesion (other than a foot ulcer)</i> .
Seen by health professional in the past 12 months	Mark No or Yes to indicate if the patient attended a Podiatrist, a Diabetes Educator, and/or a Dietitian/Nutritionist, in the last 12mths. Answer all.

Section 7. Medications & Lipids	
Medications	Mark No or Yes to indicate whether the patient is specifically on drug treatment for Dyslipidaemia and whether they are on Statin, Fibrate, Vytorin, Ezetrol and/or Fish Oil, aspirin, other anti-platelet therapies (eg clopidogrel) or anticoagulants (eg warfarin) and whether they have Side Effects / Contraindicated. Answer all.
Lipids measured	Mark No or Yes to indicate if lipids have been measured in the past 12 months.
Cholesterol, LDL, HDL, Triglycerides	Record absolute result of most recent result of <i>total, LDL & HDL cholesterol and triglycerides</i> in the last 12mths.
Above measured in fasting specimen	Mark No or Yes to indicate if the lipids reported at items 7.11.1 to 7.11.4 were measured in a fasting specimen.

Section 8. Complications/Events	
Mark No or Yes to indicate a history of complication or an event in the last 12mths AND/OR previously. Answer all:	
Cerebral Stroke	Due to vascular disease
Myocardial Infarction	Evidenced by ECG changes or plasma enzyme changes.
Lower limb amputation	Amputation of toe, forefoot or leg [above or below knee], not due to trauma or causes other than vascular disease.
End stage renal disease	Requiring dialysis or having undergone a kidney transplantation (due to diabetic nephropathy).
CABG/Angioplasty	CABG, Angioplasty or Stent.
Blindness	Patient became legally blind (>6/60) in either eye.
Severe hypoglycaemia	Severe hypoglycaemia [DCCT definition] requiring assistance.
Erectile dysfunction	History or treatment of failure to achieve or maintain erection sufficient for penetration.

Section 9. Renal Function & Blood Glucose Control	
eGFR > 60	Mark No or Yes to indicate if eGFR is >60.
eGFR Result	Record absolute result in the box provided if known [eg: 46 or 87 or 101].
Microalbumin/Proteinuria Collected	Mark No or Yes to indicate if microalbumin / proteinuria is collected.
Microalbumin/Proteinuria Result	Record absolute amount of albumin [mg/L] or as albumin excretion rate [AER: µg/min or mg/24hr] or Ratio.
Microalbumin/Proteinuria Units	Mark the applicable units.
Serum Creatinine	Record absolute result measurement of serum creatinine in MICROMOLS/L [µmol/L].
Glycated Hb Result	Record absolute result [%] and mmol/mol of the most recent HbA1c result in the last 12mths.



ANDA-AQCA Australian National Diabetes Audit – Australian Quality
Clinical Audit

Data Dictionary

Version 1.1 Updated 28.05.2013

Table of Contents

- Data Definitions and Field Names – Data Collection Form..... 3***
 - Section 1: Patient Demographics3**
 - Section 2: Diabetes Type & Management7**
 - Section 3: Height, Weight & Smoking Status11**
 - Section 4: Blood Pressure12**
 - Section 5: Diabetic Eye Disease15**
 - Section 6: Diabetic Foot Problems18**
 - Section 7: Medications & Lipids20**
 - Section 8: Complications & Events24**
 - Section 9: Renal Function & Glucose Control28**
- Data Definitions and Field Names – Calculated fields 30***
- Data Definitions and Field Names – Previous Data Collection Forms..... 31***

Data Definitions and Field Names – Data Collection Form

Section 1: Patient Demographics

Section 1: Patient Demographics

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
	<p>NAME: MEDICAL RECORD NUMBER</p> <p>Definition: Patient medical record number at the site. Alternatively, if this is not available, enter some identifier such as the first the 2 letters of the first name and surname and month and year of birth (e.g. FFSSMMYY) to enable you to check your records if there is a question regarding the data.</p> <p>Data: (free text)</p>	<p>Field Name: PatientID</p> <p>Field Type: TEXT</p> <p>Format: Alphanumeric</p> <p>Codes:</p> <p>Constraints: Compulsory field</p>
	<p>NAME: CENTRE ID</p> <p>Definition: This is the ID that is unique for each site.</p> <p>Data: (Unique value for each site)</p>	<p>Field Name: SiteID</p> <p>Field Type: NUMERIC</p> <p>Format: NNN</p> <p>Codes:</p> <p>Constraints: Compulsory field</p>
	<p>NAME: SITE STAFF IDENTIFIER</p> <p>Definition: This is the ID unique for each staff member.</p> <p>Data: (Unique value for each staff)</p>	<p>Field Name: GPID</p> <p>Field Type: NUMERIC</p> <p>Format: NNNNN</p> <p>Codes:</p> <p>Constraints: Optional field</p>

Section 1: Patient Demographics

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
1.1	NAME: DATE OF BIRTH Definition: The date of birth of the patient. Data: (Before Date of Visit)	Field Name: DOB Field Type: DATE Format: DD/MM/YYYY Codes: If unknown other than year: Record as 1/01/YYYY. Constraints: Must be before CreatD
		Field Name: DobDy Field Type: NUMERIC Format: NN Codes: Constraints: Must be between 1 – 31
		Field Name: DobMn Field Type: NUMERIC Format: NN Codes: Constraints: Must be between 1 – 12
		Field Name: DobYr Field Type: NUMERIC Format: NNNN Codes: Constraints: Must be before 2013
1.2	NAME: SEX Definition: The phenotypic (physical) sex of the patient at birth. Data: Male Female	Field Name: Sex Field Type: NUMERIC Format: N Codes: 1 = Male 2 = Female Constraints: Compulsory field

Section 1: Patient Demographics

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
1.2.1	<p>NAME: CURRENTLY PREGNANT</p> <p>Definition: If the patient is female, are they currently pregnant.</p> <p>Data: No Yes</p>	<p>Field Name: Pregnant_Current</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not be Null if Sex = 2 Cannot be 1 if Sex = 1</p>
1.3	<p>NAME: DATE OF VISIT</p> <p>Definition: The date that the patient visited the site.</p> <p>Data: (Between May and June this year)</p>	<p>Field Name: CreatD</p> <p>Field Type: DATE</p> <p>Format: DD/MM/YYYY</p> <p>Codes:</p> <p>Constraints: Must be between May and June this year</p>
		<p>Field Name: CreatDy</p> <p>Field Type: NUMERIC</p> <p>Format: NN</p> <p>Codes:</p> <p>Constraints: Must be between 1 – 31</p>
		<p>Field Name: CreatMn</p> <p>Field Type: NUMERIC</p> <p>Format: NN</p> <p>Codes:</p> <p>Constraints: Must be 5 or 6</p>
		<p>Field Name: CreatYr</p> <p>Field Type: NUMERIC</p> <p>Format: NNNN</p> <p>Codes:</p> <p>Constraints: Must be the year of data collection</p>

Section 1: Patient Demographics

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
1.4	<p>NAME: INITIAL VISIT</p> <p>Definition: Indicates if this is the initial visit assessment.</p> <p>Data: No Yes</p>	<p>Field Name: Initial_Visit</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
1.5	<p>NAME: INDIGENOUS</p> <p>Definition: Indicate if the patient is Aboriginal / Torres Strait Islander background.</p> <p>Data: No Yes</p>	<p>Field Name: Indigen</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
1.6	<p>NAME: COUNTRY OF BIRTH</p> <p>Definition: The patient's country of birth.</p> <p>Data: (free text)</p> <p>Notes: Introduced in 2013; not previously asked</p>	<p>Field Name: Country</p> <p>Field Type: TEXT</p> <p>Format: Alphanumeric</p> <p>Codes:</p> <p>Constraints: Compulsory field</p>

Section 2: Diabetes Type & Management

Section 2: Diabetes Type & Management

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
2.1	<p>NAME: DATE OF DIAGNOSIS</p> <p>Definition: First diagnostic blood glucose estimation.</p> <p>Data: (Between Date of Birth and Date of Visit)</p>	<p>Field Name: Month_Dx</p> <p>Field Type: NUMERIC</p> <p>Format: NN</p> <p>Codes: 01 = Unknown</p> <p>Constraints: Compulsory field</p> <hr/> <p>Field Name: YearDx</p> <p>Field Type: NUMERIC</p> <p>Format: NNNN</p> <p>Codes:</p> <p>Constraints: Must be between year of birth (DobYr) and year of visit (CreatYr)</p>
2.2	<p>NAME: TYPE OF DIABETES</p> <p>Definition: Clinical classification of diabetes.</p> <p>Data: Type 1 Type 2 GDM Don't know Other</p>	<p>Field Name: DiabType</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 1 = Type 1 2 = Type 2 3 = GDM 4 = Don't know 5 = Other</p> <p>Constraints: Compulsory field</p>
2.3	<p>NAME: TYPE OF PATIENT MANAGEMENT METHOD – DIET ONLY</p> <p>Definition: Patient's diabetes management method is diet only.</p> <p>Data: No Yes</p>	<p>Field Name: Diet_Only</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not = 1 if Glitazone = 1, or Acarbose = 1, or Metformin = 1, or GLP1Agonist = 1, or DPP4Inhibitor = 1, or Insulin = 1, or Sulphonylurea = 1, or Nil = 1</p>

Section 2: Diabetes Type & Management

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
2.3	<p>NAME: TYPE OF PATIENT MANAGEMENT METHOD – GLITAZONE</p> <p>Definition: Patient's diabetes management method includes Glitazone.</p> <p>Data: No Yes</p>	<p>Field Name: Glitazone</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not =1 if Diet_Only = 1 or Nil = 1</p>
2.3	<p>NAME: TYPE OF PATIENT MANAGEMENT METHOD – ACARBOSE</p> <p>Definition: Patient's diabetes management method includes Acarbose.</p> <p>Data: No Yes</p>	<p>Field Name: Acarbose</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not = 1 if Diet_Only = 1 or Nil = 1</p>
2.3	<p>NAME: TYPE OF PATIENT MANAGEMENT METHOD – METFORMIN</p> <p>Definition: Patient's diabetes management method includes Metformin.</p> <p>Data: No Yes</p>	<p>Field Name: Metformin</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not = 1 if Diet_Only = 1 or Nil = 1</p>
2.3	<p>NAME: TYPE OF PATIENT MANAGEMENT METHOD – GLP1 AGONIST</p> <p>Definition: Patient's diabetes management method includes GLP1 Agonist.</p> <p>Data: No Yes</p>	<p>Field Name: GLP1Agonist</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not = 1 if Diet_Only = 1 or Nil = 1</p>

Section 2: Diabetes Type & Management

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
2.3	<p>NAME: TYPE OF PATIENT MANAGEMENT METHOD – DPP4 INHIBITOR</p> <p>Definition: Patient's diabetes management method includes DPP4 inhibitor.</p> <p>Data: No Yes</p>	<p>Field Name: DPP4Inhibitor</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not = 1 if Diet_Only = 1 or Nil = 1</p>
2.3	<p>NAME: TYPE OF PATIENT MANAGEMENT METHOD – INSULIN</p> <p>Definition: Patient's diabetes management method includes Insulin.</p> <p>Data: No Yes</p>	<p>Field Name: Insulin</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not = 1 if Diet_Only = 1 or Nil = 1</p>
2.3	<p>NAME: TYPE OF PATIENT MANAGEMENT METHOD – SULPHONYLUREA</p> <p>Definition: Patient's diabetes management method includes Sulphonylurea.</p> <p>Data: No Yes</p>	<p>Field Name: Sulphonylurea</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not = 1 if Diet_Only = 1 or Nil = 1</p>
2.3	<p>NAME: TYPE OF PATIENT MANAGEMENT METHOD – NIL</p> <p>Definition: Patient is not implementing any management methods.</p> <p>Data: No Yes</p>	<p>Field Name: Nil</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not = 1 if Diet_Only = 1</p>

Section 2: Diabetes Type & Management

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
2.3.1	<p>NAME: INSULIN YEAR STARTED</p> <p>Definition: The year that the patient started insulin.</p> <p>Data: (Between year of diagnosis and Date of Visit)</p>	<p>Field Name: InsSince</p> <p>Field Type: NUMERIC</p> <p>Format: NNNN</p> <p>Codes:</p> <p>Constraints: Must not be Null if Insulin = 1 & must be between YearDx and CreatYr</p>

Section 3: Height, Weight & Smoking Status

Section 3: Height, Weight & Smoking Status
--

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
3.1	<p>NAME: WEIGHT</p> <p>Definition: Record in kilograms the weight measurement without shoes or jacket.</p> <p>Data: Kg</p>	<p>Field Name: Weight</p> <p>Field Type: NUMERIC</p> <p>Format NNN.N</p> <p>Codes:</p> <p>Constraints: Must be between 25 – 250</p>
3.2	<p>NAME: HEIGHT</p> <p>Definition: Record in metres the height measurement without shoes.</p> <p>Data: m</p>	<p>Field Name: Height</p> <p>Field Type: NUMERIC</p> <p>Format: N.NN</p> <p>Codes:</p> <p>Constraints: Must be between 1.00 – 2.00</p>
3.3	<p>NAME: SMOKING STATUS</p> <p>Definition: Current Smoker = regular smoking of any tobacco material over the past 3mths Past Smoker = no regular smoking of any tobacco material for 1month or more Never smoked – never smoked any tobacco material.</p> <p>Data: Current Past Never</p>	<p>Field Name: Smoking_Status</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 1 = Current 2 = Past 3 = Never</p> <p>Constraints: Compulsory field</p>

Section 4: Blood Pressure

Section 4: Blood Pressure

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
4.1	<p>NAME: BLOOD PRESSURE</p> <p>Definition: Record Systolic / Diastolic (mm Hg) measured after 5 minutes sitting, [1st and 5th phases].</p> <p>Data: mmHg</p>	<p>Field Name: SystoBP</p> <p>Field Type: NUMERIC</p> <p>Format NNN</p> <p>Codes:</p> <p>Constraints: Must be between 50 – 220</p> <hr/> <p>Field Name: DiastBP</p> <p>Field Type: NUMERIC</p> <p>Format NNN</p> <p>Codes:</p> <p>Constraints: Must be between 30 – 150</p>
4.2	<p>NAME: ANTI-HYPERTENSIVE TREATMENT</p> <p>Definition: Indicates if the patient is on any anti-hypertensive treatment.</p> <p>Data: No Yes</p>	<p>Field Name: AntiHT</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field. If AntiHT = 1, then ACEInhib = 1 or BetaBloc = 1 or ACE_Thiaz = 1 or CaAntags = 1 or A2Antags = 1 or Thiazides = 1 or A2_Thiaz = 1 or Other = 1</p>
4.2.1	<p>NAME: ANTI-HYPERTENSIVE TREATMENT – ACE INHIBITOR</p> <p>Definition: Indicate if the patient is taking ACE Inhibitor treatment.</p> <p>Data:</p>	<p>Field Name: ACEInhib</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints:</p>

Section 4: Blood Pressure

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
4.2.1	<p>NAME: ANTI-HYPERTENSIVE TREATMENT – BETA BLOCKER</p> <p>Definition: Indicate if the patient is taking beta blocker treatment.</p> <p>Data:</p>	<p>Field Name: BetaBloc</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints:</p>
4.2.1	<p>NAME: ANTI-HYPERTENSIVE TREATMENT – ACE + THIAZIDE</p> <p>Definition: Indicate if the patient is taking ACE and thiazide treatment.</p> <p>Data:</p>	<p>Field Name: ACE_Thiaz</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints:</p>
4.2.1	<p>NAME: ANTI-HYPERTENSIVE TREATMENT – CALCIUM ANTAG</p> <p>Definition: Indicate if the patient is taking calcium antagonist treatment.</p> <p>Data:</p>	<p>Field Name: CaAntags</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints:</p>
4.2.1	<p>NAME: ANTI-HYPERTENSIVE TREATMENT – A2 ANTAG</p> <p>Definition: Indicate if the patient is taking A2 antagonist treatment.</p> <p>Data:</p>	<p>Field Name: A2Antags</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints:</p>
4.2.1	<p>NAME: ANTI-HYPERTENSIVE TREATMENT – THIAZIDES</p> <p>Definition: Indicate if the patient is taking thiazide treatment.</p> <p>Data:</p>	<p>Field Name: Thiazides</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints:</p>

Section 4: Blood Pressure

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
4.2.1	<p>NAME: ANTI-HYPERTENSIVE TREATMENT – A2 + THIAZIDE</p> <p>Definition: Indicate if the patient is taking A2 + thiazide treatment.</p> <p>Data:</p>	<p>Field Name: A2_Thiaz</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints:</p>
4.2.1	<p>NAME: ANTI-HYPERTENSIVE TREATMENT – OTHER</p> <p>Definition: Indicate if the patient is taking other anti-hypertensive treatment.</p> <p>Data:</p>	<p>Field Name: Other</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints:</p>

Section 5: Diabetic Eye Disease

Section 5: Diabetic Eye Disease

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
5.1	<p>NAME: SAW OPTOMETRIST</p> <p>Definition: Mark No <u>or</u> Yes to indicate if the patient <i>Attended</i> an Optometrist in the last 12mths.</p> <p>Data: No Yes</p>	<p>Field Name: Optom</p> <p>Field Type: NUMERIC</p> <p>Format N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
5.2	<p>NAME: REFERRED TO OPHTHALMOLOGIST</p> <p>Definition: Mark No <u>or</u> Yes to indicate if the patient was Referred to an Ophthalmologist in the last 12mths.</p> <p>Data: No Yes</p>	<p>Field Name: RefOphthal</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
5.3	<p>NAME: ATTENDED OPHTHALMOLOGIST</p> <p>Definition: Mark No <u>or</u> Yes to indicate if the patient was Attended an Ophthalmologist in the last 12mths.</p> <p>Data: No Yes</p>	<p>Field Name: Ophthal</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not be Null if RefOphthal = 1</p>
5.4	<p>NAME: VISUAL ACUITY RIGHT EYE</p> <p>Definition: Record actual result for the right eye as 6/5, 6/6, 6/7.5, 6/9, 6/12, 6/18, 6/24, 6/36, 6/60, CF (Count fingers) HM (Hand movement), PL (Perceive Light), BL (Blind). Tested wearing glasses (or using pinhole if acuity is not normal).</p> <p>Data: 5, 6, 7.5, 9, 12, 18, 24, 36, 60 CF, HM, PL, B</p>	<p>Field Name: VisualR</p> <p>Field Type: TEXT</p> <p>Format: Alphanumeric</p> <p>Codes: CF = Count fingers HM = Hand movement PL = Perceived light B = Blind</p> <p>Constraints: Compulsory field</p>

Section 5: Diabetic Eye Disease

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
5.5	<p>NAME: VISUAL ACUITY LEFT EYE</p> <p>Definition: Record actual result for the left eye as 6/5, 6/6, 6/7.5, 6/9, 6/12, 6/18, 6/24, 6/36, 6/60, CF (Count fingers) HM (Hand movement), PL (Perceive Light), BL (Blind). Tested wearing glasses (or using pinhole if acuity is not normal).</p> <p>Data: 5, 6, 7.5, 9, 12, 18, 24, 36, 60 CF, HM, PL, B</p>	<p>Field Name: VisualL</p> <p>Field Type: TEXT</p> <p>Format: Alphanumeric</p> <p>Codes: CF = Count fingers HM = Hand movement PL = Perceived light B = Blind</p> <p>Constraints: Compulsory field</p>
5.6	<p>NAME: FUNDUS EXAMINATION IN THE PAST 12 MONTHS</p> <p>Definition: Mark No or Yes to indicate if the patient has had an Ophthalmological Assessment (Direct or Indirect) in the last 12mths.</p> <p>Data: No Yes</p>	<p>Field Name: OphthalEx</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
5.6.1	<p>NAME: RETINAL CAMERA</p> <p>Definition: Mark No or Yes to indicate if the Ophthalmological Assessment was using a Retinal Camera. Answer only if fundus examination is Yes.</p> <p>Data: No Yes</p>	<p>Field Name: Retinal_Camera</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not be Null if OphthalEx = 1</p>
5.6.2	<p>NAME: RIGHT RETINA</p> <p>Definition: Indicate the fundus examination results for the right retina. Answer one only.</p> <p>Data: Normal Non Diabetes Abnormality Diabetes Abnormality Not Visualised</p>	<p>Field Name: RetinaeR</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 1 = Normal 2 = Non Diabetes Abnormality 3 = Diabetes Abnormality 4 = Not Visualised</p> <p>Constraints: Must not be Null if OphthalEx = 1</p>

Section 5: Diabetic Eye Disease

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
<p>5.6.3</p>	<p>NAME: LEFT RETINA</p> <p>Definition: Indicate the fundus examination results for the left retina. Answer one only.</p> <p>Data: Normal Non Diabetes Abnormality Diabetes Abnormality Not Visualised</p>	<p>Field Name: RetinaeL</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 1 = Normal 2 = Non Diabetes Abnormality 3 = Diabetes Abnormality 4 = Not Visualised</p> <p>Constraints: Must not be Null if OphthalEx = 1</p>
<p>5.7</p>	<p>NAME: RIGHT CATARACT</p> <p>Definition: Mark No or Yes to indicate if the patient currently has a right cataract present or has had one removed previously.</p> <p>Data: No Yes</p>	<p>Field Name: CataracR</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
<p>5.8</p>	<p>NAME: LEFT CATARACT</p> <p>Definition: Mark No or Yes to indicate if the patient currently has a left cataract present or has had one removed previously.</p> <p>Data: No Yes</p>	<p>Field Name: CataracL</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>

Section 6: Diabetic Foot Problems

Section 6: Diabetic Foot Problems

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
6.1	<p>NAME: PERIPHERAL NEUROPATHY</p> <p>Definition: Mark No <u>or</u> Yes to indicate clinical judgment following assessment using pin prick and vibration (using perhaps a Biothesiometer) or Monofilament.</p> <p>Data: No Yes</p>	<p>Field Name: PeriphNeur</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
6.2	<p>NAME: PAST HISTORY OF ULCERATION</p> <p>Definition: Mark No <u>or</u> Yes to indicate <i>Past History of Foot Ulceration</i>.</p> <p>Data: No Yes</p>	<p>Field Name: PHUlcerat</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
6.3	<p>NAME: FOOT DEFORMITY</p> <p>Definition: Mark No <u>or</u> Yes to indicate the presence of <i>Foot Deformity</i>.</p> <p>Data: No Yes</p>	<p>Field Name: FtDeform</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
6.4	<p>NAME: PERIPHERAL VASCULAR DISEASE</p> <p>Definition: Mark No <u>or</u> Yes to indicate Peripheral Vascular Disease. Record YES as absence of both dorsalis pedis and posterior tibial pulses in either foot.</p> <p>Data: No Yes</p>	<p>Field Name: PeriphVas</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
6.5	<p>NAME: CURRENT FOOT ULCER</p> <p>Definition: Mark No <u>or</u> Yes to indicate <i>Current Foot Ulceration</i>.</p> <p>Data: No Yes</p>	<p>Field Name: Ulcerat</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>

Section 6: Diabetic Foot Problems

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
6.6	<p>NAME: ACTIVE FOOT LESION</p> <p>Definition: Mark No or Yes to indicate the presence and/or <i>Active Foot Lesion</i> (<u>other than</u> a foot ulcer).</p> <p>Data: No Yes</p>	<p>Field Name: ActFtLes</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
6.7	<p>NAME: ATTENDED PODIATRIST</p> <p>Definition: Mark No or Yes to indicate if the patient attended a Podiatrist in the last 12mths.</p> <p>Data: No Yes</p>	<p>Field Name: Podiat</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
6.8	<p>NAME: ATTENDED EDUCATOR</p> <p>Definition: Mark No or Yes to indicate if the patient attended an Educator in the last 12mths.</p> <p>Data: No Yes</p>	<p>Field Name: DiabEduc</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
6.9	<p>NAME: ATTENDED DIETITIAN</p> <p>Definition: Mark No or Yes to indicate if the patient attended a dietitian in the last 12mths.</p> <p>Data: No Yes</p>	<p>Field Name: Dietitn</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>

Section 7: Medications & Lipids

Section 7: Medications & Lipids

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
7.1	<p>NAME: ANTI-LIPID RX</p> <p>Definition: Mark No <u>or</u> Yes to indicate whether the patient is specifically on drug treatment for Dyslipidemia.</p> <p>Data: No Yes</p>	<p>Field Name: OnLipRx</p> <p>Field Type: NUMERIC</p> <p>Format N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must be Yes if Statin_PRE = 1 or Fibrate_PRE = 1 or Vytorin_PRE = 1 or Ezetrol_PRE = 1 or FishOil_PRE = 1</p>
7.2	<p>NAME: STATIN RX</p> <p>Definition: Mark No <u>or</u> Yes to indicate whether the patient is on Statin and whether they have Side Effects / Contraindicated.</p> <p>Data: No Yes Contraindicated</p>	<p>Field Name: Statin_PRE</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes 3 = Contraindicated</p> <p>Constraints: Compulsory field</p>
7.3	<p>NAME: FIBRATE RX</p> <p>Definition: Mark No <u>or</u> Yes to indicate whether the patient is Fibrate.</p> <p>Data: No Yes</p>	<p>Field Name: Fibrate_PRE</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
7.4	<p>NAME: VYTORIN RX</p> <p>Definition: Mark No <u>or</u> Yes to indicate whether the patient is Vytorin.</p> <p>Data: No Yes</p>	<p>Field Name: Vytorin_PRE</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>

Section 7: Medications & Lipids

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
7.5	<p>NAME: EZETROL RX</p> <p>Definition: Mark No or Yes to indicate whether the patient is Ezetrol.</p> <p>Data: No Yes</p>	<p>Field Name: Ezetrol_PRE</p> <p>Field Type: NUMERIC</p> <p>Format N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
7.6	<p>NAME: FISH OIL RX</p> <p>Definition: Mark No or Yes to indicate whether the patient is Fish oil.</p> <p>Data: No Yes</p>	<p>Field Name: FishOil_PRE</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
7.7	<p>NAME: ASPIRIN</p> <p>Definition: Mark No or Yes to indicate whether the patient is on aspirin and whether they have Side Effects / Contraindicated.</p> <p>Data: No Yes</p>	<p>Field Name: Aspirin_Rx</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes 3 = Contraindicated</p> <p>Constraints: Compulsory field</p>
7.8	<p>NAME: OTHER ANTI-PLATELET THERAPIES</p> <p>Definition: Mark No or Yes to indicate whether the patient is on other anti-platelet therapies (eg clopidogrel) and whether they have Side Effects / Contraindicated.</p> <p>Data: No Yes Contraindicated</p>	<p>Field Name: Clopid_Rx</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes 3 = Contraindicated</p> <p>Constraints: Compulsory field</p>
7.9	<p>NAME: ANTICOAGULANT</p> <p>Definition: Mark No or Yes to indicate whether the patient is on anticoagulants (eg warfarin) and whether they have Side Effects / Contraindicated.</p> <p>Data: No Yes Contraindicated</p> <p>Notes: Introduced in 2013; not previously asked</p>	<p>Field Name: Anticoag</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes 3 = Contraindicated</p> <p>Constraints: Compulsory field</p>

Section 7: Medications & Lipids

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
7.10	<p>NAME: LIPIDS MEASURED</p> <p>Definition: Mark No <u>or</u> Yes to indicate if lipids have been measured in the past 12 months.</p> <p>Data: No Yes</p> <p>Notes: Introduced in 2013; not previously asked</p>	<p>Field Name: Lipids</p> <p>Field Type: NUMERIC</p> <p>Format N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must be Yes if LipChol is not Null or LipLDL is not Null or LipHDL is not Null or LipTglyc is not Null or</p>
7.10.1	<p>NAME: CHOLESTEROL</p> <p>Definition: Record absolute result of most recent result of <i>cholesterol</i> in the last 12mths.</p> <p>Data: mmol/L</p>	<p>Field Name: LipChol</p> <p>Field Type: NUMERIC</p> <p>Format: NN.N</p> <p>Codes:</p> <p>Constraints: Must not be Null if Lipids = 1</p> <p> Must be between 2 - 12</p>
7.10.2	<p>NAME: LDL</p> <p>Definition: Record absolute result of most recent result of <i>LDL</i> in the last 12mths.</p> <p>Data: mmol/L</p>	<p>Field Name: LipLDL</p> <p>Field Type: NUMERIC</p> <p>Format: N.NN</p> <p>Codes:</p> <p>Constraints: Must not be Null if Lipids = 1</p> <p> Must be between 0.5 – 8.0</p>
7.10.3	<p>NAME: HDL</p> <p>Definition: Record absolute result of most recent result of <i>HDL</i> in the last 12mths.</p> <p>Data: mmol/L</p>	<p>Field Name: LipHDL</p> <p>Field Type: NUMERIC</p> <p>Format: NN.N</p> <p>Codes:</p> <p>Constraints: Must not be Null if Lipids = 1</p> <p> Must be between 0.2 – 5.0</p>

Section 7: Medications & Lipids

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
7.10.4	<p>NAME: TRIGLYCERIDES</p> <p>Definition: Record absolute result of most recent result of <i>triglycerides</i> in the last 12mths.</p> <p>Data: mmol/L</p>	<p>Field Name: LipTglyc</p> <p>Field Type: NUMERIC</p> <p>Format: N.NN</p> <p>Codes:</p> <p>Constraints: Must not be Null if Lipids = 1</p> <p>Must be between 0.2 - 20</p>
7.10.5	<p>NAME: LIPIDS MEASURED IN FASTING SPECIMEN</p> <p>Definition: Mark No <u>or</u> Yes to indicate if the lipids reported at items 7.10.1 to 7.10.4 were measured in a fasting specimen.</p> <p>Data:</p>	<p>Field Name: LipFast</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not be Null if Lipids = 1</p>

Section 8: Complications & Events

Section 8: Complications & Events

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
8.1	NAME: CEREBRAL STROKE – LAST 12 MONTHS Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event in the last 12mths due to vascular disease. Data: No Yes	Field Name: Stroke Field Type: NUMERIC Format N Codes: 0 = No 1 = Yes Constraints: Compulsory field
	NAME: CEREBRAL STROKE – PREVIOUS Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event previously due to vascular disease. Data: No Yes	Field Name: StrokePR Field Type: NUMERIC Format N Codes: 0 = No 1 = Yes Constraints: Compulsory field
8.2	NAME: MYOCARDIAL INFARCTION – LAST 12 MONTHS Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event in the last 12mths evidenced by ECG changes or plasma enzyme changes. Data: No Yes	Field Name: MyoInf Field Type: NUMERIC Format N Codes: 0 = No 1 = Yes Constraints: Compulsory field
	NAME: MYOCARDIAL INFARCTION – PREVIOUS Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event previously evidenced by ECG changes or plasma enzyme changes. Data: No Yes	Field Name: MyoInfPR Field Type: NUMERIC Format N Codes: 0 = No 1 = Yes Constraints: Compulsory field

Section 8: Complications & Events

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
8.3	<p>NAME: LOWER LIMB AMPUTATION – LAST 12 MONTHS</p> <p>Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event in the last 12mths for amputation of toe, forefoot or leg [above or below knee], not due to trauma or causes other than vascular disease.</p> <p>Data: No Yes</p>	<p>Field Name: Amput</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
	<p>NAME: LOWER LIMB AMPUTATION – PREVIOUS</p> <p>Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event previously for amputation of toe, forefoot or leg [above or below knee], not due to trauma or causes other than vascular disease.</p> <p>Data: No Yes</p>	<p>Field Name: AmputPR</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
8.4	<p>NAME: END STAGE RENAL DISEASE – LAST 12 MONTHS</p> <p>Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event in the last 12mths requiring dialysis or having undergone a kidney transplantation (due to diabetic nephropathy).</p> <p>Data: No Yes</p>	<p>Field Name: EndRenal</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
	<p>NAME: END STAGE RENAL DISEASE – PREVIOUS</p> <p>Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event previously requiring dialysis or having undergone a kidney transplantation (due to diabetic nephropathy).</p> <p>Data: No Yes</p>	<p>Field Name: EndRenPR</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>

Section 8: Complications & Events

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
8.5	<p>NAME: CABG/ANGIOPLASTY – LAST 12 MONTHS</p> <p>Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event in the last 12mths for CABG, Angioplasty or Stent.</p> <p>Data: No Yes</p>	<p>Field Name: CABG</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
	<p>NAME: CABG/ANGIOPLASTY – PREVIOUS</p> <p>Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event previously for CABG, Angioplasty or Stent.</p> <p>Data: No Yes</p>	<p>Field Name: CABGPR</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
8.6	<p>NAME: BLINDNESS – LAST 12 MONTHS</p> <p>Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event in the last 12mths where the patient became legally blind (>6/60) in either eye.</p> <p>Data: No Yes</p>	<p>Field Name: NewBlindness</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
	<p>NAME: BLINDNESS - PREVIOUS</p> <p>Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event previously where the patient became legally blind (>6/60) in either eye.</p> <p>Data: No Yes</p>	<p>Field Name: BlindPR</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>

Section 8: Complications & Events

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
8.7	<p>NAME: SEVERE HYPOGLYCAEMIA – LAST 12 MONTHS</p> <p>Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event in the last 12mths for severe hypoglycaemia [DCCT definition] requiring assistance.</p> <p>Data: No Yes</p>	<p>Field Name: Hypo_Severe</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
8.8	<p>NAME: ERECTILE DYSFUNCTION – LAST 12 MONTHS</p> <p>Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event in the last 12mths for a history or treatment of failure to achieve or maintain erection sufficient for penetration.</p> <p>Data: No Yes</p>	<p>Field Name: Impoten</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not = 1 if Sex = 2</p>
	<p>NAME: ERECTILE DYSFUNCTION – PREVIOUS</p> <p>Definition: Mark No <u>or</u> Yes to indicate a history of complication or an event previously for a history or treatment of failure to achieve or maintain erection sufficient for penetration.</p> <p>Data: No Yes</p>	<p>Field Name: ImpotPR</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Must not = 1 if Sex = 2</p>

Section 9: Renal Function & Glucose Control

Section 9: Renal Function & Glucose Control		
ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
9.1	<p>NAME: eGFR > 60</p> <p>Definition: Mark No or Yes to indicate if eGFR is >60.</p> <p>Data: No Yes</p>	<p>Field Name: eGFRover60</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field. Must = 1 if eGFRResult>60</p>
9.2	<p>NAME: eGFR RESULT</p> <p>Definition: Record absolute result in the box provided if known [eg: 46 or 87 or 101].</p> <p>Data: mL/min per 1.73m²</p>	<p>Field Name: eGFRResult</p> <p>Field Type: NUMERIC</p> <p>Format: NNN</p> <p>Codes:</p> <p>Constraints: Must be between 0.5 – 200</p>
9.3	<p>NAME: MICROALBUMIN/PROTEINURIA COLLECTED</p> <p>Definition: Mark No or Yes to indicate if microalbumin / proteinuria is collected.</p> <p>Data: No Yes</p> <p>Notes: Introduced in 2013; not previously asked</p>	<p>Field Name: uAlb_Collect</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 0 = No 1 = Yes</p> <p>Constraints: Compulsory field</p>
9.3.1	<p>NAME: MICROALBUMIN/PROTEINURIA RESULT</p> <p>Definition: Record absolute amount of albumin [mg/L] or as albumin excretion rate [AER: µg/min or mg/24hr] or Ratio.</p> <p>Data:</p>	<p>Field Name: uAlbumin</p> <p>Field Type: NUMERIC</p> <p>Format: NNNN.N</p> <p>Codes:</p> <p>Constraints: Must not be Null if uAlb_Collect = 1</p>

Section 9: Renal Function & Glucose Control

ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
9.3.2	<p>NAME: MICROALBUMIN/PROTEINURIA UNITS</p> <p>Definition: Mark the applicable units.</p> <p>Data: mg/L mg/24 hr ug/min ratio</p>	<p>Field Name: uAlbUnit</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 1 = mg/L 2 = µg/min 3 = mg/24 hr 4 = ratio</p> <p>Constraints: Must not be Null if uAlb_Collect = 1</p>
9.4	<p>NAME: SERUM CREATININE</p> <p>Definition: Record absolute result measurement of serum creatinine in MICROMOLS/L [µmol/L].</p> <p>Data: µmol/L</p>	<p>Field Name: Creatin</p> <p>Field Type: NUMERIC</p> <p>Format: NNNN</p> <p>Codes:</p> <p>Constraints: Must be between 20 – 2000</p>
9.5.1	<p>NAME: GLYCATED HB RESULT %</p> <p>Definition: Record absolute result [%] of the most recent HbA1c result in the last 12mths.</p> <p>Data: %</p>	<p>Field Name: HbA1c</p> <p>Field Type: NUMERIC</p> <p>Format: NN.N</p> <p>Codes:</p> <p>Constraints: Must be between 5 – 20</p>
9.5.2	<p>NAME: GLYCATED HB RESULT MMOL/MOL</p> <p>Definition: Record absolute result [mmol/mol] of the most recent HbA1c result in the last 12mths.</p> <p>Data: mmol/mol</p> <p>Notes: Introduced in 2013; not previously asked.</p>	<p>Field Name: HbA1c_new</p> <p>Field Type: NUMERIC</p> <p>Format: NNN</p> <p>Codes:</p> <p>Constraints: Optional field</p> <p> If provided, must be between 31 – 195</p>

Data Definitions and Field Names – Calculated fields

Automatic Data (not entered on the Data Collection Form)		
ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
	<p>NAME: BMI</p> <p>Definition: Body Mass Index calculated by the following equation: Weight/(Height²)</p> <p>Data: Kg/m²</p>	<p>Field Name: BMI</p> <p>Field Type: NUMERIC</p> <p>Format NN.N</p> <p>Codes:</p> <p>Constraints: Compulsory field</p>
	<p>NAME: AGE</p> <p>Definition: Age of the patient at the time of visit calculated by the following equation: CreatD - DOB</p> <p>Data: years</p>	<p>Field Name: AGE</p> <p>Field Type: NUMERIC</p> <p>Format NN</p> <p>Codes:</p> <p>Constraints: Compulsory field</p>
	<p>NAME: Duration</p> <p>Definition: Duration of diabetes calculated by the following equation: CreatYr - YearDx</p> <p>Data: years</p>	<p>Field Name: Duration</p> <p>Field Type: NUMERIC</p> <p>Format NN</p> <p>Codes:</p> <p>Constraints: Compulsory field</p>
	<p>NAME: Calculated LDL</p> <p>Definition: LDL is calculated from available lipids if LDL is not reported:</p> $\text{LipChol [If < 15]} - \frac{\text{LipTglyc [If < 4.5]}}{2.2} - \text{LipHDL}$ <p>Data: mmol/L</p>	<p>Field Name: LipLDL_CALC</p> <p>Field Type: NUMERIC</p> <p>Format NN</p> <p>Codes:</p> <p>Constraints: Compulsory field</p>

Data Definitions and Field Names – Previous Data Collection Forms

Historic Fields (Data no longer collected but fields are available in prior data files)		
ITEM	FUNCTIONAL DEFINITIONS	DATABASE DEFINITIONS
	<p>NAME: MICROALBUMIN/PROTEINURIA IS NOT APPLICABLE</p> <p>Definition: Select to indicate that microalbumin/proteinuria data is not available.</p> <p>Data: Yes</p>	<p>Field Name: uAlb_NotApplicable</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 1 = Yes</p> <p>Constraints:</p>
	<p>NAME: STATINS SIDE EFFECTS/CONTRAINDICATED</p> <p>Definition: Indicate whether the patient has Statin Side Effects / Contraindicated.</p> <p>Data: No Yes</p> <p>Notes: This field has been removed and is now collected as an option (Contraindicated, code=3) listed for Statin Rx</p>	<p>Field Name: Statin_SE_CI</p> <p>Field Type: NUMERIC</p> <p>Format: N</p> <p>Codes: 1 = Yes 2 = No</p> <p>Constraints: Compulsory field</p>

Note: No/Yes options are recorded as 0/1 in 2013. Data collected prior to 2013, No was recorded as 2 instead of 0.

Australian National Diabetes Audit



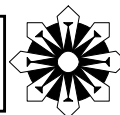
ANDA-AQSMA 2014

Data Collection Form
Data Definitions
Data Dictionary



57562

ANDA-AQSMA 2014 Australian National Diabetes Audit - Australian Quality Self Management Audit



Section 1. Patient Demographics

Medical Record No. Centre ID Site Staff Identifier

1.1 Date of Birth / / 1.2 Sex Male Female **if FEMALE** → 1.2.1 Currently pregnant No Yes

1.3 Date of Visit / / 1.4 Initial Visit No Yes 1.5 Aboriginal/Torres Strait Islander No Yes

1.6 Interpreter required No Yes 1.7 DVA Patient No Yes 1.8 NDSS Member No Yes

1.9 Country of birth

Section 2. Diabetes Type & Management & Lifestyle Issues

2.1 Year of Diagnosis 2.2 Type of Diabetes Type 1 Type 2 GDM Don't Know Other

2.3 Management Method Diet Only Insulin **if INSULIN** → 2.3.1 How long ago was Insulin started <1yr 1-5yrs >5yrs 2.4 Physical Activity Sufficiency Sufficient Insufficient Sedentary

Tablets Insulin+Tablets Injectables Insulin+Tablets+Injectables Injectables+Tablets Nil

2.5 Have you had a flu vaccination in the last 12 months? No Yes 2.6 Have you had a pneumococcal vaccination in the last 12 months? No Yes

2.7 Smoking Status Current Smoker **if CURRENT** → 2.7.1 Have you tried to stop smoking? No Yes Past Smoker **if PAST** → 2.7.2 Which of the following methods did you use: Never Smoked

	No	Yes	No	Yes
Just Stopped - no intervention	<input type="checkbox"/>	<input type="checkbox"/>	Hypnosis	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>
Nicotine replacement	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>

2.8 Glycated Hb Result . % AND mmol/mol

Section 3. Medication Use

	No	Yes
3.1 Do you ever forget to take your medications?	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Do you usually take all your medications?	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Do you sometimes stop taking your medications when you feel better?	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Do you sometimes stop taking your medications when you feel worse?	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Are you using a complementary therapy or dietary supplement or OTC Rx?	<input type="checkbox"/>	<input type="checkbox"/>
3.5.1 Have you told your doctor or educator about using complementary, dietary supplement or OTC Rx?	<input type="checkbox"/>	<input type="checkbox"/>

if YES → 3.1.1 How many times per week

if YES Answer 3.5.1

Section 4. Health Professional Attendances

Has the patient attended any of the following in the last 12 months?

	No	Yes	No	Yes
4.1 Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>	4.6 Diabetes Specialist	<input type="checkbox"/>
4.2 Diabetes Educator	<input type="checkbox"/>	<input type="checkbox"/>	4.7 Ophthalmologist	<input type="checkbox"/>
4.3 Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	4.8 Optometrist	<input type="checkbox"/>
4.4 Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	4.9 Dentist	<input type="checkbox"/>
4.5 Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	4.10 Exercise Physiologist	<input type="checkbox"/>

Section 5. Patient Self Care Practices

	No	Yes
5.1 Do you have difficulties following your prescribed diet?	<input type="checkbox"/>	<input type="checkbox"/>
5.1.1 I don't have enough time to prepare healthy meals	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2 It costs too much to eat well	<input type="checkbox"/>	<input type="checkbox"/>
5.1.3 I don't know what foods are best to eat	<input type="checkbox"/>	<input type="checkbox"/>
5.1.4 I eat out a lot and find it hard to eat well	<input type="checkbox"/>	<input type="checkbox"/>
5.1.5 If Type1 - it is too hard to count carbs/weigh food	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Do you check your blood glucose level as often as recommended?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure of recommended testing	
5.3 If you are on injectables or insulin, do you rotate your injection site?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

if YES → Do the following apply

Section 6A. BCD

Over the last couple of weeks has the patient been:

	No	Yes
6A.1 Having restless or disturbed nights	<input type="checkbox"/>	<input type="checkbox"/>
6A.2 Feeling unhappy or depressed	<input type="checkbox"/>	<input type="checkbox"/>
6A.3 Feeling unable to overcome difficulties	<input type="checkbox"/>	<input type="checkbox"/>
6A.4 Dissatisfied with their way of doing things	<input type="checkbox"/>	<input type="checkbox"/>

Section 6B. Treatment

	No	Yes
6B.1 Is the patient taking antidepressants	<input type="checkbox"/>	<input type="checkbox"/>
6B.2 Psych. treatment/counselling - past	<input type="checkbox"/>	<input type="checkbox"/>
6B.3 Psych. treatment/counselling - now	<input type="checkbox"/>	<input type="checkbox"/>

Section 7. Quality of Life Assessment

Part A: Self-assessment of health status

7.1 Own health state rating (0-100)

7.2 Screening Scale Q1

7.3 Screening Scale Q2

if Q1 or Q2 is ≥ 3, complete Part B

Part B: Diabetes Distress Scale 17

7.4 DDS 17 Questionnaire done No Yes **if YES** → complete 7.4.1 - 7.4.5 below

7.4.1 Total DDS 17 Score

7.4.2 Emotional Burden (A)

7.4.3 Physician-related distress (B)

7.4.4 Regimen-related distress (C)

7.4.5 Interpersonal distress (D)



ANDA-AQSM 2014 DATA DEFINITIONS

Section 1. Patient Demographics	
Medical Record No.	(Compulsory field). Enter some identifier such as record number or first the 2 letters of the first name and surname and month and year of birth (e.g. FFSSMMYY) to enable you to check your records if there is a question regarding the data.
Centre ID	Site Identifier.
Site Staff Identifier	Site staff ID.
Date of Birth	Record as DD/MM/YYYY . [If unknown other than year: Record as 01/01/YYYY].
Sex	Mark Male or Female indicating phenotypic (physical) sex at birth.
Currently pregnant	If Sex is female, mark Yes or No if the patient is currently pregnant.
Date of Visit	Record the date the patient attended as DD/MM/2014 .
Initial Visit	Mark No or Yes indicating if this is an initial visit assessment.
Indigenous	Mark No or Yes indicating Aboriginal / Torres Strait Islander background (or neither).
Interpreter required	Record No or Yes for the requirement for interpreter services as perceived by the patient.
DVA Patient	Eligible people whose medical care charges are met by the Dept of Veterans' Affairs (DVA).
NDSS Member	Record No or Yes if a member of the NDSS.
Country of Birth	Enter the patient's country of birth.
Section 2. Diabetes Type & Management & Lifestyle Issues	
Year of Diagnosis	Record as YYYY of first diagnostic blood glucose estimation.
Type of Diabetes	Mark Type1 [IDDM] or Type2 [NIDDM] or GDM or Don't Know , or Other to indicate the clinical classification of diabetes.
Management Method	Record as Diet Only or Tablets or Injectables or Insulin or Insulin & Tablets or Nil to indicate the management method. Injectables includes injected anti-hyperglycaemic agents not including insulin (eg GLP-1 analogues).
If on insulin: How long ago was insulin started	<1 year insulin was started within the past year. 1-5 years insulin was started between 1 and 5 years ago. > 5 years insulin was started more than 5 years ago.
Flu vaccination	Has the patient had a flu vaccination in the last 12 months? (No/Yes).
Pneumococcal vaccination	Has the patient had a pneumococcal vaccination in the last 12 months? (No/Yes).
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: <i>Moderate</i> physical activity causes a slight but noticeable increase in breathing and heart rate, the person can comfortably talk but not sing. <i>Vigorous</i> physical activity causes the person to 'huff and puff,' talking in full sentences between breaths is difficult. Sufficient physical activity for health benefit is equal to or more than 150 total minutes per week. Insufficient physical activity is more than 0 minutes, but less than 150 total minutes per week. Sedentary is where there has been no moderate and / or vigorous physical activity per week.
Smoking Status	Mark Current Smoker or Past Smoker or Never Smoked to indicate smoking of <u>any tobacco material</u> . Current Smoker = regular smoking over the past 3mths, Past Smoker = no regular smoking for 1month or more, Never smoked = never smoked any tobacco material.
If Current Smoker	Has tried in ANY WAY to stop smoking (No/Yes).
If Past Smoker	Indicate whether the method (No intervention or Medication or Nicotine replacement or Hypnosis or Acupuncture or Other) was used to stop smoking.
Glycated Hb Result	Record absolute result [%] and mmol/mol of the most recent HbA1c result in the last 6 months.
Section 3. Medication Use	
Medication use practices	Ask patient questions as listed and indicate response (No/Yes).
Complementary therapy	Is the patient using a complementary therapy [herbal/homeopathic/ vitamin or mineral supplement or dietary supplement or 'over the counter' [OTC] Rx]? (No/Yes).
Told doctor / DE	Has the patient told their doctor or diabetes educator about using complementary therapy or OTC? (No/Yes).
Section 4. Health Professional Attendances	
Health professional attendances	Record if the patient attended (last 12 months) (No/Yes) for each health professional.
Section 5. Patient Self Care Practices	
Do you have difficulties following your prescribed diet?	Indicate whether patient has difficulties following prescribed diet (No/Yes). If YES ask the patient whether the following options apply to them. Mark No/Yes to each of the options.
Do you check your blood glucose level as often as recommended?	Mark which one of the options describes the patient's usual practice (No/Yes/Unsure of recommended monitoring).
Rotate injection sites	Does the patient routinely change the site of injection for injectables or insulin? (No/Yes).
Section 6A. Brief Case Find For Depression (BCD) Copyright 1993 Monash University Department of Psychology Medicine	
Been having restless or disturbed nights?	(No/Yes).
Been feeling unhappy or depressed?	(No/Yes).
Been feeling unable to overcome difficulties?	(No/Yes). Problems of life that have been worrying you.
Been dissatisfied with the way of doing things?	(No/Yes). Things that you've had to do at home or at work.
Section 6B. Treatment	
Is the patient taking antidepressants?	Is the patient taking antidepressant medication (not prescribed for peripheral neuropathy)? (No/Yes).
Psych treatment/counselling – now	Is the patient currently having psychiatric treatment/counselling? (No/Yes).
Psych treatment/counselling – past?	Has the patient had psychiatric treatment/counselling in the past? (No/Yes).
Section 7. Quality of Life Assessment	
Own Health State Rating	Record the absolute result of the patient's Own Health State Rating (0-100) from Self Assessment of Health Status
Screening Scale Q1 & Q2	All patients to do on Self Assessment of Health Status. Record the ACTUAL SCORE reported in the Screening Scale Q1 & Q2.
DDS17 Questionnaire Done	Was the DDS 17 Questionnaire done by the patient? (No/Yes). Only if screening scale Q1 or Q2 ≥3 administer DDS17.
Total DDS Score	Record the 'Mean Item SCORE calculated on the DDS17 Scoring Sheet.
Emotional Burden (A)	Record the 'Mean Item SCORE calculated on the DDS17 Scoring Sheet.
Physician-related distress (B)	Record the 'Mean Item SCORE calculated on the DDS17 Scoring Sheet.
Regimen-related distress (C)	Record the 'Mean Item SCORE calculated on the DDS17 Scoring Sheet.
Interpersonal distress (D)	Record the 'Mean Item SCORE calculated on the DDS17 Scoring Sheet.

ANDA-AQSMA 2014 Data Dictionary

Section 1. Patient Demographics							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
	Medical Record Number	PatientID	TEXT	alphanumeric		Compulsory field	
	Centre ID	SiteID	TEXT	NNN		Compulsory field	
	Site Staff Identifier	GPID	TEXT	alphanumeric		Optional field	
1.1	Date of Birth	DOB	DATE	DD/MM/YYYY		Must be before CreatD	
1.2	Sex	Sex	NUMERIC	N	1 = Male 2 = Female	Compulsory field	
1.2.1	Currently Pregnant	Pregnant_Current	NUMERIC	N	1 = Yes 2 = No	Required only if Sex = 2	
1.3	Date of Visit	CreatD	DATE	DD/MM/YYYY		Must be between May and June this year	
1.4	Initial Visit	Initial_Visit	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
1.5	Aboriginal/Torres Strait Islander	Indigen	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
1.6	Interpreter required	Interpret	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
1.7	DVA Patient	DVA	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
1.8	NDSS Member	NDSS	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
1.9	Country of birth	Country	TEXT	alphanumeric		Compulsory field	Introduced in 2014

ANDA-AQSMA 2014 Data Dictionary

Section 2. Diabetes Type & Management & Lifestyle Issues							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
2.1	Year of Diagnosis	YearDx	NUMERIC	NNNN		Must be between DOB and CreatD	
2.2	Type of Diabetes	DiabType	NUMERIC	N	1 = Type 1 2 = Type 2 3 = GDM 4 = Don't know 5 = Other 6 = Diet 7 = Insulin 8 = Insulin & Tablets 9 = Nil 10 = Injectables 11 = Injectables & Tablets 12 = Insulin, Tab, Inj.	Compulsory field	
2.3	Management Method	RxMethod	NUMERIC	N	1 = <1yr 2 = 1-5yrs 3 = >5yrs	Compulsory field	
2.3.1	How long ago was insulin started	InsStarted	NUMERIC	N	1 = Sufficient 2 = Insufficient	Required only if RxMethod = 3, 4 or 8	
2.4	Physical Activity Sufficiency	PhysicalActivity_Sufficiency	NUMERIC	N	1 = Yes 2 = No 3 = Sedentary	Compulsory field	
2.5	Flu vaccination in last 12 months	Vaccination_Flu	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
2.6	Pneumococcal vaccination in last 12 months	Vaccination_Pneumococcal	NUMERIC	N	1 = Current 2 = Past 3 = Never	Compulsory field	
2.7	Smoking Status	Smoking_Status	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
2.7.1	Tried to stop smoking	Smoker_TriedToStop	NUMERIC	N	1 = Yes 2 = No	Required only if Smoking_Status = 1	
2.7.2	Cessation Method: Just Stopped - no intervention	Smoker_Past_JustStopped	NUMERIC	N	1 = Yes 2 = No	Required only if Smoking_Status = 2	
2.7.2	Cessation Method: Medication	Smoker_Past_Medication	NUMERIC	N	1 = Yes 2 = No	Required only if Smoking_Status = 2	
2.7.2	Cessation Method: Nicotine replacement	Smoker_Past_Nicotine	NUMERIC	N	1 = Yes 2 = No	Required only if Smoking_Status = 2	
2.7.2	Cessation Method: Hypnosis	Smoker_Past_Hypnosis	NUMERIC	N	1 = Yes 2 = No	Required only if Smoking_Status = 2	
2.7.2	Cessation Method: Acupuncture	Smoker_Past_Acupuncture	NUMERIC	N	1 = Yes 2 = No	Required only if Smoking_Status = 2	
2.7.2	Cessation Method: Other	Smoker_Past_Stopped_Other	NUMERIC	N	1 = Yes 2 = No	Required only if Smoking_Status = 2	
2.8	Glycated HbA1c %	HbA1c	NUMERIC	NN.N		Must be between 5 - 20	
2.8	Glycated HbA1c mmol/mol	HbA1c_new	NUMERIC	NNN		Optional field. If provided, must be between 31 - 195	Introduced in 2014

ANDA-AQSMA 2014 Data Dictionary

Section 3. Medication Use							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
3.1	Forget to take medications	Medications_Forget	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
3.1.1	How many times per week	Forget_Meds_HowManyTimes	NUMERIC	NN		Required only if Medications_Forget = 1	
3.2	Usually take all medications	Medications_Careless	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
3.3	Sometimes stop taking when feeling better	Medications_Better_Stop	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
3.4	Sometimes stop taking when feeling worse	Medications_Worse_Stop	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
3.5	Using complementary therapy or dietary supplement or OTC Rx	ComplementaryRxUsed	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
3.5.1	Told doctor or educator about using complementary, dietary supplement or OTC Rx	ComplementaryRxToldDr	NUMERIC	N	1 = Yes 2 = No	Required only if ComplementaryRxUsed = 1	
Section 4. Health Professional Attendances							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
4.1	Podiatrist	Podiat	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
4.2	Diabetes Educator	DiabEduc	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
4.3	Dietitian	Dietitn	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
4.4	Psychologist	Psychologist	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
4.5	Social Worker	SocialWorker	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
4.6	Diabetes Specialist	DiabetesSpecialist	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
4.7	Ophthalmologist	Ophthalmologist	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
4.8	Optometrist	Optometrist	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
4.9	Dentist	Dentist	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
4.10	Exercise Physiologist	Exercise_Physiologist	NUMERIC	N	1 = Yes 2 = No	Compulsory field	

ANDA-AQSMA 2014 Data Dictionary

Section 5. Patient Self Care Practices							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
5.1	Difficulties following prescribed diet	Diet_Difficulty	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
5.1.1	don't have enough time to prepare healthy meals	Diet_Difficulty_Time	NUMERIC	N	1 = Yes 2 = No	Required only if Diet_Difficulty = 1	
5.1.2	costs too much to eat well	Diet_Difficulty_Cost	NUMERIC	N	1 = Yes 2 = No	Required only if Diet_Difficulty = 1	
5.1.3	don't know what foods are best to eat	Diet_Difficulty_BestFoods	NUMERIC	N	1 = Yes 2 = No	Required only if Diet_Difficulty = 1	
5.1.4	eat out a lot and find it hard to eat well	Diet_Difficulty_EatOut	NUMERIC	N	1 = Yes 2 = No	Required only if Diet_Difficulty = 1	
5.1.5	if type 1 - too hard to count carbs	Diet_Difficulty_Type1	NUMERIC	N	1 = Yes 2 = No	Required only if Diet_Difficulty = 1 & DiabType = 1	
5.2	Check blood glucose as often as recommended	Check_glucose	NUMERIC	N	1 = Yes 2 = No 3 = Unsure	Compulsory field	Introduced in 2014
5.3	Rotate injection site	Rotate	NUMERIC	N	1 = Yes 2 = No	Required only if RxMethod = 3, 4, 6, 7 or 8	Introduced in 2014
Section 6A. BCD							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
6A.1	Restless or disturbed nights	RestlessNight	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
6A.2	Feeling unhappy or depressed	FeelingDepressed	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
6A.3	Feeling unable to overcome difficulties	FeltUnable	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
6A.4	Dissatisfied with their way of doing things	BeenDissatisfied	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
Section 6B. Treatment							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
6B.1	Is the patient taking antidepressants	OnAntidepressant	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
6B.2	Psych. Treatment/counselling - past	PsychiatricTreatmentPrev	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
6B.3	Psych. Treatment/counselling - now	PsychiatricTreatmentCurrent	NUMERIC	N	1 = Yes 2 = No	Compulsory field	

AANDA-AQSMA 2014 Data Dictionary

Section 7. Quality of Life Assessment							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
7.1	Own Health State Rating	OwnHealthStateRating	NUMERIC	NNN		Compulsory field	
7.2	Screening Scale Q1	DDS_Screen_Q1	NUMERIC	N		Compulsory field	
7.3	Screening Scale Q2	DDS_Screen_Q2	NUMERIC	N		Compulsory field	
7.4	DDS 17 Questionnaire Done	DDS17Q_Done	NUMERIC	N	1 = Yes 2 = No	Required only if either DDS_Screen_Q1 or DDS_Screen_Q2 ≥ 3	
7.4.1	Total DDS 17 Score	Total_DDS_Score	NUMERIC	N.N		Required only if DDS17Q_Done = 1	
7.4.2	Emotional Burden	Emot_Burden	NUMERIC	N.N		Required only if DDS17Q_Done = 1	
7.4.3	Physician-related distress	Phys_rel_Burden	NUMERIC	N.N		Required only if DDS17Q_Done = 1	
7.4.4	Regimen-related distress	Regimen_rel_Burden	NUMERIC	N.N		Required only if DDS17Q_Done = 1	
7.4.5	Interpersonal distress	Interpers_Distress	NUMERIC	N.N		Required only if DDS17Q_Done = 1	

Australian National Diabetes Audit



ANDA-AQCA 2015

Data Collection Form
Data Definitions
Data Dictionary

ANDA- AQCA 2015 DATA DEFINITIONS

Section 1. Patient Demographics	
Medical Record No.	(Compulsory field). Enter identifier such as record number or the first 2 letters of the first name and surname and month and year of birth (e.g. FFSSMMYY) to enable you to check your records if there is a query regarding the data.
Centre ID	Site Identifier.
Site Staff Identifier	Site staff ID.
Date of birth	Record as DD/MM/YYYY . [If unknown other than year : Record as 01/01/YYYY].
Sex	Mark Male or Female indicating phenotypic (physical) sex at birth.
Currently pregnant	If Sex is female, mark Yes or No if the patient is currently pregnant.
Date of visit	Record the date the patient attended as DD/MM/2015 .
Initial visit	Mark No or Yes indicating if this is an initial visit assessment.
Aboriginal/Torres Straits Islander	Mark No or Yes indicating Aboriginal / Torres Strait Islander background.
Country of birth	Enter the patient's country of birth
NDSS member	Record No or Yes if a member of the NDSS.
DVA patient	Eligible people whose medical care charges are met by the Department of Veterans' Affairs (DVA).

Section 2. Diabetes Type & Management	
Date of diagnosis	Record as MM/YYYY of first diagnostic blood glucose estimation. [If date unknown other than year, record as 01/YYYY].
Type of diabetes	Mark Type1 [IDDM] or Type2 [NIDDM] or GDM or Don't know, or Other to indicate the clinical classification of diabetes.
Management method	If multiple, tick all that apply for management method.
Insulin number of years	If the patient is on Insulin, record the number of years the patient has been on insulin.
Mode of insulin	If the patient is on Insulin, record mode of administration.

Section 3. Height, Weight & Smoking Status	
Weight	Record in kilograms the weight measurement without shoes or jacket.
Height	Record in metres the height measurement without shoes.
Smoking status	Mark Current or Past or Never to indicate smoking activity of <u>any tobacco material</u> . <i>Current = regular smoking over the past 3months, Past = no regular smoking for 1month or more, Never = never smoked</i>

Section 4. Blood Pressure	
Blood pressure	Record Systolic / Diastolic (mm Hg) measured after 5 minutes sitting, [1st and 5th phases] .
Anti-hypertensive treatment	Mark No or Yes to indicate if the patient is on treatment for hypertension. If YES, select the medication/s from the list
Anti-hypertensive medications	Select the anti-hypertensive medication/s that the patient is currently taking. If on combination tablet, tick all that apply.

Section 5. Diabetic Eye Disease	
Attended optometrist	Mark No or Yes to indicate if the patient attended an optometrist in the last 12months.
Referred to ophthalmologist	Mark No or Yes to indicate if the patient was referred to an ophthalmologist in the last 12months.
Attended ophthalmologist	Mark No or Yes to indicate if the patient attended an ophthalmologist in the last 12months.
Fundus examination	Mark No or Yes to indicate if the patient has had an ophthalmological assessment (Direct or Indirect) in the last 12months.
Retinopathy	Mark No or Yes to indicate if the ophthalmological assessment revealed any diabetic retinopathy.
Laser treatment	Mark No or Yes to indicate if the patient has had eye laser treatment.
Right & left cataract	Mark No or Yes to indicate if the patient currently has a cataract or has had one removed previously. Record for both eyes.

Section 6. Diabetic Foot Problems	
Attended a podiatrist	Mark No or Yes to indicate if the patient saw a podiatrist.
Peripheral neuropathy	Mark No or Yes to indicate clinical judgement following assessment using pin prick and vibration or monofilament.
Past history of ulceration	Mark No or Yes to indicate past history of foot ulceration
Foot deformity	Mark No or Yes to indicate the presence of any foot deformity (eg. <i>Hallux, hammer or claw toe, flat or high arch, Charcot's</i>)
Peripheral vascular disease	Mark No or Yes to indicate peripheral vascular disease. YES = absence of both dorsalis pedis and posterior tibial pulses in either foot.
Current foot ulcer	Mark No or Yes to indicate a current foot ulcer.

Section 7. Medications & Lipids	
Aspirin	Mark No or Yes to indicate whether the patient is on Aspirin. Indicate whether contraindicated.
Other anti-platelets	Mark No or Yes to indicate whether the patient is on any other anti-platelet treatment (e.g. clopidogrel)
Anti-coagulants	Mark No or Yes to indicate whether the patient is on anti-coagulant treatment (e.g. Warfarin, novel anti-coagulants)
Lipid lowering treatment	Mark No or Yes to indicate whether the patient is on lipid lowering treatment. If Yes , indicate whether they are on Statin, Fibrate, Ezetrol and/or Fish Oil. Record if contraindicated to statin. If on combination tablet, tick all that apply.
Lipids measured	Mark No or Yes to indicate if lipids have been measured in the past 12 months. If Yes , indicate if results are unavailable.
Cholesterol, LDL, HDL, Triglycerides	Record absolute result of most recent result of <i>total, LDL & HDL cholesterol and triglycerides</i> in the last 12months.
Above measured in fasting specimen	Mark No or Yes to indicate if the lipids reported at items 7.5.1 to 7.5.4 were measured in a fasting specimen.

Section 8. Complications/Events/Co-morbidities	
Mark No or Yes to indicate a history of complication or an event in the last 12months AND/OR previously. Answer all.	
Cerebral stroke	Due to vascular disease including TIA.
Myocardial infarction	Evidenced by ECG changes, plasma enzyme changes or medical documentation.
CABG/Angioplasty	CABG, Angioplasty or Stent.
Congestive cardiac failure	Symptomatic congestive cardiac failure with response to specific therapy.
Lower limb amputation	Amputation of toe, forefoot or leg [above or below knee], not due to trauma or causes other than vascular disease.
End stage kidney disease	Requiring dialysis or having undergone kidney transplantation.
Blindness	Patient became legally blind (>6/60) in either eye.
Severe hypoglycaemia	Severe hypoglycaemia requiring assistance of another person to actively administer carbohydrates, glucagon, or other corrective actions.
Erectile dysfunction	History or treatment of failure to achieve or maintain erection sufficient for penetration.
Dementia	Chronic cognitive deficit diagnosed by a clinician.
Malignancy	Indicate type of malignancy or if not applicable. <i>Exclude non-melanotic skin cancers.</i>
Liver disease	Indicate severity of liver disease or if not applicable. Mild = cirrhosis without portal hypertension, chronic hepatitis, Moderate to severe = cirrhosis with portal hypertension

Section 9. Renal Function & Blood Glucose Control	
Microalbumin/Proteinuria collected	Mark No or Yes to indicate if microalbumin / proteinuria was done.
Microalbumin/Proteinuria result	Record absolute amount of albumin [mg/L] or as albumin excretion rate [AER: µg/min or mg/24hr] or Ratio .
Microalbumin/Proteinuria units	Mark the applicable units.
Serum creatinine	Record absolute result measurement of serum creatinine in MICROMOLS/L [µmol/L].
HbA1c result	Record absolute result [%] or mmol/mol of the most recent HbA1c result in the last 12months.

ANDA-AQCA 2015 Data Dictionary

Section 1. Patient Demographics							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
	Medical Record Number	PatientID	TEXT	alphanumeric		Compulsory field	
	Centre ID	SiteID	TEXT	alphanumeric		Compulsory field	Leading 0 required
	Site Staff Identifier	GPID	TEXT	alphanumeric		Optional field	
1.1	Date of Birth	DOB	DATE	DD/MM/YYYY		Must be before CreatD	
1.2	Sex	Sex	NUMERIC	N	1 = Male 2 = Female	Compulsory field	
1.2.1	Currently Pregnant	PregnantCurrent	NUMERIC	N	0 = No 1 = Yes	Required only if Sex = 2	
1.3	Date of Visit	VisitDt	DATE	DD/MM/YYYY		Compulsory Must be between May and June this year	
1.4	Initial Visit	InitialVisit	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
1.5	Aboriginal/Torres Strait Islander	Indigen	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
1.6	Country of birth	Country	TEXT	alphanumeric		Compulsory field	
1.7	NDSS Member	NDSS	NUMERIC	N	0 = No 1 = Yes	Compulsory field	Introduced in 2015
1.8	DVA Patient	DVA	NUMERIC	N	0 = No 1 = Yes	Compulsory field	

Section 2. Diabetes Type & Management & Lifestyle Issues							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
2.1	Date of Diagnosis	MonthDx	NUMERIC	NN		Must be between DOB and VisitDt	
		YearDx	NUMERIC	NNNN		Must be between DOB and VisitDt	
2.2	Type of Diabetes	DiabType	NUMERIC	N	1 = Type 1 2 = Type 2 3 = GDM 4 = Don't know 5 = Other	Compulsory field	
2.3	Management Method					Must not = 1 if Glitazone = 1, or Acarbose = 1, or Metformin = 1, or GLP1Agonist = 1, or DPP4Inhibitor = 1, or Insulin = 1, or Sulphonylurea = 1, or SGLT2=1 or Nil = 1	
	Diet only	DietOnly	NUMERIC	N		Must not = 1 if DietOnly = 1 or Nil = 1	
	Acarbose	Acarbose	NUMERIC	N		Must not = 1 if DietOnly = 1 or Nil = 1	
	GLP1 Agonist	GLP1Agonist	NUMERIC	N		Must not = 1 if DietOnly = 1 or Nil = 1	
	Sulphonylurea	Sulphonylurea	NUMERIC	N		Must not = 1 if DietOnly = 1 or Nil = 1	
	Glitazone	Glitazone	NUMERIC	N		Must not = 1 if DietOnly = 1 or Nil = 1	
	Metformin	Metformin	NUMERIC	N		Must not = 1 if DietOnly = 1 or Nil = 1	
	DPP4 Inhibitor	DPP4Inhibitor	NUMERIC	N		Must not = 1 if DietOnly = 1 or Nil = 1	
	SGLT2	SGLT2	NUMERIC	N		Must not = 1 if DietOnly = 1 or Nil = 1	Introduced in 2015
	Nil	ManageMethNil	NUMERIC	N		Must not = 1 if DietOnly = 1	
	Insulin	Insulin	NUMERIC	N		Must not = 1 if DietOnly = 1 or Nil = 1	
2.3.1	Number of years	InsulinYrs	NUMERIC	NN		Must not be null if Insulin = 1 & must be between YearDx and VisitYr	
2.3.2	Mode	InsulinMode	NUMERIC	N	1 = Basil 2 = MDI 3 = Pump	Must not be null if Insulin = 1	Introduced in 2015
Section 3. Height, Weight & Smoking Status							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
3.1	Weight	Weight	NUMERIC	NNN.N		Compulsory field Must be between 25 – 250	
3.2	Height	Height	NUMERIC	N.NN		Compulsory field Must be between 1.00 – 2.00	
3.3	Smoking status	SmokingStatus	NUMERIC	N	1 = Current 2 = Past 3 = Never	Compulsory field	

ANDA-AQCA 2015 Data Dictionary

Section 4. Blood Pressure							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
4.1	Blood pressure - systolic	SystolBP	NUMERIC	NNN		Compulsory field Must be between 50 – 220	
	Blood pressure - diastolic	DiastBP	NUMERIC	NNN		Compulsory field Must be between 30 – 150	
4.2	Anti-hypertensive treatment	AntiHT	NUMERIC	N	0 = No	Compulsory field	
					1 = Yes		
4.2.1	ACE Inhibitor	ACEInhib	NUMERIC	N	0 = No		
					1 = Yes		
					0 = No		
					1 = Yes		
					0 = No		
					1 = Yes		
					0 = No		
					1 = Yes		
	A2 Antagonist	A2Antags	NUMERIC	N	0 = No		
					1 = Yes		
	Beta Blocker	BetaBloc	NUMERIC	N	0 = No		
					1 = Yes		
	Calcium Antagonist	CaAntags	NUMERIC	N	0 = No		
					1 = Yes		
	Thiazides	Thiazides	NUMERIC	N	0 = No		
					1 = Yes		
	Other	OtherAntiHT	NUMERIC	N	0 = No		
					1 = Yes		

Section 5. Diabetic Eye Disease - last 12 months							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
5.1	Attended optometrist	Optom	NUMERIC	N	0 = No	Compulsory field	
					1 = Yes		
5.2	Referred to ophthalmologist	RefOphthal	NUMERIC	N	0 = No	Compulsory field	
					1 = Yes		
5.3	Attended ophthalmologist	Ophthal	NUMERIC	N	0 = No	Compulsory field	
					1 = Yes		
5.4	Fundus examination	OphthalEx	NUMERIC	N	0 = No	Compulsory field	
					1 = Yes		
5.5	Retinopathy	Retinopathy	NUMERIC	N	0 = No	Compulsory field	
					1 = Yes		
5.6	Laser treatment	LaserTx	NUMERIC	N	0 = No	Compulsory field	
					1 = Yes		
5.7	Right cataract	CataracR	NUMERIC	N	0 = No	Compulsory field	
					1 = Yes		
5.8	Left cataract	CataracL	NUMERIC	N	0 = No	Compulsory field	Introduced in 2014
					1 = Yes		

ANDA-AQCA 2015 Data Dictionary

Section 6. Diabetic Foot Problems							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
6.1	Seen by podiatrist in the last 12 months	SeenPodia	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
6.2	Peripheral neuropathy	PeriphNeur	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
6.3	Past history of ulceration	PHUlcerat	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
6.4	Foot deformity	FtDeform	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
6.5	Peripheral vascular disease	PeriphVas	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
6.6	Current foot ulcer	Ulcerat	NUMERIC	N	0 = No 1 = Yes	Compulsory field	

Section 7. Medications & Lipids							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
7.1	Aspirin	Aspirin	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Compulsory field	
7.2	Other anti-platelets	OtherAntiplate	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Compulsory field	
7.3	Anti-coagulants	Anticoag	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Compulsory field	
7.4	Lipid lowering Rx	LipidLowRx	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
7.4.1	Statin	Statin	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Required only if LipidLowRx=1	
7.4.2	Fibrate	Fibrate	NUMERIC	N	1 = Yes 2 = No	Required only if LipidLowRx=1	
7.4.3	Ezetrol	Ezetrol	NUMERIC	N	1 = Yes 2 = No	Required only if LipidLowRx=1	
7.4.4	Fish oil	FishOil	NUMERIC	N	1 = Yes 2 = No	Required only if LipidLowRx=1	
7.5	Lipids measured	Lipids	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
	Lipids not available	LipidsNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if LipChol, LipLDL, LipHDL or LipTgly are null	Introduced in 2015
7.5.1	Cholesterol	LipChol	NUMERIC	NN.N		Must not be null if Lipids = 1, Must be between 2 - 12	
7.5.2	LDL	LipLDL	NUMERIC	N.NN		Must not be null if Lipids = 1, Must be between 0.5 – 8.0	
7.5.3	HDL	LipHDL	NUMERIC	N.NN		Must not be null if Lipids = 1, Must be between 0.2 – 5.0	
7.5.4	Triglycerides	LipTglyc	NUMERIC	NN.N		Must not be null if Lipids = 1, Must be between 0.2 – 20	
7.5.5	Were the above fasting lipids?	LipFast	NUMERIC	N	0 = No 1 = Yes	Must not be null if Lipids = 1	

ANDA-AQCA 2015 Data Dictionary

Section 8. Complications/Events/Comorbidities							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
8.1	Cerebral stroke - last 12 months	Stroke	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
	Cerebral stroke - previous	StrokePR	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
8.2	Myocardial infarction - last 12 months	MyoInf	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
	Myocardial infarction - previous	MyoInfPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
8.3	CABG/Angioplasty - last 12 months	CABG	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
	CABG/Angioplasty - previous	CABGPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
8.4	Congestive cardiac failure - last 12 months	CCF	NUMERIC	N	0 = No 1 = Yes	Compulsory field	Introduced in 2015
	Congestive cardiac failure - previous	CCFPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field	Introduced in 2015
8.5	Lower limb amputation - last 12 months	Amput	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
	Lower limb amputation - previous	AmputPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
8.6	End stage kidney disease - last 12 months	EndRenal	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
	End stage kidney disease - previous	EndRenPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
8.7	Blindness - last 12 months	Blindness	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
	Blindness - previous	BlindnessPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
8.8	Severe hypoglycaemia - last 12 months	SevereHypo	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
8.9	Erectile dysfunction- last 12 months	Impoten	NUMERIC	N	0 = No 1 = Yes	Compulsory field Must not = 1 if Sex = 2	
	Erectile dysfunction - previous	ImpotPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field Must not = 1 if Sex = 2	
8.10	Dementia - last 12 months	Demem	NUMERIC	N	0 = No 1 = Yes	Compulsory field	Introduced in 2015
	Dementia - previous	DememPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field	
8.11	Malignancy				0 = No 1 = Yes	Compulsory field	Introduced in 2015
	Metastatic solid tumour	Meta	NUMERIC	N	0 = No 1 = Yes		Introduced in 2015
	Non-metastatic solid tumour	NonMeta	NUMERIC	N	0 = No 1 = Yes		Introduced in 2015
	Leukaemia	Leukaemia	NUMERIC	N	0 = No 1 = Yes		Introduced in 2015

ANDA-AQCA 2015 Data Dictionary

	Lymphoma	Lymphoma	NUMERIC	N	0 = No 1 = Yes	Introduced in 2015
	Not Applicable	MaligNa	NUMERIC	N	0 = No 1 = Yes	Introduced in 2015
8.12	Liver disease	LiverDis	NUMERIC	N	1 = Mild 2 = Moderate/Severe 3 = Not Applicable	Introduced in 2015

Section 9. Renal Function & Blood Glucose Control

Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
9.1	Microalbumin/Proteinuria collected	uAlbCollect	NUMERIC	N	0 = No 1 = Yes	Compulsory	
9.1.1	Result	uAlbumin	NUMERIC	NNNN.NN		Must not be null if uAlbCollect = 1	Extra decimal place introduced in 2015
9.1.2	Units	uAlbUnit	NUMERIC	N	1 = mg/L 2 = µg/min 3 = mg/24 hr 4 = ratio	Must not be null if uAlbCollect = 1 Compulsory	
9.2	Serum creatinine	Creatin	NUMERIC	NNNN		Must be between 20 – 2000 Must not be null if HbA1cMmol is null	
9.3.1	HbA1c Result - percentage	HbA1cPercent	NUMERIC	NN.N		If provided, must be between 5 – 20 Must not be null if HbA1cPercent is null	
9.3.2	HbA1c Result - mmol/mol	HbA1cMmol	NUMERIC	NNN		If provided, must be between 31 – 195	

Australian National Diabetes Audit



ANDA-AQSMA 2016

Data Collection Form
Data Definitions
Data Dictionary



17780

ANDA-AQSMA 2016 Australian National Diabetes Audit - Australian Quality Self Management Audit



Section 1. Patient Demographics

Medical Record No. Centre ID Site Staff Identifier

1.1 Date of birth / / 1.2 Sex Male Female *if FEMALE* → 1.2.1 Currently pregnant No Yes

1.3 Date of visit / / 1.4 Initial visit No Yes 1.5 Aboriginal/Torres Strait Islander No Yes

1.6 Interpreter required No Yes 1.7 DVA patient No Yes 1.8 NDSS member No Yes

1.9 Country of birth

Section 2. Diabetes Type & Management & Lifestyle Issues

2.1 Year of diagnosis 2.2 Type of diabetes Type 1 Type 2 GDM Don't Know Other

2.3 Management method Diet Only Injectables Insulin+Tablets+Injectables Insulin *if INSULIN* → 2.3.1 How long ago was insulin started? <1yr 1-5yrs >5yrs
 Tablets Injectables+Tablets Insulin+Tablets Nil

2.4 Physical activity sufficiency Sufficient Insufficient Sedentary

2.5 Have you had a flu vaccination in the last 12 months? No Yes

2.6 Have you had a pneumococcal vaccination in the last 12 months? No Yes

2.7 Smoking status Current smoker *if CURRENT* → 2.7.1 Have you tried to stop smoking? No Yes
 Past smoker *if PAST* → 2.7.2 Which of the following methods did you use?
 Never smoked Just stopped - no intervention Nicotine replacement Acupuncture
 Medication Hypnosis Other

2.8 Glycated Hb result . % AND mmol/mol

Section 3. Medication Use

	No	Yes
3.1 Do you ever forget to take your medications? <i>if YES</i> → 3.1.1 How many times per week? <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Do you usually take all your medications?	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Do you sometimes stop taking your medications when you feel better?	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Do you sometimes stop taking your medications when you feel worse?	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Are you using a complementary therapy or dietary supplement or over the counter (OTC) Rx? <i>if YES</i> → 3.5.1 Have you told your doctor or educator about using complementary, dietary supplement or OTC Rx?	<input type="checkbox"/>	<input type="checkbox"/>

Section 4. Health Professional Attendances

Has the patient attended any of the following in the last 12 months?

	No	Yes	No	Yes
4.1 Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>	4.6 Diabetes Specialist	<input type="checkbox"/>
4.2 Diabetes Educator	<input type="checkbox"/>	<input type="checkbox"/>	4.7 Ophthalmologist	<input type="checkbox"/>
4.3 Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	4.8 Optometrist	<input type="checkbox"/>
4.4 Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	4.9 Dentist	<input type="checkbox"/>
4.5 Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	4.10 Exercise Physiologist	<input type="checkbox"/>

Section 5. Patient Self Care Practices

	No	Yes
5.1 Do you have difficulties following your recommended diet? <i>if YES</i> → Do the following apply?	<input type="checkbox"/>	<input type="checkbox"/>
5.1.1 I don't have enough time to prepare healthy meals	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2 It costs too much to eat well	<input type="checkbox"/>	<input type="checkbox"/>
5.1.3 I don't know what foods are best to eat	<input type="checkbox"/>	<input type="checkbox"/>
5.1.4 I eat out a lot and find it hard to eat well	<input type="checkbox"/>	<input type="checkbox"/>
5.1.5 If Type 1 - it is too hard to count carbs/weigh food	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Do you check your blood glucose level as often as recommended? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure of recommended testing	<input type="checkbox"/>	<input type="checkbox"/>
5.3 If you are on injectables or insulin, do you rotate your injection site? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>

Section 6A. BCD

Over the last couple of weeks has the patient been:

	No	Yes
6A.1 Having restless or disturbed nights	<input type="checkbox"/>	<input type="checkbox"/>
6A.2 Feeling unhappy or depressed	<input type="checkbox"/>	<input type="checkbox"/>
6A.3 Feeling unable to overcome difficulties	<input type="checkbox"/>	<input type="checkbox"/>
6A.4 Dissatisfied with their way of doing things	<input type="checkbox"/>	<input type="checkbox"/>

Section 6B. Treatment

	No	Yes
6B.1 Is the patient taking antidepressants	<input type="checkbox"/>	<input type="checkbox"/>
6B.2 Psych. treatment/counselling - past	<input type="checkbox"/>	<input type="checkbox"/>
6B.3 Psych. treatment/counselling - now	<input type="checkbox"/>	<input type="checkbox"/>

Section 7. Quality of Life Assessment

Part A: Self-assessment of health status

7.1 Own health state rating (0-100)

7.2 Screening Scale Q1

7.3 Screening Scale Q2

if Q1 or Q2 is ≥ 3, complete Part B

Part B: Diabetes Distress Scale 17

7.4 DDS 17 Questionnaire done No Yes

if YES → complete 7.4.1 - 7.4.5 below:

7.4.1 Total DDS 17 Score .

7.4.2 Emotional Burden (A) .

7.4.3 Physician-related distress (B) .

7.4.4 Regimen-related distress (C) .

7.4.5 Interpersonal distress (D) .

Section 1. Patient Demographics	
Medical Record No.	(Compulsory field). Enter some identifier such as record number or first the 2 letters of the first name and surname and month and year of birth (e.g. FFSSMMYY) to enable you to check your records if there is a question regarding the data.
Centre ID	Site Identifier.
Site Staff Identifier	Site staff ID.
Date of Birth	Record as DD/MM/YYYY . [If unknown other than year: Record as 01/01/YYYY].
Sex	Mark Male or Female indicating phenotypic (physical) sex at birth.
Currently pregnant	If Sex is female, mark Yes or No if the patient is currently pregnant.
Date of Visit	Record the date the patient attended as DD/MM/2014 .
Initial Visit	Mark No or Yes indicating if this is an initial visit assessment.
Indigenous	Mark No or Yes indicating Aboriginal / Torres Strait Islander background (or neither).
Interpreter required	Record No or Yes for the requirement for interpreter services as perceived by the patient.
DVA Patient	Eligible people whose medical care charges are met by the Dept of Veterans' Affairs (DVA).
NDSS Member	Record No or Yes if a member of the NDSS.
Country of Birth	Enter the patient's country of birth.
Section 2. Diabetes Type & Management & Lifestyle Issues	
Year of Diagnosis	Record as YYYY of first diagnostic blood glucose estimation.
Type of Diabetes	Mark Type1 [IDDM] or Type2 [NIDDM] or GDM or Don't Know , or Other to indicate the clinical classification of diabetes.
Management Method	Record as Diet Only or Tablets or Injectables or Insulin or Insulin & Tablets or Nil to indicate the management method. Injectables includes injected anti-hyperglycaemic agents not including insulin (eg GLP-1 analogues).
If on insulin: How long ago was insulin started	<1 year insulin was started within the past year. 1-5 years insulin was started between 1 and 5 years ago. > 5 years insulin was started more than 5 years ago.
Flu vaccination	Has the patient had a flu vaccination in the last 12 months? (No/Yes).
Pneumococcal vaccination	Has the patient had a pneumococcal vaccination in the last 12 months? (No/Yes).
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: <i>Moderate</i> physical activity causes a slight but noticeable increase in breathing and heart rate, the person can comfortably talk but not sing. <i>Vigorous</i> physical activity causes the person to 'huff and puff,' talking in full sentences between breaths is difficult. Sufficient physical activity for health benefit is equal to or more than 150 total minutes per week. Insufficient physical activity is more than 0 minutes, but less than 150 total minutes per week. Sedentary is where there has been no moderate and / or vigorous physical activity per week.
Smoking Status	Mark Current Smoker or Past Smoker or Never Smoked to indicate smoking of <u>any tobacco material</u> . Current Smoker = regular smoking over the past 3 months, Past Smoker = no regular smoking for 1 month or more, Never smoked = never smoked any tobacco material.
If Current Smoker	Has tried in ANY WAY to stop smoking (No/Yes).
If Past Smoker	Indicate whether the method (No intervention or Medication or Nicotine replacement or Hypnosis or Acupuncture or Other) was used to stop smoking.
Glycated Hb Result	Record absolute result [%] and mmol/mol of the most recent HbA1c result in the last 6 months.
Section 3. Medication Use	
Medication use practices	Ask patient questions as listed and indicate response (No/Yes).
Complementary therapy	Is the patient using a complementary therapy [herbal/homeopathic/ vitamin or mineral supplement or dietary supplement or 'over the counter' (OTC) Rx]? (No/Yes).
Told doctor / DE	Has the patient told their diabetes doctor or diabetes educator about using complementary therapy or OTC? (No/Yes).
Section 4. Health Professional Attendances	
Health professional attendances	Record if the patient attended (last 12 months) (No/Yes) for each health professional.
Section 5. Patient Self Care Practices	
Do you have difficulties following your recommended diet?	Indicate whether patient has difficulties following recommended diet (No/Yes). If YES ask the patient whether the following options apply to them. Mark No/Yes to each of the options.
Do you check your blood glucose level as often as recommended?	Mark which one of the options describes the patient's usual practice (No/Yes/Unsure of recommended monitoring).
Rotate injection sites	Does the patient routinely change the site of injection for injectables or insulin? (No/Yes).
Section 6A. Brief Case Find For Depression (BCD) Copyright 1993 Monash University Department of Psychology Medicine	
Been having restless or disturbed nights?	(No/Yes).
Been feeling unhappy or depressed?	(No/Yes).
Been feeling unable to overcome difficulties?	(No/Yes). Problems of life that have been worrying you.
Been dissatisfied with the way of doing things?	(No/Yes). Things that you've had to do at home or at work.
Section 6B. Treatment	
Is the patient taking antidepressants?	Is the patient taking antidepressant medication (not prescribed for peripheral neuropathy)? (No/Yes).
Psych treatment/counselling – now	Is the patient currently having psychiatric treatment/counselling? (No/Yes).
Psych treatment/counselling – past?	Has the patient had psychiatric treatment/counselling in the past? (No/Yes).
Section 7. Quality of Life Assessment	
Own Health State Rating	Record the absolute result of the patient's Own Health State Rating (0-100) from Self Assessment of Health Status
Screening Scale Q1 & Q2	All patients to do on Self Assessment of Health Status. Record the ACTUAL SCORE reported in the Screening Scale Q1 & Q2.
DDS17 Questionnaire Done	Was the DDS 17 Questionnaire done by the patient? (No/Yes). Only if screening scale Q1 or Q2 ≥3 administer DDS17.
Total DDS Score	Record the 'Mean Item SCORE calculated on the DDS17 Scoring Sheet.
Emotional Burden (A)	Record the 'Mean Item SCORE calculated on the DDS17 Scoring Sheet.
Physician-related distress (B)	Record the 'Mean Item SCORE calculated on the DDS17 Scoring Sheet.
Regimen-related distress (C)	Record the 'Mean Item SCORE calculated on the DDS17 Scoring Sheet.
Interpersonal distress (D)	Record the 'Mean Item SCORE calculated on the DDS17 Scoring Sheet.

ANDA-AQSMA 2016 Data Dictionary

Section 1. Patient Demographics							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
	Medical Record Number	PatientID	TEXT	alphanumeric		Compulsory field	
	Centre ID	SiteID	TEXT	NNN		Compulsory field	
	Site Staff Identifier	GPID	TEXT	alphanumeric		Optional field	
1.1	Date of Birth	DOB	DATE	DD/MM/YYYY		Must be before CreatD	
					1 = Male		
1.2	Sex	Sex	NUMERIC	N	2 = Female	Compulsory field	
					1 = Yes		
1.2.1	Currently Pregnant	Pregnant_Current	NUMERIC	N	2 = No	Required only if Sex = 2	
1.3	Date of Visit	CreatD	DATE	DD/MM/YYYY		Must be between May and June this year	
					1 = Yes		
1.4	Initial Visit	Initial_Visit	NUMERIC	N	2 = No	Compulsory field	
					1 = Yes		
1.5	Aboriginal/Torres Strait Islander	Indigen	NUMERIC	N	2 = No	Compulsory field	
					1 = Yes		
1.6	Interpreter required	Interpret	NUMERIC	N	2 = No	Compulsory field	
					1 = Yes		
1.7	DVA Patient	DVA	NUMERIC	N	2 = No	Compulsory field	
					1 = Yes		
1.8	NDSS Member	NDSS	NUMERIC	N	2 = No	Compulsory field	
					1 = Yes		
1.9	Country of birth	Country	TEXT	alphanumeric		Compulsory field	Introduced in 2014

ANDA - AQSMA Data Dictionary 2016

Section 2. Diabetes Type & Management & Lifestyle Issues							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
2.1	Year of Diagnosis	YearDx	NUMERIC	NNNN		Must be between DOB and CreatD	
2.2	Type of Diabetes	DiabType	NUMERIC	N	1 = Type 1 2 = Type 2 3 = GDM 4 = Don't know 5 = Other	Compulsory field	
2.3	Management Method	RxMethod	NUMERIC	N	1 = Diet 2 = Tablets 3 = Insulin 4 = Insulin & Tablets 5 = Nil 6 = Injectables 7 = Injectables & Tablets 8 = Insulin, Tab, Inj.	Compulsory field	
2.3.1	How long ago was insulin started	InsStarted	NUMERIC	N	1 = <1yr 2 = 1-5yrs 3 = >5yrs	Required only if RxMethod = 3, 4 or 8	
2.4	Physical Activity Sufficiency	PhysicalActivity_Sufficiency	NUMERIC	N	1 = Sufficient 2 = Insufficient 3 = Sedentary	Compulsory field	
2.5	Flu vaccination in last 12 months	Vaccination_Flu	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
2.6	Pneumococcal vaccination in last 12 months	Vaccination_Pneumococcal	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
2.7	Smoking Status	Smoking_Status	NUMERIC		1 = Current 2 = Past 3 = Never	Compulsory field	
2.7.1	Tried to stop smoking	Smoker_TriedToStop	NUMERIC	N	1 = Yes 2 = No	Required only if Smoking_Status = 1	
2.7.2	Cessation Method: Just Stopped - no intervention	Smoker_Past_JustStopped	NUMERIC	N	1 = Yes 0 = No	Required only if Smoking_Status = 2	
2.7.2	Cessation Method: Medication	Smoker_Past_Medication	NUMERIC	N	1 = Yes 0 = No	Required only if Smoking_Status = 2	
2.7.2	Cessation Method: Nicotine replacement	Smoker_Past_Nicotine	NUMERIC	N	1 = Yes 0 = No	Required only if Smoking_Status = 2	
2.7.2	Cessation Method: Hypnosis	Smoker_Past_Hypnosis	NUMERIC	N	1 = Yes 0 = No	Required only if Smoking_Status = 2	
2.7.2	Cessation Method: Acupuncture	Smoker_Past_Acupuncture	NUMERIC	N	1 = Yes 0 = No	Required only if Smoking_Status = 2	
2.7.2	Cessation Method: Other	Smoker_Past_Stopped_Other	NUMERIC	N	1 = Yes 0 = No	Required only if Smoking_Status = 2	
2.8	Glycated HbA1c %	HbA1cPercent	NUMERIC	NN.N		Must be between 5 - 20	
2.8	Glycated HbA1c mmol/mol	HbA1cMmol	NUMERIC	NNN		Optional field. If provided, must be between 31 - 195	Introduced in 2014

ANDA-AQSMA 2016 Data Dictionary

Section 3. Medication Use							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
					1 = Yes 2 = No		
3.1	Forget to take medications	Medications_Forget	NUMERIC	N		Compulsory field	
3.1.1	How many times per week	Forget_Meds_HowManyTimes	NUMERIC	NN		Required only if Medications_Forget = 1	
					1 = Yes 2 = No		
3.2	Usually take all medications	Medications_Careless	NUMERIC	N		Compulsory field	
	Sometimes stop taking when feeling better	Medications_Better_Stop	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
	Sometimes stop taking when feeling worse	Medications_Worse_Stop	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
	Using complementary therapy or dietary supplement or OTC Rx	ComplementaryRxUsed	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
	Told doctor or educator about using complementary, dietary supplement or OTC Rx	ComplementaryRxToldDr	NUMERIC	N	1 = Yes 2 = No	Required only if ComplementaryRxUsed = 1	

Section 4. Health Professional Attendances							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
					1 = Yes 2 = No		
4.1	Podiatrist	Podiat	NUMERIC	N		Compulsory field	
					1 = Yes 2 = No		
4.2	Diabetes Educator	DiabEduc	NUMERIC	N		Compulsory field	
					1 = Yes 2 = No		
4.3	Dietitian	Dietitn	NUMERIC	N		Compulsory field	
					1 = Yes 2 = No		
4.4	Psychologist	Psychologist	NUMERIC	N		Compulsory field	
					1 = Yes 2 = No		
4.5	Social Worker	SocialWorker	NUMERIC	N		Compulsory field	
					1 = Yes 2 = No		
4.6	Diabetes Specialist	DiabetesSpecialist	NUMERIC	N		Compulsory field	
					1 = Yes 2 = No		
4.7	Ophthalmologist	Ophthalmologist	NUMERIC	N		Compulsory field	
					1 = Yes 2 = No		
4.8	Optometrist	Optometrist	NUMERIC	N		Compulsory field	
					1 = Yes 2 = No		
4.9	Dentist	Dentist	NUMERIC	N		Compulsory field	
					1 = Yes 2 = No		
4.10	Exercise Physiologist	Exercise_Physiologist	NUMERIC	N		Compulsory field	

ANDA-AQSMA 2016 Data Dictionary

Section 5. Patient Self Care Practices							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
5.1	Difficulties following prescribed diet don't have enough time to prepare healthy meals	Diet_Difficulty	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
5.1.1		Diet_Difficulty_Time	NUMERIC	N	1 = Yes 2 = No	Required only if Diet_Difficulty = 1	
5.1.2	costs too much to eat well	Diet_Difficulty_Cost	NUMERIC	N	1 = Yes 2 = No	Required only if Diet_Difficulty = 1	
5.1.3	don't know what foods are best to eat	Diet_Difficulty_BestFoods	NUMERIC	N	1 = Yes 2 = No	Required only if Diet_Difficulty = 1	
5.1.4	eat out a lot and find it hard to eat well	Diet_Difficulty_EatOut	NUMERIC	N	1 = Yes 2 = No	Required only if Diet_Difficulty = 1	
5.1.5	if type 1 - too hard to count carbs	Diet_Difficulty_Type1	NUMERIC	N	1 = Yes 2 = No	Required only if Diet_Difficulty = 1 & DiabType = 1	
5.2	Check blood glucose as often as recommended	Check_glucose	NUMERIC	N	1 = Yes 2 = No 3 = Unsure	Compulsory field	Introduced in 2014
5.3	Rotate injection site	Rotate	NUMERIC	N	1 = Yes 2 = No	Required only if RxMethrod = 3, 4, 6, 7 or 8	Introduced in 2014
Section 6A. BCD							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
6A.1	Restless or disturbed nights	RestlessNight	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
6A.2	Feeling unhappy or depressed	FeelingDepressed	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
6A.3	Feeling unable to overcome difficulties	FeltUnable	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
6A.4	Dissatisfied with their way of doing things	BeenDissatisfied	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
Section 6B. Treatment							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
6B.1	Is the patient taking antidepressants	OnAntidepressant	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
6B.2	Psych. Treatment/counselling - past	PsychiatricTreatmentPrev	NUMERIC	N	1 = Yes 2 = No	Compulsory field	
6B.3	Psych. Treatment/counselling - now	PsychiatricTreatmentCurrent	NUMERIC	N	1 = Yes 2 = No	Compulsory field	

ANDA-AQSMA 2016 Data Dictionary

Section 7. Quality of Life Assessment							
Item No.	Question	Field name	Field Type	Format	Code	Constraints	Notes
7.1	Own Health State Rating	OwnHealthStateRating	NUMERIC	NNN		Compulsory field	
7.2	Screening Scale Q1	DDS_Screen_Q1	NUMERIC	N		Compulsory field	
7.3	Screening Scale Q2	DDS_Screen_Q2	NUMERIC	N		Compulsory field	
7.4	DDS 17 Questionnaire Done	DDS17Q_Done	NUMERIC	N	1 = Yes 2 = No	Required only if either DDS_Screen_Q1 or DDS_Screen_Q2 ≥ 3	
7.4.1	Total DDS 17 Score	Total_DDS_Score	NUMERIC	N.N		Required only if DDS17Q_Done = 1	
7.4.2	Emotional Burden	Emot_Burden	NUMERIC	N.N		Required only if DDS17Q_Done = 1	
7.4.3	Physician-related distress	Phys_rel_Burden	NUMERIC	N.N		Required only if DDS17Q_Done = 1	
7.4.4	Regimen-related distress	Regimen_rel_Burden	NUMERIC	N.N		Required only if DDS17Q_Done = 1	
7.4.5	Interpersonal distress	Interpers_Distress	NUMERIC	N.N		Required only if DDS17Q_Done = 1	

Derived Fields							
Item No.	Question	Field name	Field Type	Format	Code	Calculation	Notes
	Patient Age	Age	NUMERIC	NN.NN		(CreatD-DOB)/365.25	
	Current Year	Year	NUMERIC	NNNN		2016	Prepopulated
	Duration of diabetes	Duration	NUMERIC	NN		Year-YearDx-1 recode Duration (-1=0) LikelyDepA=1 if RestlessNight==1 FeelingDepressed==1 LikelyDepA=2 if RestlessNight==2 & FeelingDepressed==2	
	BCD Depression Likely - part A	LikelyDepA	NUMERIC	N		LikelyDepB=1 if FeltUnable==1 BeenDissatisfied==1 LikelyDepB=2 if FeltUnable==2 & BeenDissatisfied==2	
	BCD Depression Likely - part B	LikelyDepB	NUMERIC	N		LikelyDepB=1 if FeltUnable==1 BeenDissatisfied==1 LikelyDepB=2 if FeltUnable==2 & BeenDissatisfied==2	
	BCD Depression Likely	BCDCalc	NUMERIC	N	1 = Yes 2 = No	BCDCalc=1 if LikelyDepA=1 & LikelyDepB=1	
	Either DDS screening questions have a score of 3 or more	DDS_Over2	NUMERIC	N	1 = Yes 2 = No	DDS_Over2=1 if DDS_Screen_Q1>2 DDS_Screen_Q2>2 DDS_Indiv_over2=1 if Total_DDS_Score >=3	
	Any of the DDS17 scores is equal to or more than 3	DDS_Indiv_over2	NUMERIC	N	1 = Yes 2 = No	Emot_Burden >=3 Phys_rel_Burden >=3 Interpers_Distress >=3 Regimen_rel_Burden >=3	

Australian National Diabetes Audit



ANDA-AQCA 2017

Data Collection Form
Data Definitions Data
Dictionary

ANDA-AQCA 2017 DATA DEFINITIONS

Section 1. Patient Demographics	
Medical Record No.	(Compulsory field). Enter identifier such as record number or the first 2 letters of the first name and surname and month and year of birth (e.g. FFSSMMYY) to enable you to check your records if there is a query regarding the data.
Site ID	Unique site identifier (assigned by ANDA Secretariat).
Staff initials (optional)	Site staff initials.
Date of birth	Record as DD/MM/YYYY . [If unknown other than year: Record as 01/01/YYYY].
Sex	Mark Male <u>or</u> Female indicating phenotypic (physical) sex at birth.
Currently pregnant	If sex is female, mark Yes <u>or</u> No if the patient is currently pregnant.
Date of visit	Record the date the patient attended as DD/MM/2017 .
Initial visit	Mark No <u>or</u> Yes indicating if this is an initial visit assessment.
Aboriginal/Torres Straits Islander	Mark No <u>or</u> Yes indicating Aboriginal / Torres Strait Islander background.
Country of birth	Record the patient's country of birth.
NDSS member	Record No <u>or</u> Yes if a member of the NDSS.
Ethnicity	Record the patient's ethnicity.
DVA patient	Eligible people whose medical care charges are met by the Department of Veterans' Affairs (DVA).
Section 2. Diabetes Type & Management	
Date of diagnosis	Record as MM/YYYY of first diagnostic blood glucose estimation. [If date unknown other than year, record as 01/YYYY].
Type of diabetes	Mark Type1 [IDDM] <u>or</u> Type2 [NIDDM] <u>or</u> GDM <u>or</u> Don't know , <u>or</u> Other to indicate the clinical classification of diabetes.
Management method	If multiple, tick all that apply . See the 'Australian Blood Glucose Treatment Algorithm For Type 2 Diabetes' and the 'Table of Evidence and Properties of Glucose-Lowering Agents' for information on each drug class. These resources are found on the Australian Diabetes Society website, or with the direct link http://t2d.diabetessociety.com.au/documents/tXPhWzq.pdf
Insulin duration	If the patient is on Insulin, record the number of years/months the patient has been on insulin.
Mode of insulin	If the patient is on Insulin, record mode of administration/s. If multiple, tick all that apply . <i>Basal: Intermediate-acting or long-acting insulin injection(s), Bolus: Very short-acting or short-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 insulin with either short-acting or very short-acting insulin. Pump: Mode of insulin delivery being via continuous subcutaneous insulin infusion.</i>
Section 3. Height, Weight & Smoking Status	
Weight	Record in kilograms the weight measurement without shoes or jacket.
Height	Record in metres the height measurement without shoes.
Smoking status	Mark Current <u>or</u> Past <u>or</u> Never to indicate smoking activity of <u>any tobacco material</u> . <i>Current = regular smoking over the past 3 months, Past = no regular smoking for 1 month or more, Never = never smoked</i>
Years spent smoking	If the patient is a current <u>or</u> past smoker, record the number of years spent smoking.
Section 4. Blood Pressure	
Blood pressure	Record Systolic / Diastolic (mm Hg) measured after 5 minutes sitting, [1st and 5th phases] .
Anti-hypertensive treatment	Mark No <u>or</u> Yes to indicate if the patient is on treatment for hypertension.
Anti-hypertensive medications	Select the anti-hypertensive medication/s that the patient is currently taking. If on combination tablet, tick all that apply.
Section 5. Diabetic Eye Disease – last 12 months	
Attended optometrist	Mark No <u>or</u> Yes to indicate if the patient attended an optometrist in the last 12 months.
Referred to ophthalmologist	Mark No <u>or</u> Yes to indicate if the patient was referred to an ophthalmologist in the last 12 months.
Attended ophthalmologist	Mark No <u>or</u> Yes to indicate if the patient attended an ophthalmologist in the last 12 months.
Fundus examination	Mark No <u>or</u> Yes to indicate if the patient has had an ophthalmological assessment (Direct or Indirect) in the last 12 months.
Retinopathy	Mark No <u>or</u> Yes to indicate if the ophthalmological assessment revealed any diabetic retinopathy in the last 12 months.
Laser treatment	Mark No <u>or</u> Yes to indicate if the patient has had eye laser treatment in the last 12 months.
Right & left cataract	Mark No <u>or</u> Yes to indicate if the patient currently has a cataract or has had one removed previously. Record for both eyes in the last 12 months.

ANDA-AQCA 2017 DATA DEFINITIONS

Section 6. Diabetic Foot Problems	
Mark No or Yes to indicate diabetic foot problems in the last 12 months AND/OR previously. Answer all questions.	
Peripheral neuropathy	Mark No or Yes to indicate clinical judgement following assessment using pin prick and vibration or monofilament.
Foot ulceration	Mark No or Yes to indicate past history of foot ulceration.
Foot deformity	Mark No or Yes to indicate the presence of any foot deformity (e.g. <i>Hallux, hammer or claw toe, flat or high arch, Charcot's</i>).
Peripheral vascular disease	Mark No or Yes to indicate peripheral vascular disease. YES = absence of both dorsalis pedis and posterior tibial pulses in either foot.
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 Amputation	If the patient has had an amputation in either lower limb, indicate if minor and/or major. Minor = Amputation of the toe/s or foot (below the ankle), Major = Amputation above the ankle.
Section 7. Medications & Lipids – last 12 months	
Aspirin	Mark No or Yes to indicate whether the patient is on Aspirin. Indicate whether contraindicated.
Other anti-platelets	Mark No or Yes to indicate whether the patient is on any other anti-platelet treatment (e.g. clopidogrel).
Anti-coagulants	Mark No or Yes to indicate whether the patient is on anti-coagulant treatment (e.g. Warfarin, novel anti-coagulants)
Lipid lowering treatment	Mark No or Yes to indicate whether the patient is on lipid lowering treatment. If Yes , indicate whether they are on Statin, Fibrate, Ezetrol and/or Fish Oil. Record if contraindicated. If on combination tablet, tick all that apply.
Lipids measured	Mark No or Yes to indicate if lipids have been measured in the past 12 months.
Total Cholesterol, LDL, HDL, Triglycerides	Record absolute result of most recent result of <i>total, LDL & HDL cholesterol and triglycerides</i> in the last 12 months or tick 'Not available'.
Above measured in fasting specimen	Mark No or Yes to indicate if the lipids reported in items 7.5.1 to 7.5.4 were measured in a fasting state.
Section 8. Complications/Events/Co-morbidities	
Mark No or Yes to indicate a history of complication or an event in the last 12 months AND/OR previously. Answer all.	
Cerebral stroke	Due to vascular disease including TIA.
Myocardial infarction	Evidenced by ECG changes, plasma enzyme changes or medical documentation.
CABG/Angioplasty	Coronary Artery Bypass Grafting surgery (CABG), Angioplasty or Stent.
Congestive cardiac failure	Symptomatic congestive cardiac failure with response to specific therapy.
End stage kidney disease	Requiring dialysis or having undergone kidney transplantation.
Blindness	Patient became legally blind (>6/60) in either eye.
Erectile dysfunction	History or treatment of failure to achieve or maintain erection sufficient for penetration. If female, tick 'Not applicable'.
Dementia	Chronic cognitive deficit diagnosed by a clinician.
Severe hypoglycaemia	Severe hypoglycaemia requiring assistance of another person to actively administer carbohydrates, glucagon, or other corrective actions.
Number of episodes	If the patient had at least one episode of severe hypoglycaemia, record the number of episodes.
Malignancy	Indicate type of malignancy or if not applicable. <i>Exclude non-melanotic skin cancers.</i>
Liver disease	Indicate severity of liver disease or if not applicable. Mild = cirrhosis without portal hypertension, chronic hepatitis, Moderate to severe = cirrhosis with portal hypertension.
Section 9. Renal Function & Blood Glucose Control – last 12 months	
Urinary protein/albumin collected	Mark No or Yes to indicate if Urinary protein/albumin was collected.
Urinary protein/albumin result	If Urinary protein/albumin was collected, record absolute amount of albumin [mg/L] or as albumin excretion rate [AER: µg/min or mg/24hr] or Ratio .
Urinary protein/albumin units	If Urinary protein/albumin was collected, mark the applicable units.
Serum creatinine	Record absolute result measurement of serum creatinine in MICROMOLS/L [µmol/L] or tick 'Not available'.
HbA1c result	Record absolute result [%] AND mmol/mol of the most recent Haemoglobin A1c (HbA1c) protein result in the last 12 months or tick 'Not available'.

ANDA-AQCA 2017 Data Dictionary

Section 1. Patient Demographics						
No.	Question	Field name	Field type	Format	Code	Constraints
	Medical Record Number	PatientID	TEXT	alphanumeric		Compulsory field
	Site ID	SiteID	TEXT	alphanumeric		Compulsory field (leading 0 required)
	Staff Initials (optional)	GPID	TEXT	alphanumeric		Optional field
1.1	Date of Birth	DOB	DATE	DD/MM/YYYY		Must be before VisitDt
1.2	Sex	Sex	NUMERIC	N	1 = Male 2 = Female	Compulsory field
1.2.1	Currently Pregnant	PregnantCurrent	NUMERIC	N	0 = No 1 = Yes	Required only if Sex = 2
1.3	Date of Visit	VisitDt	DATE	DD/MM/YYYY		Compulsory Must be between May and June this year
1.4	Initial Visit	InitialVisit	NUMERIC	N	0 = No 1 = Yes	Compulsory field
1.5	Aboriginal/Torres Strait Islander	Indigen	NUMERIC	N	0 = No 1 = Yes	Compulsory field
1.6	Country of birth	Country	TEXT	alphanumeric		Compulsory field
1.7	NDSS Member	NDSS	NUMERIC	N	0 = No 1 = Yes	Compulsory field
1.8	Ethnicity	Ethnicity	TEXT	alphanumeric		Compulsory field
1.9	DVA Patient	DVA	NUMERIC	N	0 = No 1 = Yes	Compulsory field

ANDA-AQCA 2017 Data Dictionary

Section 2. Diabetes Type & Management & Lifestyle Issues						
No.	Question	Field name	Field type	Format	Code	Constraints
2.1	Date of Diagnosis	MonthDx	NUMERIC	NN		Must be between DOB and VisitDt
		YearDx	NUMERIC	NNNN		Must be between DOB and VisitDt
2.2	Type of Diabetes	DiabType	NUMERIC	N	1 = Type 1	Compulsory field
					2 = Type 2	
2.3	Management Method				3 = GDM	Compulsory field
					4 = Don't know	
					5 = Other	
	Diet only	DietOnly	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if Glitazone = 1, or Acarbose = 1, or Metformin = 1, or GLP1Agonist = 1, or DPP4Inhibitor = 1, or Insulin = 1, or Sulphonylurea = 1, or SGLT2=1
	Acarbose	Acarbose	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	GLP1 Agonist	GLP1Agonist	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	Sulphonylurea	Sulphonylurea	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	Thiazolidinedione	Glitazone	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	Metformin	Metformin	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	DPP4 Inhibitor	DPP4Inhibitor	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	SGLT2 Inhibitor	SGLT2	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	Insulin	Insulin	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
2.3.1	Number of years	InsulinYrs	NUMERIC	NN		Must not be null if Insulin = 1 & must be not be greater than the difference of VisitYr and YearDx
	Number of months	InsulinMn	NUMERIC	NN		Must not be null if Insulin = 1 & must be between 1-11
2.3.2	Mode					Must not be null if Insulin = 1
	Basal	Basal	NUMERIC	N	0 = No 1 = Yes	
	Basal bolus	BasalBolus	NUMERIC	N	0 = No 1 = Yes	
	Pump	Pump	NUMERIC	N	0 = No 1 = Yes	
	Pre-mixed insulin	PreMixedInsulin	NUMERIC	N	0 = No 1 = Yes	

ANDA-AQCA 2017 Data Dictionary

Section 3. Height, Weight & Smoking Status						
No.	Question	Field name	Field type	Format	Code	Constraints
3.1	Weight (kg)	Weight	NUMERIC	NNN.N		Compulsory field Must be between 25 – 250
3.2	Height (m)	Height	NUMERIC	N.NN		Compulsory field Must be between 1.00 – 2.00
3.3	Smoking status	SmokingStatus	NUMERIC	N	1 = Current 2 = Past 3 = Never	Compulsory field
3.3.1	Number of years spent smoking	SmokeYrs	NUMERIC	N	1 = <5 years 2 = 5-10 years 3 = 11-20 years 4 = >20 years	Must not be null if SmokingStatus = 1 or SmokingStatus = 2

Section 4. Blood Pressure						
No.	Question	Field name	Field type	Format	Code	Constraints
4.1	Blood pressure - systolic	SystolBP	NUMERIC	NNN		Compulsory field Must be between 50 – 220
	Blood pressure - diastolic	DiastBP	NUMERIC	NNN		Compulsory field Must be between 30 – 150
4.2	Anti-hypertensive treatment	AntiHT	NUMERIC	N	0 = No 1 = Yes	Compulsory field
4.2.1	ACE Inhibitor	ACEInhib	NUMERIC	N	0 = No 1 = Yes	
	AT2 Antagonist	A2Antags	NUMERIC	N	0 = No 1 = Yes	
	Beta Blocker	BetaBloc	NUMERIC	N	0 = No 1 = Yes	
	Calcium Channel Blocker	CaAntags	NUMERIC	N	0 = No 1 = Yes	
	Thiazides	Thiazides	NUMERIC	N	0 = No 1 = Yes	
	Other	OtherAntiHT	NUMERIC	N	0 = No 1 = Yes	

ANDA-AQCA 2017 Data Dictionary

Section 5. Diabetic Eye Disease - last 12 months						
No.	Question	Field name	Field type	Format	Code	Constraints
5.1	Attended optometrist	Optom	NUMERIC	N	0 = No 1 = Yes	Compulsory field
5.2	Referred to ophthalmologist	RefOphthal	NUMERIC	N	0 = No 1 = Yes	Compulsory field
5.3	Attended ophthalmologist	Ophthal	NUMERIC	N	0 = No 1 = Yes	Compulsory field
5.4	Fundus examination	OphthalEx	NUMERIC	N	0 = No 1 = Yes	Compulsory field
5.5	Retinopathy	Retinopathy	NUMERIC	N	0 = No 1 = Yes	Compulsory field
5.6	Laser treatment	LaserTx	NUMERIC	N	0 = No 1 = Yes	Compulsory field
5.7	Right cataract	CataracR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
5.8	Left cataract	CataracL	NUMERIC	N	0 = No 1 = Yes	Compulsory field

ANDA-AQCA 2017 Data Dictionary

Section 6. Diabetic Foot Problems						
No.	Question	Field name	Field type	Format	Code	Constraints
6.1	Peripheral neuropathy - last 12 months	PeriphNeur	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	Peripheral neuropathy - previous	PeriphNeurPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
6.2	Foot ulceration - last 12 months	Ulcerat	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	Foot ulceration - previous	UlceratPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
6.3	Foot deformity - last 12 months	FtDeform	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	Foot deformity - previous	FtDeformPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
6.4	Peripheral vasular disease - last 12 months	PeriphVas	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	Peripheral vasular disease - previous	PeriphVasPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
6.5	Lower limb amputation - last 12 months	Amput	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	Lower limb amputation - last 12 months - Minor	AmputMinor	NUMERIC	N	0 = No 1 = Yes	
	Lower limb amputation - last 12 months - Major	AmputMajor	NUMERIC	N	0 = No 1 = Yes	
	Lower limb amputation - previous	AmputPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	Lower limb amputation - previous - Minor	AmputMinorPR	NUMERIC	N	0 = No 1 = Yes	
	Lower limb amputation - previous - Major	AmputMajorPR	NUMERIC	N	0 = No 1 = Yes	

ANDA-AQCA 2017 Data Dictionary

Section 7. Medications & Lipids						
No.	Question	Field name	Field type	Format	Code	Constraints
7.1	Aspirin	Aspirin	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Compulsory field
7.2	Other anti-platelets	OtherAntiplate	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Compulsory field
7.3	Anti-coagulants	Anticoag	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Compulsory field
7.4	Lipid lowering Rx	LipidLowRx	NUMERIC	N	0 = No 1 = Yes	Compulsory field
7.4.1	Statin	Statin	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Required only if LipidLowRx = 1
7.4.2	Fibrate	Fibrate	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Required only if LipidLowRx = 1
7.4.3	Ezetrol	Ezetrol	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Required only if LipidLowRx = 1
7.4.4	Fish oil	FishOil	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Required only if LipidLowRx = 1
7.5	Lipids measured	Lipids	NUMERIC	N	0 = No 1 = Yes	Compulsory field
7.5.1	Total Cholesterol	LipChol	NUMERIC	NN.N	0 = No 1 = Yes	Must not be null if Lipids = 1 and LipChoNA is null. Range 2 - 12
	Total Cholesterol not available	LipChoINA	NUMERIC	N	0 = No 1 = Yes	Must not be null if Lipids = 1 and LipChol is null
7.5.2	LDL	LipLDL	NUMERIC	NN.NN	0 = No 1 = Yes	Must not be null if Lipids = 1 and LipLDLNA is null. Range 0.5 – 8.0
	LDL not available	LipLDLNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if Lipids = 1 and LipLDL is null
7.5.3	HDL	LipHDL	NUMERIC	N.NN	0 = No 1 = Yes	Must not be null if Lipids = 1 and LipHDLNA is null. Range 0.2 – 5.0
	HDL not available	LipHDLNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if Lipids = 1 and LipHDL is null
7.5.4	Triglycerides	LipTglyc	NUMERIC	NN.N	0 = No 1 = Yes	Must not be null if Lipids = 1 and LipTglycNA is null. Range 0.2 – 20
	Triglycerides not available	LipTglycNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if Lipids = 1 and LipTglyc is null
7.5.5	Were the above fasting lipids?	LipFast	NUMERIC	N	0 = No 1 = Yes	Must not be null if Lipids = 1

ANDA-AQCA 2017 Data Dictionary

Section 8. Complications/Events/Comorbidities						
No.	Question	Field name	Field type	Format	Code	Constraints
8.1	Cerebral stroke - last 12 months	Stroke	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	Cerebral stroke - previous	StrokePR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.2	Myocardial infarction - last 12 months	MyoInf	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	Myocardial infarction - previous	MyoInfPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.3	CABG/Angioplasty - last 12 months	CABG	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	CABG/Angioplasty - previous	CABGPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.4	Congestive cardiac failure - last 12 months	CCF	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	Congestive cardiac failure - previous	CCFPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.5	End stage kidney disease - last 12 months	EndRenal	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	End stage kidney disease - previous	EndRenPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.6	Blindness - last 12 months	Blindness	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	Blindness - previous	BlindnessPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.7	Erectile dysfunction - last 12 months	Impoten	NUMERIC	N	0 = No 1 = Yes 2 = Not applicable	Compulsory field Must not = 1 if Sex = 2
	Erectile dysfunction - previous	ImpotPR	NUMERIC	N	0 = No 1 = Yes 2 = Not applicable	Compulsory field Must not = 1 if Sex = 2
8.8	Dementia - last 12 months	Demem	NUMERIC	N	0 = No 1 = Yes	Compulsory field
	Dementia - previous	DememPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.9	Severe hypoglycaemia - last 12 months	SevereHypo	NUMERIC	N	0 = No 1 = 1-2 2 = 3-5	Compulsory field
	Severe hypoglycaemia - last 12 months	SevereHypoEpis	NUMERIC	N	0 = No 1 = >5	Must not be null if SevereHypo = 1
	Severe hypoglycaemia - previous	SevereHypoPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field

ANDA-AQCA 2017 Data Dictionary

Section 8. Complications/Events/Comorbidities (cont'd)						
No.	Question	Field name	Field type	Format	Code	Constraints
8.10	Malignancy					Compulsory field
	Metastatic solid tumour	Meta	NUMERIC	N	0 = No 1 = Yes	
	Non-metastatic solid tumour	NonMeta	NUMERIC	N	0 = No 1 = Yes	
	Leukaemia	Leukaemia	NUMERIC	N	0 = No 1 = Yes	
	Lymphoma	Lymphoma	NUMERIC	N	0 = No 1 = Yes	
	Not Applicable	MaligNa	NUMERIC	N	0 = No 1 = Yes 1 = Mild 2 = Moderate/Severe 3 = Not Applicable	
8.11	Liver disease	LiverDis	NUMERIC	N		

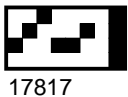
Section 9. Renal Function & Blood Glucose Control						
No.	Question	Field name	Field type	Format	Code	Constraints
9.1	Urinary protein/albumin collected	uAlbCollect	NUMERIC	N	0 = No 1 = Yes	Compulsory
9.1.1	Result	uAlbumin	NUMERIC	NNNN.NN		Must not be null if uAlbCollect = 1
					1 = mg/L 2 = µg/min 3 = mg/24 hr 4 = ratio	
9.1.2	Units	uAlbUnit	NUMERIC	N		Must not be null if uAlbCollect = 1
9.2	Serum creatinine	Creatin	NUMERIC	NNNN		Must not be null if CreatinNA is null If provided, must be between 20 – 2000
	Serum creatinine not available	CreatinNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if Creatin is null
9.3.1	HbA1c Result (%)	HbA1cPercent	NUMERIC	NN.N		Must not be null if HbA1cPercentNA is null If provided, must be between 5 – 20
	HbA1c Result (%) not available	HbA1cPercentNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if HbA1cPercent is null
9.3.2	HbA1c Result (mmol/mol)	HbA1cMmol	NUMERIC	NNN		Must not be null if HbA1cMmolNA is null If provided, must be between 31 – 195
	HbA1c Result (mmol/mol) not available	HbA1cMmolNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if HbA1cMmol is null

Australian National Diabetes Audit



ANDA-AQSMA 2018

Data Collection Form
Data Definitions
Data Dictionary



17817

ANDA-AQSM 2018 Australian National Diabetes Audit - Australian Quality Self Management Audit

Section 1. Patient Demographics. Medical Record No., Site ID, Staff initials, 1.1 Date of birth, 1.2 Sex, 1.3 Date of visit, 1.4 Initial visit, 1.5 Aboriginal/Torres Strait Islander, 1.6 Interpreter required, 1.7 DVA patient, 1.8 NDSS member, 1.9 Country of birth.

Section 2. Diabetes Type & Management & Lifestyle Issues. 2.1 Year of diagnosis, 2.2 Type of diabetes, 2.3 Management method, 2.4 Physical activity sufficiency, 2.5 Have you had a flu vaccination in the last 12 months?, 2.6 Have you had a pneumococcal vaccination in the last 12 months?, 2.7 Smoking status, 2.8.1 Most recent HbA1c result (%), 2.8.2 Most recent HbA1c result (mmol/mol).

Section 3. Medication Use. 3.1 Do you ever forget to take your medications?, 3.2 Do you usually take all your medications?, 3.3 Do you sometimes stop taking your medications when you feel better?, 3.4 Do you sometimes stop taking your medications when you feel worse?, 3.5 Are you using a complementary therapy or dietary supplement or over the counter (OTC) Rx?

Section 4. Health Professional Attendances. Has the patient attended any of the following in the last 12 months? 4.1 Podiatrist, 4.2 Diabetes Educator, 4.3 Dietitian, 4.4 Psychologist, 4.5 Social Worker, 4.6 Diabetes Specialist, 4.7 Ophthalmologist, 4.8 Optometrist, 4.9 Dentist, 4.10 Exercise Physiologist.

Section 5. Patient Self Care Practices. 5.1 Do you have difficulties following your recommended diet?, 5.1.1 I don't have enough time to prepare healthy meals, 5.1.2 It costs too much to eat well, 5.1.3 I don't know what foods are best to eat, 5.1.4 I eat out a lot and find it hard to eat well, 5.1.5 If Type 1 - it is too hard to count carbs/weigh food, 5.2 Do you check your blood glucose level as often as recommended?, 5.3 If you are on injectables or insulin, do you rotate your injection site?

Section 6A. BCD. Over the last couple of weeks has the patient been: 6A.1 Having restless or disturbed nights?, 6A.2 Feeling unhappy or depressed?, 6A.3 Feeling unable to overcome difficulties?, 6A.4 Dissatisfied with their way of doing things?

Section 7. Quality of Life Assessment. Part A: Self-assessment of health status. 7.1 Own health state rating (0-100), 7.2 Screening Scale Q1, 7.3 Screening Scale Q2. Part B: Diabetes Distress Scale 17 (complete if Screening Scale Q1 or Q2 is >= 3). 7.4 DDS 17 questionnaire completed, 7.4.1 Total DDS 17 Score, 7.4.2 Emotional Burden (A), 7.4.3 Physician-related Distress (B), 7.4.4 Regimen-related Distress (C), 7.4.5 Interpersonal Distress (D).

ANDA-AQSM 2018 DATA DEFINITIONS

Section 1. Patient Demographics	
Medical Record No.	(Compulsory field). Record some identifier such as UR number, or the first 2 letters of the first name and surname and month and year of birth (e.g. FFSSMMYY) to enable you to check your records if there is a question regarding the data
Site ID	Unique site identifier (assigned by ANDA Secretariat)
Staff initials (optional)	Initials of the staff member completing the form
Date of birth	Record as DD/MM/YYYY
Sex	Mark Male or Female indicating phenotypic (physical) sex at birth
Currently pregnant	If sex is female, mark Yes or No
Date of visit	Record the date the patient attended as DD/MM/2018
Initial visit	Mark No or Yes indicating if this is an initial visit assessment
Aboriginal/Torres Straits Islander	Mark No or Yes indicating Aboriginal/Torres Strait Islander background
Interpreter required	Record No or Yes for the requirement for interpreter services as perceived by the patient
DVA patient	Eligible people whose medical care charges are met by the Department of Veterans' Affairs (DVA)
NDSS member	Record No or Yes if the patient is a member of the NDSS
Country of birth	Record the patient's country of birth
Section 2. Diabetes Type & Management & Lifestyle Issues	
Year of diagnosis	Record as YYYY of first diagnostic blood glucose estimation or mark as Unknown
Type of diabetes	Mark Type1 (IDDM), Type2 (NIDDM), GDM , Don't know or Other to indicate the clinical classification of diabetes
Management Method (choose one option only)	Mark as Diet only , Tablets , Insulin & tablets , Injectables & tablets , Insulin & tablets & injectables , Insulin & injectables , Insulin or Injectables to indicate the management method. Injectables include injected anti-hyperglycaemic agents not including insulin (e.g. GLP-1 analogues)
If on insulin: How long ago was insulin started	<1 year insulin was started within the past year 1-5 years insulin was started between 1 and 5 years ago > 5 years insulin was started more than 5 years ago
Physical activity	Physical activity is calculated in ' <i>total minutes per week</i> ' 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: <i>Moderate</i> physical activity causes a slight but noticeable increase in breathing and heart rate, the person can comfortably talk but not sing. <i>Vigorous</i> physical activity causes the person to 'huff and puff,' talking in full sentences between breaths is difficult Sufficient physical activity for health benefit is equal to or more than 150 total minutes per week Insufficient physical activity is more than 0 minutes, but less than 150 total minutes per week Sedentary is where there has been no moderate and/or vigorous physical activity per week
Flu vaccination	Has the patient had a flu vaccination in the last 12 months? (No/Yes)
Pneumococcal vaccination	Has the patient had a pneumococcal vaccination in the last 12 months? (No/Yes)
Smoking status	Mark Current smoker , Past smoker or Never smoked to indicate smoking of <u>any tobacco material</u> Current smoker =regular smoking over the past 3 months, past smoker =no regular smoking for 1 month or more, never smoked =never smoked any tobacco material
If current smoker	Has the patient tried to stop smoking? (No/Yes)
If past smoker (Select all that apply)	Indicate the method/s (No intervention or Medication , Nicotine replacement , Hypnosis , Acupuncture and/or Other) used to stop smoking
HbA1c result	Record absolute result (% and mmol/mol) of the most recent HbA1c result in the last 6 months

ANDA-AQ SMA 2018 DATA DEFINITIONS

Section 3. Medication Use	
Medication use practices	Ask the questions as listed and indicate response (No/Yes) or mark N/A if the patient is not prescribed tablets. If the patient does not forget to take their medication weekly (e.g. fortnightly), record 0. (<i>Only answer if patient ever forgets to take their medications</i>)
Complementary therapy	Is the patient using a complementary therapy (herbal/homeopathic/vitamin or mineral supplement) or dietary supplement or over the counter (OTC) Rx? (No/Yes)
Told doctor/diabetes educator	Has the patient told their diabetes doctor or diabetes educator about using complementary therapy or OTC Rx? (No/Yes)
Medication use practices	Ask the questions as listed and indicate response (No/Yes) or mark N/A if the patient is not prescribed tablets
Section 4. Health Professional Attendances	
Podiatrist	Record if the patient attended in the last 12 months (No/Yes)
Diabetes Educator	Record if the patient attended in the last 12 months (No/Yes)
Dietitian	Record if the patient attended in the last 12 months (No/Yes)
Psychologist	Record if the patient attended in the last 12 months (No/Yes)
Social Worker	Record if the patient attended in the last 12 months (No/Yes)
Diabetes Specialist	Record if the patient attended in the last 12 months (No/Yes)
Ophthalmologist	Record if the patient attended in the last 12 months (No/Yes)
Optometrist	Record if the patient attended in the last 12 months (No/Yes)
Dentist	Record if the patient attended in the last 12 months (No/Yes)
Exercise Physiologist	Record if the patient attended in the last 12 months (No/Yes)
Section 5. Patient Self Care Practices	
Do you have difficulties following your recommended diet?	Indicate whether the patient has difficulties following recommended diet (No/Yes) If YES, ask the patient whether the following options apply to them. Mark No/Yes to each of the options
Do you check your blood glucose level as often as recommended?	Mark which one of the options describes the patient's usual practice (No/Yes/Unsure of recommended testing)
Do you rotate your injection site?	Does the patient <i>routinely</i> change the site of injection for injectables or insulin? (No/Yes) or mark N/A if the patient is not on injectables or insulin
Section 6A. Brief Case Find For Depression (BCD) Copyright 1993 Monash University Department of Psychology Medicine	
Been having restless or disturbed nights?	(No/Yes)
Been feeling unhappy or depressed?	(No/Yes)
Been feeling unable to overcome difficulties?	(No/Yes) Problems of life that have been worrying you
Been dissatisfied with the way of doing things?	(No/Yes) Things that you have had to do at home or at work
Section 6B. Treatment	
Is the patient taking antidepressants?	Is the patient taking antidepressant medication (not prescribed for peripheral neuropathy)? (No/Yes)
Psych treatment/counselling – past?	Has the patient had psychiatric treatment/counselling in the past? (No/Yes)
Psych treatment/counselling – now?	Is the patient currently having psychiatric treatment/counselling? (No/Yes)
Section 7. Quality of Life Assessment	
Own Health State Rating	Record the absolute result of the patient's Own Health State Rating (0-100) from Self Assessment of Health Status. If the questionnaire was not completed, mark Did not complete
Screening Scale Q1 & Q2	All patients to complete Self Assessment of Health Status questionnaire. Record the ACTUAL SCORE reported in the Screening Scale Q1 & Q2. If the Screening Scale Q1 or Q2 were not completed, mark Did not complete
DDS17 questionnaire completed	Was the DDS 17 questionnaire completed by the patient? (No/Yes) Administer DDS17 only if Screening Scale Q1 or Q2 is ≥ 3
Total DDS Score	Record the 'Mean item score' calculated on the DDS17 Scoring Sheet
Emotional Burden (A)	Record the 'Mean item score' calculated on the DDS17 Scoring Sheet
Physician-related Distress (B)	Record the 'Mean item score' calculated on the DDS17 Scoring Sheet
Regimen-related Distress (C)	Record the 'Mean item score' calculated on the DDS17 Scoring Sheet
Interpersonal Distress (D)	Record the 'Mean item score' calculated on the DDS17 Scoring Sheet

ANDA-AQSMA 2018 Data Dictionary

Section 1. Patient Demographics						
Item No.	Question	Field Name	Field Type	Format	Code	Constraints
	Medical Record Number	PatientID	TEXT	alphanumeric		Compulsory field
	Site ID	SiteID	TEXT	NNN		Compulsory field (leading 0 required)
	Staff initials (optional)	GPID	TEXT	alphanumeric		Optional field
1.1	Date of birth	DOB	DATE	DD/MM/YYYY		Must be before CreatD
1.2	Sex	Sex	NUMERIC	N	1 = Male 2 = Female 0 = No	Compulsory field
1.2.1	Currently pregnant	Pregnant_Current	NUMERIC	N	1 = Yes	Required only if Sex = 2
1.3	Date of visit	CreatD	DATE	DD/MM/YYYY		Must be between May and June this year
1.4	Initial visit	Initial_Visit	NUMERIC	N	0 = No 1 = Yes	Compulsory field
1.5	Aboriginal/Torres Strait Islander	Indigen	NUMERIC	N	0 = No 1 = Yes	Compulsory field
1.6	Interpreter required	Interpret	NUMERIC	N	0 = No 1 = Yes	Compulsory field
1.7	DVA patient	DVA	NUMERIC	N	0 = No 1 = Yes	Compulsory field
1.8	NDSS member	NDSS	NUMERIC	N	1 = Yes	Compulsory field
1.9	Country of birth	Country	TEXT	alphanumeric		Compulsory field

ANDA-AQSMA 2018 Data Dictionary

Section 2. Diabetes Type & Management & Lifestyle Issues						
Item No.	Question	Field name	Field Type	Format	Code	Constraints
2.1	Year of diagnosis	YearDx	NUMERIC	NNNN		Must be between DOB and CreatD
2.1	Year of diagnosis - unknown	YearDxNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if YearDx is null
2.2	Type of diabetes	DiabType	NUMERIC	N	1 = Type 1 2 = Type 2 3 = GDM 4 = Don't know 5 = Other	Compulsory field
2.3	Management method	RxMethod	NUMERIC	N	1 = Diet 2 = Tablets 3 = Insulin 4 = Insulin & tablets 5 = Insulin & injectables 6 = Injectables 7 = Injectables & tablets 8 = Insulin & tablets & injectables	Compulsory field
2.3.1	How long ago was insulin started	InsStarted	NUMERIC	N	1 = <1yr 2 = 1-5yrs 3 = >5yrs	Required only if RxMethod = 3, 4, 5 or 8
2.4	Physical activity sufficiency	PhysicalActivity_Sufficiency	NUMERIC	N	1 = Sufficient 2 = Insufficient 3 = Sedentary	Compulsory field
2.5	Flu vaccination in last 12 months	Vaccination_Flu	NUMERIC	N	0 = No 1 = Yes	Compulsory field
2.6	Pneumococcal vaccination in last 12 months	Vaccination_Pneumococcal	NUMERIC	N	0 = No 1 = Yes	Compulsory field
2.7	Smoking status	Smoking_Status	NUMERIC		1 = Current 2 = Past 3 = Never	Compulsory field
2.7.1	Tried to stop smoking	Smoker_TriedToStop	NUMERIC	N	0 = No 1 = Yes	Required only if Smoking_Status = 1
2.7.2	Cessation method: Just stopped - no intervention	Smoker_Past_JustStopped	NUMERIC	N	0 = No 1 = Yes	Required only if Smoking_Status = 2
2.7.2	Cessation method: Medication	Smoker_Past_Medication	NUMERIC	N	0 = No 1 = Yes	Required only if Smoking_Status = 2
2.7.2	Cessation method: Nicotine replacement	Smoker_Past_Nicotine	NUMERIC	N	0 = No 1 = Yes	Required only if Smoking_Status = 2

ANDA-AQSMA 2018 Data Dictionary

Section 2. Diabetes Type & Management & Lifestyle Issues (cont'd)						
Item No.	Question	Field name	Field Type	Format	Code	Constraints
					0 = No	
2.7.2	Cessation method: Hypnosis	Smoker_Past_Hypnosis	NUMERIC	N	1 = Yes	Required only if Smoking_Status = 2
					0 = No	
2.7.2	Cessation method: Acupuncture	Smoker_Past_Acupuncture	NUMERIC	N	1 = Yes	Required only if Smoking_Status = 2
					0 = No	
2.7.2	Cessation method: Other	Smoker_Past_Stopped_Other	NUMERIC	N	1 = Yes	Required only if Smoking_Status = 2
2.8.1	HbA1c result (%)	HbA1cPercent	NUMERIC	NN.N		Must be between 5 - 20
					0 = No	
2.8.1	HbA1c result (%) - not available	HbA1cPercentNA	NUMERIC	N	1 = Yes	Must not be null if HbA1cPercent is null
2.8.2	HbA1c result (mmol/mol)	HbA1cMmol	NUMERIC	NNN		Must be between 31 - 195
					0 = No	
2.8.2	HbA1c result (mmol/mol) - not available	HbA1cMmolNA	NUMERIC	N	1 = Yes	Must not be null if HbA1cMmol is null

Section 3. Medication Use						
Item No.	Question	Field name	Field Type	Format	Code	Constraints
					0 = No	
3.1	Forget to take medications	Medications_Forget	NUMERIC	N	1 = Yes	Compulsory field
3.1.1	How many times per week	Forget_Meds_HowManyTimes	NUMERIC	NN	2= Not applicable	Required only if Medications_Forget = 1
					0 = No	
3.2	Usually take all medications	Medications_Careless	NUMERIC	N	1 = Yes	Compulsory field
					2= Not applicable	
					0 = No	
3.3	Sometimes stop taking when feeling better	Medications_Better_Stop	NUMERIC	N	1 = Yes	Compulsory field
					2= Not applicable	
					0 = No	
3.4	Sometimes stop taking when feeling worse	Medications_Worse_Stop	NUMERIC	N	1 = Yes	Compulsory field
					2= Not applicable	
					0 = No	
3.5	Using complementary therapy or dietary supplement or OTC Rx	ComplementaryRxUsed	NUMERIC	N	1 = Yes	Compulsory field
					0 = No	
3.5.1	Told doctor or educator about using complementary, dietary supplement or OTC Rx	ComplementaryRxToldDr	NUMERIC	N	1 = Yes	Required only if ComplementaryRxUsed = 1

ANDA-AQSMA 2018 Data Dictionary

Section 4. Health Professional Attendances						
Item No.	Question	Field name	Field Type	Format	Code	Constraints
4.1	Podiatrist	Podiat	NUMERIC	N	0 = No 1 = Yes	Compulsory field
4.2	Diabetes Educator	DiabEduc	NUMERIC	N	0 = No 1 = Yes	Compulsory field
4.3	Dietitian	Dietitn	NUMERIC	N	0 = No 1 = Yes	Compulsory field
4.4	Psychologist	Psychologist	NUMERIC	N	0 = No 1 = Yes	Compulsory field
4.5	Social Worker	SocialWorker	NUMERIC	N	0 = No 1 = Yes	Compulsory field
4.6	Diabetes Specialist	DiabetesSpecialist	NUMERIC	N	0 = No 1 = Yes	Compulsory field
4.7	Ophthalmologist	Ophthalmologist	NUMERIC	N	0 = No 1 = Yes	Compulsory field
4.8	Optometrist	Optometrist	NUMERIC	N	0 = No 1 = Yes	Compulsory field
4.9	Dentist	Dentist	NUMERIC	N	0 = No 1 = Yes	Compulsory field
4.10	Exercise Physiologist	Exercise_Physiologist	NUMERIC	N	0 = No 1 = Yes	Compulsory field

ANDA-AQSMA 2018 Data Dictionary

Section 5. Patient Self Care Practices						
Item No.	Question	Field name	Field Type	Format	Code	Constraints
5.1	Difficulties following recommended diet	Diet_Difficulty	NUMERIC	N	0 = No	Compulsory field
					1 = Yes	
5.1.1	Don't have enough time to prepare healthy meals	Diet_Difficulty_Time	NUMERIC	N	0 = No	Required only if Diet_Difficulty = 1
					1 = Yes	
5.1.2	Costs too much to eat well	Diet_Difficulty_Cost	NUMERIC	N	0 = No	Required only if Diet_Difficulty = 1
					1 = Yes	
5.1.3	Don't know what foods are best to eat	Diet_Difficulty_BestFoods	NUMERIC	N	0 = No	Required only if Diet_Difficulty = 1
					1 = Yes	
5.1.4	Eat out a lot and find it hard to eat well	Diet_Difficulty_EatOut	NUMERIC	N	0 = No	Required only if Diet_Difficulty = 1
					1 = Yes	
5.1.5	If type 1 - too hard to count carbs	Diet_Difficulty_Type1	NUMERIC	N	0 = No	Required only if Diet_Difficulty = 1 & DiabType = 1
					1 = Yes	
5.2	Check blood glucose as often as recommended	Check_glucose	NUMERIC	N	0 = No	Compulsory field
					1 = Yes	
5.3	Rotate injection site	Rotate	NUMERIC	N	0 = No	Required only if RxMethod = 3, 4, 5, 6, 7 or 8
					1 = Yes	
					2 = Not applicable	

Section 6A. BCD						
Item No.	Question	Field name	Field Type	Format	Code	Constraints
6A.1	Restless or disturbed nights	RestlessNight	NUMERIC	N	0 = No	Compulsory field
					1 = Yes	
6A.2	Feeling unhappy or depressed	FeelingDepressed	NUMERIC	N	0 = No	Compulsory field
					1 = Yes	
6A.3	Feeling unable to overcome difficulties	FeltUnable	NUMERIC	N	0 = No	Compulsory field
					1 = Yes	
6A.4	Dissatisfied with their way of doing things	BeenDissatisfied	NUMERIC	N	0 = No	Compulsory field
					1 = Yes	
Section 6B. Treatment						
Item No.	Question	Field name	Field Type	Format	Code	Constraints
6B.1	Is the patient taking antidepressants	OnAntidepressant	NUMERIC	N	0 = No	Compulsory field
					1 = Yes	
6B.2	Psych. Treatment/counselling - past	PsychiatricTreatmentPrev	NUMERIC	N	0 = No	Compulsory field
					1 = Yes	
6B.3	Psych. Treatment/counselling - now	PsychiatricTreatmentCurrent	NUMERIC	N	0 = No	Compulsory field
					1 = Yes	

ANDA-AQSMA 2018 Data Dictionary

Section 7. Quality of Life Assessment						
Item No.	Question	Field name	Field Type	Format	Code	Constraints
7.1	Own health state rating	OwnHealthStateRating	NUMERIC	NNN		Compulsory field
	Own health state rating - did not complete	RatingDNC	NUMERIC	N	0 = No 1 = Yes	Must not be null if OwnHealthStateRating is null
7.2	Screening Scale Q1	DDS_Screen_Q1	NUMERIC	N		Compulsory field
	Screening Scale Q1 - did not complete	DDSScreenQ1DNC	NUMERIC	N	0 = No 1 = Yes	Must not be null if DDS_Screen_Q1 is null
7.3	Screening Scale Q2	DDS_Screen_Q2	NUMERIC	N		Compulsory field
	Screening Scale Q2 - did not complete	DDSScreenQ2DNC	NUMERIC	N	0 = No 1 = Yes	Must not be null if DDS_Screen_Q2 is null
7.4	DDS 17 Questionnaire completed	DDS17Q_Done	NUMERIC	N	0 = No 1 = Yes	Required only if either DDS_Screen_Q1 or DDS_Screen_Q2 ≥ 3
7.4.1	Total DDS 17 Score	Total_DDS_Score	NUMERIC	N.N		Required only if DDS17Q_Done = 1
7.4.2	Emotional Burden	Emot_Burden	NUMERIC	N.N		Required only if DDS17Q_Done = 1
7.4.3	Physician-related distress	Phys_rel_Burden	NUMERIC	N.N		Required only if DDS17Q_Done = 1
7.4.4	Regimen-related distress	Regimen_rel_Burden	NUMERIC	N.N		Required only if DDS17Q_Done = 1
7.4.5	Interpersonal distress	Interpers_Distress	NUMERIC	N.N		Required only if DDS17Q_Done = 1

Derived Fields						
Item No.	Question	Field name	Field Type	Format	Code	Calculation
	Patient age	Age	NUMERIC	NN.NN		(CreatD-DOB)/365.25
	BCD Depression Likely - part A	LikelyDepA	NUMERIC	N		LikelyDepA=1 if RestlessNight=1 FeelingDepressed=1 LikelyDepA=2 if RestlessNight=2 & FeelingDepressed=2
	BCD Depression Likely - part B	LikelyDepB	NUMERIC	N		LikelyDepB=1 if FeltUnable=1 BeenDissatisfied=1 LikelyDepB=2 if FeltUnable=2 & BeenDissatisfied=2
	BCD Depression Likely	BCDCalc	NUMERIC	N	0 = No 1 = Yes	BCDCalc=1 if LikelyDepA=1 & LikelyDepB=1
	Either DDS screening questions have a score of 3 or more	DDS_Over2	NUMERIC	N	0 = No 1 = Yes	DDS_Over2=1 if DDS_Screen_Q1>2 DDS_Screen_Q2>2 DDS_Indiv_over2=1 if Total_DDS_Score >=3 Emot_Burden >=3 Phys_rel_Burden >=3 Interpers_Distress >=3 Regimen_rel_Burden >=3
	Any of the DDS17 scores is equal to or more than 3	DDS_Indiv_over2	NUMERIC	N	0 = No 1 = Yes	