



A Quality Assessment of medical care among Patients with Type 2 Diabetes and/or Hypertension at hospitals under Ministry of Public Health and Bangkok Metropolitan Administration in Thailand in 2010

Subject ID number

Hospital ID number -

Type of clinic

- ☐ 1. Diabetic Clinic
- ☐ 2. Hypertension Clinic
- ☐ 3. Diabetic and Hypertension Clinic
- ☐ 4. General Medicine Clinic (Gen. Med.)
- ☐ 5. General Practice Clinic/ Family Medical Clinic/Social security clinic
- ☐ 6. Other Clinic, please specify

Part 1 General information (Item 1 - 7)

Type of clinic

- ☐ 1. Diabetic Clinic
- ☐ 2. Hypertension Clinic
- ☐ 3. Diabetic and Hypertension Clinic
- ☐ 4. General Medicine Clinic (Gen. Med.)
- ☐ 5. General Practice Clinic/ Family Medical Clinic/Social security clinic
- ☐ 6. Other Clinic, please specify

1. Gender ☐ 1. Male ☐ 2. Female 2. Age years (birth year)

3. Occupational (present)

- ☐ 1. Farmer or farm worker ☐ 2. Government employee
- ☐ 3. Trader or Merchant ☐ 4. State Enterprise Employee
- ☐ 5. Private corporation officer ☐ 6. Labor (include day labors)
- ☐ 7. Student ☐ 8. Housekeeper or unemployed person
- ☐ 9. Self-Employed/Own Business ☐ 10. Monk/nun/priest
- ☐ 11. Other, please specify.....
- ☐ 12. Data not available in the medical record

4. Health care financing

- ☐ 1. Universal coverage scheme ☐ 2. Government or state enterprise officer
- ☐ 3. Social security scheme ☐ 4. State enterprise officer
- ☐ 5. Out of pocket ☐ 6. Other please specify

5. Present diagnosis (choose only one answer)

- ☐ 1. Only diabetes Mellitus (go to part 2 of questionnaires)
- ☐ 2. Only hypertension (go to part 3 of questionnaires)
- ☐ 3. Both diabetes mellitus and hypertension (go to part 2 and part 3 of questionnaires)

6. Recent weight . Kg ☐ Data not available in the medical record

7. Recent height . Cm ☐ Data not available in the medical record

Part 2 Diabetes mellitus indicators (questions 8-27)

Duration of treatment in this hospital

☐ 1. ≥ 12 months ☐ 2. < 12 months (excluded from the study no further data collection)

Last follow up visit date (dd/mm/yyyy)

8. Fasting plasma glucose test ;FPG (Not DTx) during the last 12-month follow up period

mg/dL result test date / /25 ☐ No, test was not done

9. Fasting capillary blood glucose test (DTx) during the last 12-month follow up period

mg/dL result test date / / 25 ☐ No, test was not done

10. Hemoglobin A1C test during the last 12 month follow up period					%
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result test date / /25 ☐ No, test was not done

11. Lipid profile during the last 12-month follow up period

☐ 1. No, test was not done ☐ 2. Yes result test date / /25

Total Cholesterol mg/dL date / /25 ☐ No, test was not done

Triglyceride mg/dL date / / 25 ☐ No, test was not done

HDL-Cholesterol mg/dL date / /25 ☐ No, test was not done

LDL-Cholesterol mg/dL date / /25 ☐ No, test was not done

12. Blood pressure during the last 12-month follow up period

mmHg date / /25

13. Anticoagulant medication during the last 12-month follow up period

☐ 1. No medication; reason

☐ 1.1 GI bleeding ☐ 1.2 Bleeding in other organ, please specify

☐ Other, please specified..... ☐ 1.4 Data not available in the medical record

☐ 2. Yes, last prescribed date (dd/mm/yyyy) /25

14. Acute complication of diabetes mellitus during the last 12-month follow up period

☐ 1. Yes, acute complication (s) was/were (*can be more than one complications*)

☐ 1.1 Hypoglycemia; *plasma glucose* < 50 mg/dL

☐ 1.2 Hyperglycemia

☐ 1.3 Diabetic ketoacidosis; DKA

☐ 1.4 Hyperosmolar non-ketotic hyperglycemic coma, HNHC

☐ 2. No acute complication of diabetes mellitus (skip to question 16)

15. Hospitalization due to acute DM complication during the last 12-month follow up period

☐ 1. Yes, Admit in hospital

☐ 1.1 Admitted in this hospital

☐ 1.2 Admitted in other hospital; please specified

☐ 1.3 Referral to other hospital; please specified

☐ 2. No hospitalization.

16. Urin Albumin or protein test during the last 12-month follow up period

☐ 1. No, test was not done (*go to question 18*)

☐ 2. No, test was not done; the patient has been diagnosed, diabetic nephropathy; DN

☐ 3. Yes, (depend on local laboratory)

last test date /25

Case I ☐ negative

☐ positive

Case II Urine Albumin . to .

Choose only one ☐ mg/L(mg%) ☐ g/L ☐ mg/24 hrs ☐ g/day

Case III ☐ ≤ 300 mg albumin/24 hrs ☐ > 300 mg albumin/24 hrs

17. ACEI or ARB medication during the last 12-month follow up period

☐ 1. No

☐ 2. Yes, last prescribed date (dd/mm/yyyy) /25

18. Full ophthalmoscopy during the last 12-month follow up period

☐ 1. Not done/Not Known

☐ 2. Yes, last examination date /25

19. Oral examination by dentist or well trained health care personal during the last 12-month follow up period

☐ 1. Not done/Not Known ☐ 2. Yes, last examination date / / 25

20. Foot examination during the last 12-month follow up period

1) <i>foot skin examination</i>	<input type="checkbox"/> 1. No	<input type="checkbox"/> 2. Yes; examination date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
<i>result</i>	<input type="checkbox"/> 1. Normal	<input type="checkbox"/> 2. Abnormal (inflammation/ swelling/ dry gangrene)
2) <i>foot sensory testing</i>	<input type="checkbox"/> 1. No	<input type="checkbox"/> 2. Yes; examination date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
3) <i>Peripheral vascular examination</i>	<input type="checkbox"/> 1. No	<input type="checkbox"/> 2. Yes; examination date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>

21. Toe/foot/leg amputation during the last 12-month follow up period

☐ 1. No (go to question 23) ☐ 2. Yes

22. If yes, site of Amputation (check all that apply)

☐ 1. Toe ☐ 2. Foot ☐ 3. Leg

23. Self-foot care education for patient / family during the last 12-month follow up period

☐ 1. No / No data available ☐ 2. Yes, education date / / 25

24. Smoking, during the last 12-month follow up period

☐ 1. Never smoke (go to question 26) ☐ 2. Continuous smoking
☐ 3. Quit smoking ☐ 4. No data available (go to question 26)

25. Smoking counseling or smoking cessation program during the last 12-month follow up period

☐ 1. No / No data available
☐ 2. Yes, counseling program start date (day/month/year) / / 25

26. Has the patients been diagnosed diabetic retinopathy;DR by physician during the last 12-month follow up period

☐ 1. No ☐ 2. Yes ☐ 3. Data not available in the medical record

27. Has the patient diagnosed Diabetic Nephropathy (DN) during the last 12-month follow up period

☐ 1. No ☐ 2. Yes ☐ 3. Data not available in the medical record

Part 3 Hypertension indicators (question 28-33)
Duration of treatment in this hospital
☐ 1. ≥ 12 months ☐ 2. < 12 months (excluded from the study no further data collection)

 Last follow up visit date (dd/mm/yyyy) / / 25

 28. **Blood pressure** during the last 12 month follow up period / mmHg

 date / / 25
29. Laboratory test during the last 12-month follow up period

Lab test	age < 35 yrs		age ≥ 35 yrs		Test date (day/month/year)
	Not done	Yes	Not done	Yes	
29.1 Body Weight (from question 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.2 Hight (from question 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.3 BP (from question 12 or 28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.4 CBC (RBC, WBC, Plt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.5 URINE EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.6 Stool Examination & Stool Occult blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.7 Chest X-RAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.8 EKG (from question 33.8)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.9 pervaginal examination (PV)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.10 PAP SMEAR, <u>only women</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.11 FPG (from question 8 or 32)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.12 Lipid Profile (from question 11)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.13 BUN			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.14 Creatinine (from question 33.1)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.15 LFT (AST, ALT, AP)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>
29.16 Uric acid (from question 33.2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 25 <input type="text"/> <input type="text"/>

30. Smoking, during the last 12-month follow up period

- ☐ 1. Never smoke (go to question 32) ☐ 2. Continuous smoking
☐ 3. Quit smoking ☐ 4. No data available (go to question 32)

31. Smoking counseling or smoking cessation program during the last 12-month follow up period

- ☐ 1. No / No data available
☐ 2. Yes, counseling program start date (day/month/year) /2555

32. Last fasting plasma glucose test ; FPG (no DTx) during the last 12-month follow up period

- ☐ 1. Not done
☐ 2. Yes, result mg/dL result test date date /2555

33. Laboratory test during the last 12-month follow up period

Lab test	Not done	Yes	Result	Test date (day/month/year)
33.1 Serum Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> /2555 <input type="text"/> <input type="text"/>
33.2 Serum Uric acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> /2555 <input type="text"/> <input type="text"/>
33.3 Serum Potassium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> /2555 <input type="text"/> <input type="text"/>
33.4 Creatinine clearance or Estimated Glomerular Filtration Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> mL/minute/1.73 m ²	<input type="text"/> <input type="text"/> /2555 <input type="text"/> <input type="text"/>
33.5 Hemoglobin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> /2555 <input type="text"/> <input type="text"/>
33.6 Hematocrit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> /2555 <input type="text"/> <input type="text"/>
33.7 Urine analysis or urine sediment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> /2555 <input type="text"/> <input type="text"/>	
33.8 Electrocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> /2555 <input type="text"/> <input type="text"/>	

34. Complication of hypertension during the last 12-month follow up period

☐ 1. No acute complication of Hypertension

☐ 2. Yes, acute complication (s) was/were (*can be more than one complications*)

Complications of Hypertension	Not done	Yes > 12 months	Yes, within 12 months
2.1 Ischemic <i>stroke</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Hemorrhagic <i>stroke</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Cerebral hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Transient ischemic attack (<i>TIA</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Angina pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Myocardial infarction; <i>MI</i>) included ischemic heart disease; <i>IHD</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Coronary revascularization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Congestive heart failure; <i>CHF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9 Peripheral Arterial Disease; <i>PAD</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10 Diabetic nephropathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11 Renal insufficiency eg. <i>ARF, CRI, CKD, ESRD</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12 Albuminuria > 300 mg/day or Proteinuria > 500 mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13 Retinal hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.14 Exudate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.15 Papilledema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.16 Other complication, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recorder..... date record / / 25

Verifier..... date record / / 25