



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 2011-2012

Subject ID number

Hospital ID number

Follow up time

- ☐ 1. Check up on time
- ☐ 2. Not in check up on time

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 - 9)

- 1 Gender ☐ 1. Male ☐ 2. Female
- 2 Age   years (birth year) (20-99 years)
- 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. Retired Government employee ☐ 12. Other, please specify.....
- ☐ 13. Data not available in the medical record
- 4 Religion
- ☐ 1. Buddhism ☐ 2. Islam ☐ 3. Christianity
- ☐ 4. Other please specified ..... ☐ 5. Data not available in the medical record
- 5 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 .....
- 6 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)
- 7 Recent weight    .  Kg ☐ Data not available in the medical record
- 8 Recent height    .  Cm ☐ Data not available in the medical record
9. Recent waist    .  Cm ☐ Data not available in the medical record
- Site of waist
- ☐ 1. L4-L5 ☐ 2. L2-L3 ☐ 3. L1 ☐ 4. Data not available in the medical record

**Part 2 Diabetes mellitus indicators (questions 9-35)**
**10. Duration of treatment in this hospital**
☐ 1.  $\geq 12$  months ☐ 2.  $< 12$  months (excluded from the study no further data collection)

**11. Date diagnosis of DM was made in 25**  ☐ Data not available in the medical record

**12. Type of patient** ☐ 1. Routine follow up treat at this hospital ☐ 2. Referral from PCU

**13. Last follow up visit date (dd/mm/yyyy)** //255
**14. Fasting plasma glucose test ;FPG (Not DTx) during the last 12-month follow up period**

Lab test	Not done	Yes	Result	Test date (day/month/year)
1) Last test:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
2) Test before the last test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>

**15. Fasting capillary blood glucose test (DTx) during the last 12-month follow up period**
 mg/dL date //255 ☐ No, test was not done

**16. Postprandial blood glucose test during the last 12-month follow up period**
 mg/dL date //255 ☐ No, test was not done

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

Lab test	Not done	Yes	Result	Test date (day/month/year)
17.1 Hb A1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
17.2 Hemoglobin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
17.3 Serum BUN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
17.4 Serum Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
17.5 Serum Potassium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
17.6 Serum Uric Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
17.7 Total Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>

**17. Laboratory test during the last 12-month follow up period (continues)**

Lab test	Not done	Yes	Result	Test date (day/month/year)
17.8 Triglyceride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
17.9 HDL Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
17.10 LDL Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>

**Type of LDL-Cholesterol** ☐ Result cannot be calculate due to high level of serum Triglyceride ( $TG \geq 400$ )

☐ 1. Direct measurement (measured-LDL or Direct-LDL)

☐ 2. Calculated-LDL

☐ 3. Not known

17.11 Estimated GFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
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**GFR calculation formula (choose only one answer)**

☐ 1. Cockcroft-Gault

☐ 2. MDRD

☐ 3. CKD-EPI 2009

☐ 4. Not known

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

Blood pressure	Result (mmHg)	Test date (day/month/year)	Type of test
18.1 Last measurement result	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>	<input type="checkbox"/> 1.digital <input type="checkbox"/> 2.manual <input type="checkbox"/> 3.not known
18.2 Measurement before the last measurement	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>	<input type="checkbox"/> 1.digital <input type="checkbox"/> 2.manual <input type="checkbox"/> 3.not known

**19. 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 specified .....

☐ 1.3 Other, please specified.....

☐ 1.4 Data not available in the medical record

☐ 2. Yes, last prescribed date (dd/mm/yyyy) / /255

**Drug name (choose only one answer) was**

☐ 2.1 only aspirin ☐ 2.2 only clopidogrel (Plavix®, Pidogen®, Apolets®)

☐ 2.3 both aspirin and clopidogrel

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

- ☐ 1. No acute complication of diabetes mellitus
- ☐ 2. Yes, acute complication (s) was/were (*can be more than one complications*)

Complication of diabetes mellitus	Admit	No Admit	No data available
<input type="checkbox"/> 2.1 Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2.2 Hyperglycemia ,diabetic ketoacidosis; DKA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2.3 Hyperglycemia ,hyperosmolar non-ketotic hyperglycemic syndrome; HNHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2.4 Hyperglycemia, not specified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ 1. No, test was not done or data not available in the medical record
- ☐ 2. No, test was not done; the patient has been diagnosed, diabetic nephropathy; DN
- ☐ 3. Yes ; the patient has been diagnosed Urinary tract infection
- ☐ 4. Yes, (depend on local laboratory),

last test date /255<sup>5</sup> If yes, please specified (check it all apply)

- ☐ 4.2 Urine dipstick/UA: result ☐ 1. Negative ☐ 2. positive (Macroproteinuria)
- ☐ 4.2 Microalbuminuria dipstick:result ☐ 1. Negative ☐ 2. positive ( $\geq 20$  mg/L)
- ☐ 4.3 Morning urine for Alb/Cr Ratio: result ☐ 1. < 30 mg/g ☐ 2. 30 - 299 mg/g ☐ 3.  $\geq 300$  mg/g

- ☐ 4.4 Urine Albumin .mg/L (mg%) or
- . to  g/L
- to  mg/24 hrs

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

- ☐ 1. Yes ☐ 1. during the last 12-month follow up period
- ☐ 2. More than 12-month follow up period

What was examination method ☐ 1.data available in medical record ☐ 1.result from lab test

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

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

- ☐ 1. No; reason (check all that apply)
- ☐ 1.1 Stop medication; bad cough ☐ 1.2 Creatinine > 3 mg/dL
- ☐ 1.3 Hyperkalemia (K > 5.0 mmol/L) ☐ 1.4 Creatinine rising
- ☐ 1.5 Other please specify..... ☐ 1.6 Data not available in the medical record
- ☐ 2. Yes, last prescribed date (dd/mm/yyyy) /2555

**24. Visual Acuity: VA during the last 12-month follow up period**

- ☐ 1. Data not available in the medical record
- ☐ 2. Not done
- ☐ 3. Yes, last examination date (dd/mm/yyyy) /2555

If yes; check it all apply

examination method	Measure	Right eye	Left eye
3.1 VA without correction	<input type="checkbox"/> 1.feet <input type="checkbox"/> 2.meters	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.2 VA with correction	<input type="checkbox"/> 1.feet <input type="checkbox"/> 2.meters	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.3 VA with pinhole	<input type="checkbox"/> 1.feet <input type="checkbox"/> 2.meters	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.4 VA result test; please specify	<input type="checkbox"/> Counting finger;FC	<input type="text"/> <input type="text"/> Feet	<input type="text"/> <input type="text"/> Feet
	<input type="checkbox"/> Hand movement; HM	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Projection of light;PJ	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Perception of light; PL	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> No light perception;No PL	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ 1. Data not available in the medical record
- ☐ 2. Not done
- ☐ 3. Yes, last examination date (dd/mm/yyyy) /2555

What was examination method

- ☐ 1. Ophthalmoscopy by ophthalmologist
- ☐ 2. Fundus photography by well trained health care personal (Nurse / specialist)

confirmation by

- ☐ 2.1 Sent to ophthalmologist for review ☐ 2.2 No/Not known/No report

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

- ☐ 1. No, (include normal fundus photograph performed by a well trained health care personal)
- ☐ 2. Yes, (diagnosis must be confirmed by a physician only (check it all apply))
- ☐ 2.1 Non-proliferative diabetic retinopathy (NPDR)
- ☐ 2.2 Proliferative diabetic retinopathy (PDR)
- ☐ 2.3 Diabetic macular edema
- ☐ 2.4 Not know or do not specify
- ☐ 3. Data not available in the medical record

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

- ☐ 1. Data not available in the medical record
- ☐ 2. Not done
- ☐ 3. Yes, last examination date (dd/mm/yyyy) //255

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

1) foot skin examination	<input type="checkbox"/> 1. No	<input type="checkbox"/> 2. Yes; examination date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> /255 <input type="text"/>
<u>foot ulcer</u>	<input type="checkbox"/> 1. Normal, no ulcer	<input type="checkbox"/> 2. Abnormal (inflammation/ swelling/ dry gangrene)
2) foot deformities	<input type="checkbox"/> 1. No	<input type="checkbox"/> 2. Yes; examination date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> /255 <input type="text"/>
<u>result</u>	<input type="checkbox"/> 1. Normal	<input type="checkbox"/> 2. Any Foot deformities
3) foot sensory testing	<input type="checkbox"/> 1. No	<input type="checkbox"/> 2. Yes; examination date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> /255 <input type="text"/>
<u>result</u>	<input type="checkbox"/> 1. Normal	<input type="checkbox"/> 2. Any neuropathy
4) Peripheral vascular examination	<input type="checkbox"/> 1. No	<input type="checkbox"/> 2. Yes; examination date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> /255 <input type="text"/>
<u>result</u>	<input type="checkbox"/> 1. Normal	<input type="checkbox"/> 2. Abnormal, no pulse at least one peripheral artery

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

- ☐ 1. No ☐ 2. Yes, education date //255

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

- ☐ 1. No (go to question 32) ☐ 2. Yes

**31. If yes, site of Amputation during the last 12-month follow up period (check all that apply)**

- ☐ 1. Toe ☐ 2. Foot  
☐ 3. Below Knee (BKA) ☐ 4. Above Knee (AKA)

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

- ☐ 1. Continuous smoking ☐ 2. Quit smoking (go to question 34)  
☐ 3. Never smoke (go to question 34) ☐ 4. No data available (go to question 34)

**33. 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

- By ☐ 1. Nurses/clinician ☐ 2. Psychologist / Almoner  
☐ 3. Well trained health care personal ☐ 4. Not known

**34. Type of treatment, during the last 12-month follow up period (can be more than one type of treatment)**

- ☐ 1. Biguanides  
☐ 2. Sulfonylurea  
☐ 3. Non – Sulfonylurea  
☐ 4. Thiazolidinedione  
☐ 5. Alpha – glucosidase Inhibitor ( $\alpha$ -GI)  
☐ 6. DPP – 4 Inhibitor  
☐ 7. GLP – 1 Analog  
☐ 8. Insulin  
☐ 9. Not received (diet, lose weight, exercise)  
☐ 10. Other, please specify.....  
☐ 11. No data available in the medical record



**35. Chronic complication of diabetes mellitus during the last 12-month follow up period**

Chronic complication of Diabetes Mellitus	<u>Yes, Within 12 months</u>	<u>Yes, &gt; 12 months</u>	No data available in medical record	Not Known
1. Cerebrovascular Accident; <i>CVA</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Cerebral Infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ischemic <i>Stroke</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Hemorrhagic <i>Stroke</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Stroke, Not specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Cerebral Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Transient Ischemic Attack; <i>TIA</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Angina pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Congestive Heart Failure; <i>CHF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Myocardial Infarction; <i>MI</i> included Ischemic Heart Disease; <i>IHD</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Coronary Revascularization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Peripheral Arterial Disease, PAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Neuropathy (Painful neuropathy, Autonomic neuropathy, neurogenic bladder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Renal Insufficiency (CRI, CRF, CKD, ESRD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Diabetic Nephropathy, DN (form question 21 to question 22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Diabetic Retinopathy; DN (form question 26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Other complication, please specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient who has hypertension, please answer part 3 page 9 to page 11

### Part 3 Hypertension indicators (question 36 to 41)

#### 36. Duration of treatment in this hospital

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

37. Date diagnosis of HT was made in 25  ☐ Data not available in the medical record

38. Type of patient ☐ 1. Routine follow up treat at this hospital ☐ 2. Referral from PCU

39. Last follow up visit date (dd/mm/yyyy) //255

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

<u>Measurement</u>	<u>Result (mmHg)</u>	<u>Test date (day/month/year)</u>	<u>Type of measure</u>
40.1 Last test	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>	<input type="checkbox"/> 1. Digital <input type="checkbox"/> 2. Manual <input type="checkbox"/> 3. Not known
40.2 Test before the last test	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>	<input type="checkbox"/> 1. Digital <input type="checkbox"/> 2. Manual <input type="checkbox"/> 3. Not known

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

☐ 1. Continuous smoking ☐ 2. Quit smoking (go to question 43)  
☐ 3. Never smoke (go to question 43) ☐ 4. No data available (go to question 43)

#### 42. 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) //255

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

☐ 1. Not done  
☐ 2. Yes, FPG test result  mg/dL result test date //255

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

Lab test	Not done	Yes	Result	Test date (day/month/year)
1) Serum creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
2) Serum potassium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
3) Serum uric acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
4) Total Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
5) Triglyceride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
6) HDL Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
7) LDL- Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>

Type of LDL-Cholesterol ☐ Result cannot be calculate due to high level of serum Triglyceride (TG  $\geq$ 400)

☐ 1. Direct measurement (measured-LDL or Direct-LDL)

☐ 2. Calculated-LDL ☐ 3. Not known

8) Estimated GFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mL/minute/1.73 m <sup>2</sup>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
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GFR calculation formula (choose only one answer)

☐ 1. Cockcroft-Gault ☐ 2. MDRD ☐ 3. CKD-EPI 2009 ☐ 4. Not known

9) Hemoglobin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> g/dL	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
10) Hematocrit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
11) Urine Analysis (UA)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>

UA result from item (check it all apply)

☐ 1. Not known (to to question 12)

☐ 2. Normal (to to question 12)

☐ 3. RBC > 5 HPF

☐ 4. WBC > 5 HPF

☐ 5. Cast please specified type

→ ☐ 5.1 Granular cast ☐ 5.2 Hyaline cast

☐ 6. Proteinuria

→ ☐ Trace ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

12) Electrocardiogram	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /255 <input type="text"/>
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ECG result from question 12) ☐ 1. Not known ECG (skip to item 45) ☐ 2. Normal ECG (skip to item 45)

☐ 3. Abnormal ECG (check it all apply)

☐ 3.1 Left ventricular hypertrophy : LVH

☐ 3.2 Left atrial enlargement : LAE

☐ 3.3 Atrial fibrillation : AF

☐ 3.4 Other please specify.....

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

Chronic complication of Diabetes Mellitus	<u>Yes, Within 12 months</u>	<u>Yes, &gt; 12 months</u>	No data available in medical record	Not Known.
1. Cerebrovascular Accident; CVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Cerebral Infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ischemic <i>Stroke</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Hemorrhagic <i>Stroke</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Stroke, Not specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Cerebral Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Transient Ischemic Attack; TIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Angina pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Congestive Heart Failure; CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Myocardial Infarction; MI included Ischemic Heart Disease; IHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Coronary Revascularization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Atrial Fibrillation; AF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Peripheral Arterial Disease ; PAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Albuminuria >300 mg3/day or Proteinuria>500 mg3/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Renal Insufficiency (CRI, CRF, CKD, ESRD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Diabetic Retinopathy; DN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Other complication, please specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recorder.....    date record   /   / 255 

Verifier.....    date record   /   / 255