**Form ID: Initial Visit (Res-01)**

|  |
| --- |
| **Self-care Cohort- Initial Visit**  ข้อมูลต่อไปนี้ จะไม่ระบุถึงตัวท่าน กรุณาบันทึกข้อมูล ตามความเป็นจริง เพื่อสามารถนำไปวิเคราะห์ ให้เกิดประโยชน์แก่สาธารณะ ต่อไป  |
| **HOSPCODE**: ⬜⬜⬜⬜⬜(รหัสหน่วยบริการตามกระทรวงสาธารณสุข) | **PID:** ⬜⬜⬜(รหัสที่ได้จากโครงการวิจัยนี้) |

|  |
| --- |
| **Part 1: Demographic data** |
| **1. Date of birth** ⬜⬜/⬜⬜/⬜⬜⬜⬜ |
| **2. Gender** 🔾1. Male 🔾2. Female |
| **3. Weight ……………..** kgs |
| **4. Height ……………..** cms |
| **5. Mailing address** ……………………………………………………………………………………………………………… ……………………………………………………… |
| **Part 2: Socio-economic data** |
| **6 Highest education** 🔾1. No formal education 🔾2. Primary school  🔾3. Higher than primary school 🔾4. Others, specify ………………….. |
| **7. Source of income** (Check all that apply)  ❑1. None  ❑2. Agriculture, specify …………………………………………...  ❑4. Others, specify ………………………………………………... |
| **Part 3: Health status** |
| **8. Underlying diseases** ❑None Skip to Q#9

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diseases** | **Yes?** | **Date of onset** | **Treated?** | **Cured?** |
| a) Diabetes | ❑ |  | ❑ | ❑ |
| b) Hypertension | ❑ |  | ❑ | ❑ |
| b) Others, specify………………………. | ❑ |  | ❑ | ❑ |

 **For item c),** please select the most relevant SNOMED term …………………………………… |
| **9. Uncomforted symptoms**  ❑None Skip to Q#10

|  |  |  |
| --- | --- | --- |
| **Symptoms** | **Date of onset** | **Ways of relieving the symptoms** |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| **10. During the last year, did you have any pains that made you use pain relieve medications?** 🔾1. Yes 🔾2. No Skip to Q#11 **If yes, please place an arrow indicating your body parts that was the most painful**  **(***Source of image: https://en.wikipedia.org/wiki/Anatomical\_terminology***)** |
| **11. Which SAE (Serious Adverse Event) criteria that you think you might have?**❑1 Death / Fatal ❑2 Life-threatening❑3 Hospitalization or prolonged hospitalization ❑4 Persistent or significant disability/incapacity❑5 Medically important event ❑6 Congenital anomaly❑7 Miscarriage ❑8 Elective abortion  |
| **12. Please check level of pain that is the most correspond to your current status** |
| **13. Please check level of agreement that is the most correspond to your opinion**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Items** | **Strongly disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly agree** |
| 1. Our health are all in our hands
 |  |  |  |  |  |
| 1. The government must pay all care costs
 |  |  |  |  |  |
| 1. Alternative health care is dangerous
 |  |  |  |  |  |
|  |  |  |  |  |  |

 |
| **14. Please upload an image file of your laboratory test results for your last medical check-up.** |
| **Date of the data collection:** ⬜⬜/⬜⬜/⬜⬜⬜⬜ |