

Self-care Cohort- Initial Visit

ข้อมูลต่อไปนี้จะไม่ระบุถึงตัวตน กรุณำบันทึกข้อมูลตามความเป็นจริง เพื่อสามารถนำไปวิเคราะห์ให้เกิดประโยชน์แก่สาธารณะต่อไป

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	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b) Hypertension	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b) Others, specify.....	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

→ For item c), please select the most relevant SNOMED term

9. Uncomforted symptoms None → Skip to Q#10

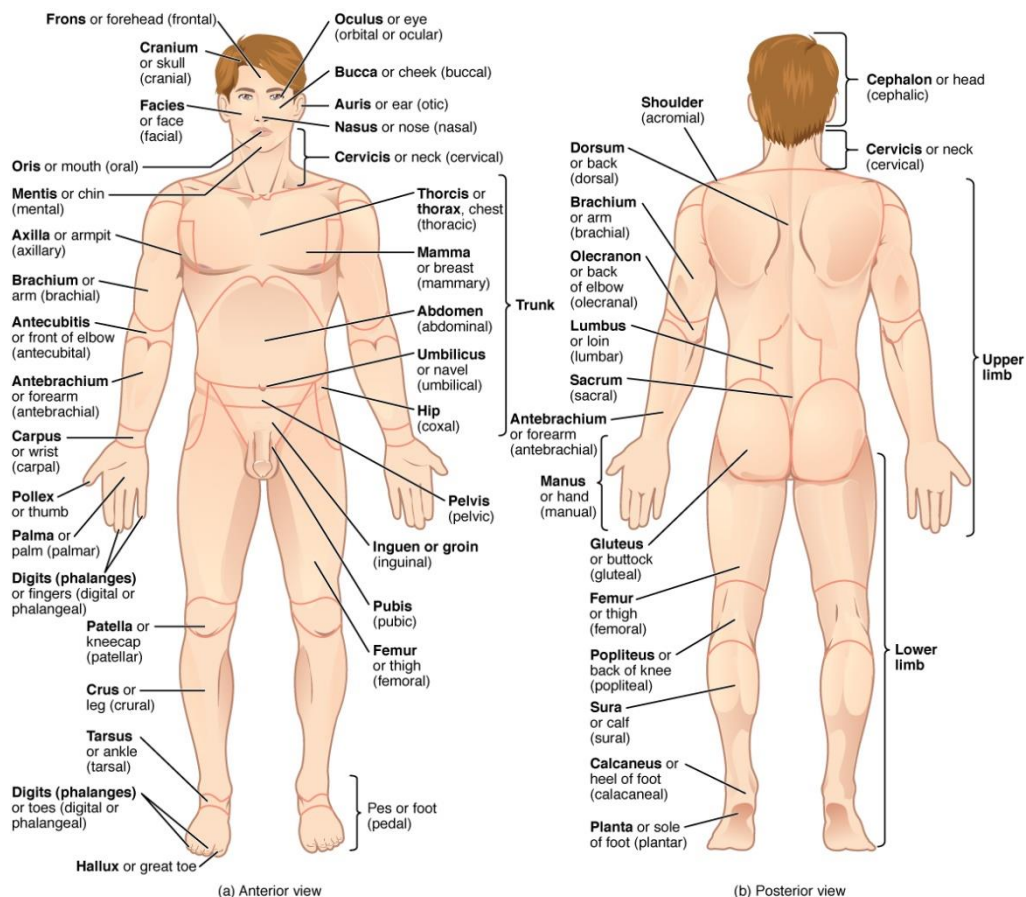
Symptoms	Date of onset	Ways of relieving the symptoms

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

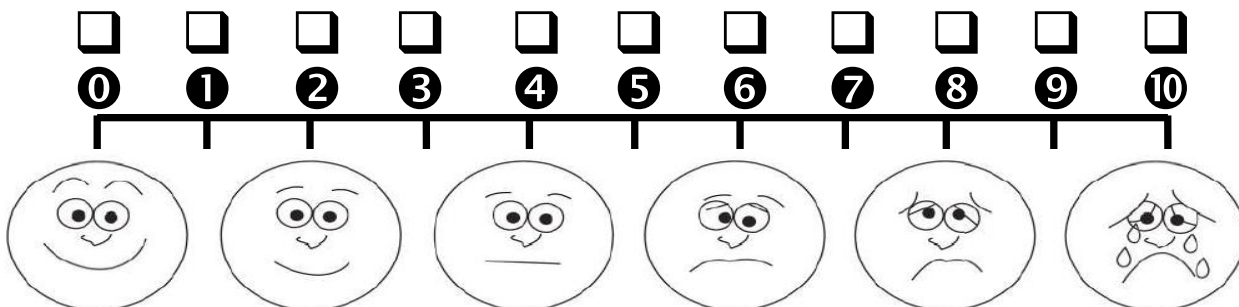


(Source of image: https://en.wikipedia.org/wiki/Anatomical_terminology)

11. Which SAE (Serious Adverse Event) criteria that you think you might have?

- | | |
|--|---|
| <input type="checkbox"/> ₁ Death / Fatal | <input type="checkbox"/> ₂ Life-threatening |
| <input type="checkbox"/> ₃ Hospitalization or prolonged hospitalization | <input type="checkbox"/> ₄ Persistent or significant disability/incapacity |
| <input type="checkbox"/> ₅ Medically important event | <input type="checkbox"/> ₆ Congenital anomaly |
| <input type="checkbox"/> ₇ Miscarriage | <input type="checkbox"/> 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
a) Our health are all in our hands					
b) The government must pay all care costs					
c) 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:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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