Form ID: Initial Visit (Res-01)

Self-care Survey- 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 ……

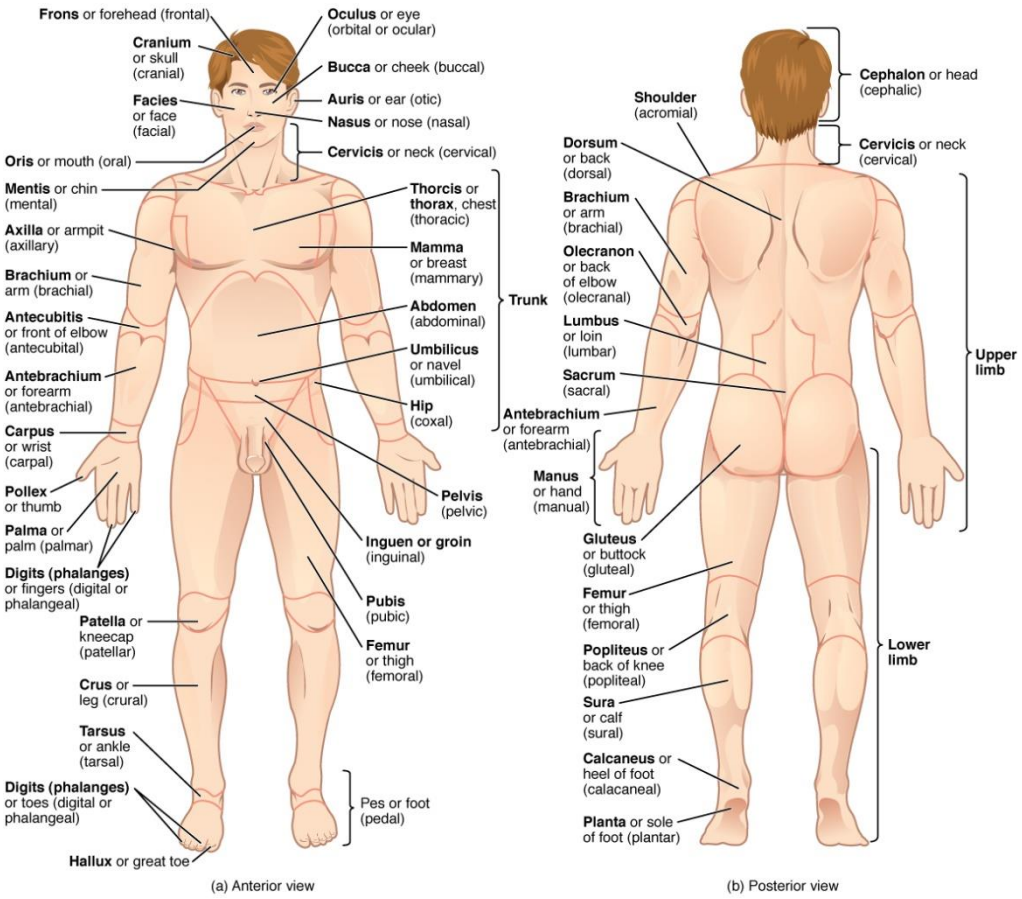
9. Uncomforted symptoms ❑ None ⟶ Skip to Q#10

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 be?

❑ 1 Death / Fatal

❑ 2 Life-threatening

❑ 3 Hospitalization or prolonged hospitalization

❑ 4 Persistent or significant disability/incapacity

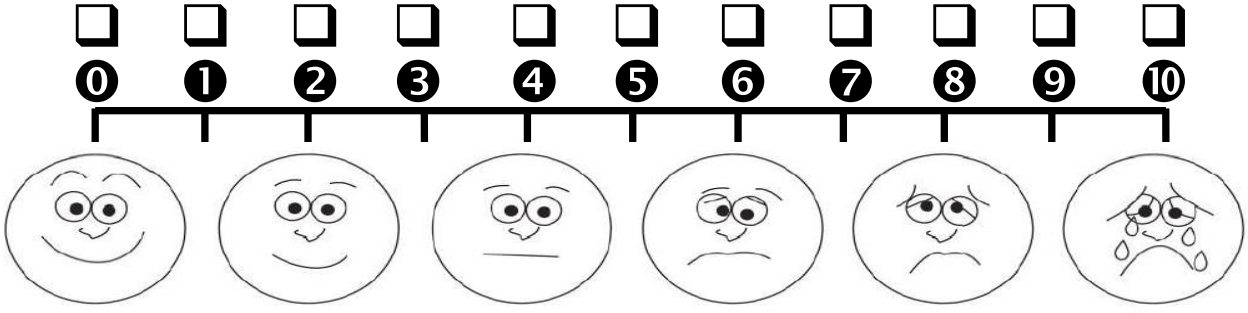
❑ 5 Medically important event

❑ 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
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: ☐☐/☐☐/☐☐☐☐