57562

ANDA-AQSMA 2014

Australian National Diabetes Audit - Australian Quality Self Management Audit

Section 1. Patient Demographics

Medical Record No. | Centre ID | Site Staff Identifier

1.1 Date of Birth (d d / m m / y y y y) **1.2 Sex** ☐ Male ☐ Female *if FEMALE* → **1.2.1 Currently pregnant** ☐ No ☐ Yes

1.3 Date of Visit (d d / m m / 2014) **1.4 Initial Visit** ☐ No ☐ Yes **1.5 Aboriginal/Torres Strait Islander** ☐ No ☐ Yes

1.6 Interpreter required ☐ No ☐ Yes **1.7 DVA Patient** ☐ No ☐ Yes **1.8 NDSS Member** ☐ No ☐ Yes

1.9 Country of birth

Section 2. Diabetes Type & Management & Lifestyle Issues

2.1 Year of Diagnosis (y y y y) **2.2 Type of Diabetes** ☐ Type 1 ☐ Type 2 ☐ GDM ☐ Don't Know ☐ Other

2.3 Management Method ☐ Diet Only ☐ Tablets ☐ Injectables ☐ Injectables+ Tablets ☐ Insulin ☐ Insulin+Tablets ☐ Insulin+Tablets+Injectables ☐ Nil

if INSULIN → **2.3.1 How long ago was Insulin started** ☐ <1yr ☐ 1-5yrs ☐ >5yrs

2.4 Physical Activity Sufficiency ☐ Sufficient ☐ Insufficient ☐ Sedentary

2.5 Have you had a flu vaccination in the last 12 months? ☐ No ☐ Yes

2.6 Have you had a pneumococcal vaccination in the last 12 months? ☐ No ☐ Yes

2.7 Smoking Status ☐ Current Smoker *if CURRENT* → **2.7.1 Have you tried to stop smoking?** ☐ No ☐ Yes

☐ Past Smoker *if PAST* → **2.7.2 Which of the following methods did you use:**

☐ Never Smoked

	No	Yes		No	Yes
Just Stopped - no intervention	☐	☐	*Hypnosis*	☐	☐
Medication	☐	☐	*Acupuncture*	☐	☐
Nicotine replacement	☐	☐	*Other*	☐	☐

2.8 Glycated Hb Result (. %) *AND* (mmol/mol)

Section 3. Medication Use

	No	Yes
3.1 *Do you ever forget to take your medications?*	☐	☐
3.2 *Do you usually take all your medications?*	☐	☐
3.3 *Do you sometimes stop taking your medications when you feel better?*	☐	☐
3.4 *Do you sometimes stop taking your medications when you feel worse?*	☐	☐
3.5 *Are you using a complementary therapy or dietary supplement or OTC Rx?*	☐	☐
3.5.1 *Have you told your doctor or educator about using complementary, dietary supplement or OTC Rx?*	☐	☐

if YES → **3.1.1 How many times per week** ( )

if YES **Answer 3.5.1**

Section 4. Health Professional Attendances

Has the patient attended any of the following in the last 12 months?

	No	Yes		No	Yes
4.1 *Podiatrist*	☐	☐	4.6 *Diabetes Specialist*	☐	☐
4.2 *Diabetes Educator*	☐	☐	4.7 *Ophthalmologist*	☐	☐
4.3 *Dietitian*	☐	☐	4.8 *Optometrist*	☐	☐
4.4 *Psychologist*	☐	☐	4.9 *Dentist*	☐	☐
4.5 *Social Worker*	☐	☐	4.10 *Exercise Physiologist*	☐	☐

Section 5. Patient Self Care Practices

	No	Yes
5.1 *Do you have difficulties following your prescribed diet?*	☐	☐

if YES → **Do the following apply**

5.1.1 *I don't have enough time to prepare healthy meals*	☐	☐
5.1.2 *It costs too much to eat well*	☐	☐
5.1.3 *I don't know what foods are best to eat*	☐	☐
5.1.4 *I eat out a lot and find it hard to eat well*	☐	☐
5.1.5 *If Type1 - it is too hard to count carbs/weigh food*	☐	☐

5.2 *Do you check your blood glucose level as often as recommended?*

☐ No ☐ Yes ☐ Unsure of recommended testing

5.3 *If you are on injectables or insulin, do you rotate your injection site?*

☐ No ☐ Yes

Section 6A. BCD

Over the last couple of weeks has the patient been:

	No	Yes
6A.1 *Having restless or disturbed nights*	☐	☐
6A.2 *Feeling unhappy or depressed*	☐	☐
6A.3 *Feeling unable to overcome difficulties*	☐	☐
6A.4 *Dissatisfied with their way of doing things*	☐	☐

Section 6B. Treatment

	No	Yes
6B.1 *Is the patient taking antidepressants*	☐	☐
6B.2 *Psych. treatment/counselling - past*	☐	☐
6B.3 *Psych. treatment/counselling - now*	☐	☐

Section 7. Quality of Life Assessment

Part A: Self-assessment of health status

7.1 *Own health state rating (0-100)* ( )

7.2 *Screening Scale Q1* ( )

7.3 *Screening Scale Q2* ( )

if Q1 or Q2 is ≥ 3, complete Part B →

Part B: Diabetes Distress Scale 17

7.4 *DDS 17 Questionnaire done* ☐ No ☐ Yes *if YES* → **complete 7.4.1 - 7.4.5 below**

7.4.1 *Total DDS 17 Score* (.)

7.4.2 *Emotional Burden (A)* (.)

7.4.3 *Physician-related distress (B)* (.)

7.4.4 *Regimen-related distress (C)* (.)

7.4.5 *Interpersonal distress (D)* (.)