17780

ANDA-AQSMA 2016

Australian National Diabetes Audit - Australian Quality Self Management Audit

nadc National Association of Diabetes Centres

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 / 2016) | **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 ☐ Injectables ☐ Insulin+Tablets+Injectables ☐ Insulin ☐ Tablets ☐ Injectables+ Tablets ☐ Insulin+Tablets ☐ 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

☐ Just stopped - no intervention ☐ Nicotine replacement ☐ Acupuncture ☐ Medication ☐ Hypnosis ☐ 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?	☐	☐
if YES → 3.1.1 How many times per week?		
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 over the counter (OTC) Rx?	☐	☐
if YES → 3.5.1 Have you told your doctor or educator about using complementary, dietary supplement or OTC Rx?	☐	☐

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 recommended 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 Type 1 - 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) .