

ANDA- AQCA 2017 DATA DEFINITIONS

Section 1. Patient Demographics	
Medical Record No.	(Compulsory field). Enter identifier such as record number or the first 2 letters of the first name and surname and month and year of birth (e.g. FFSSMMYY) to enable you to check your records if there is a query regarding the data.
Site ID	Unique site identifier (assigned by ANDA Secretariat).
Staff initials (optional)	Site staff initials.
Date of birth	Record as DD/MM/YYYY . [If unknown other than year: Record as 01/01/YYYY].
Sex	Mark Male or Female indicating phenotypic (physical) sex at birth.
Currently pregnant	If sex is female, mark Yes or No if the patient is currently pregnant.
Date of visit	Record the date the patient attended as DD/MM/2017 .
Initial visit	Mark No or Yes indicating if this is an initial visit assessment.
Aboriginal/Torres Straits Islander	Mark No or Yes indicating Aboriginal / Torres Strait Islander background.
Country of birth	Record the patient's country of birth.
NDSS member	Record No or Yes if a member of the NDSS.
Ethnicity	Record the patient's ethnicity.
DVA patient	Eligible people whose medical care charges are met by the Department of Veterans' Affairs (DVA).
Section 2. Diabetes Type & Management	
Date of diagnosis	Record as MM/YYYY of first diagnostic blood glucose estimation. [If date unknown other than year, record as 01/YYYY].
Type of diabetes	Mark Type1 [IDDM] or Type2 [NIDDM] or GDM or Don't know , or Other to indicate the clinical classification of diabetes.
Management method	If multiple, tick all that apply . See the 'Australian Blood Glucose Treatment Algorithm For Type 2 Diabetes' and the 'Table of Evidence and Properties of Glucose-Lowering Agents' for information on each drug class. These resources are found on the Australian Diabetes Society website, or with the direct link http://t2d.diabetessociety.com.au/documents/tXPPhWzq.pdf
Insulin duration	If the patient is on Insulin, record the number of years/months the patient has been on insulin.
Mode of insulin	If the patient is on Insulin, record mode of administration/s. If multiple, tick all that apply . Basal : Intermediate-acting or long-acting insulin injection(s), Bolus : Very short-acting or short-acting insulin injection(s), Basal bolus : Insulin regime that utilises any type of basal insulin as well as any type of bolus insulin. Pre-mixed insulins are excluded from this category, Pre-mixed : Injection of any pre-mixed combination of intermediate insulin with either short-acting or very short-acting insulin. Pump : Mode of insulin delivery being via continuous subcutaneous insulin infusion.
Section 3. Height, Weight & Smoking Status	
Weight	Record in kilograms the weight measurement without shoes or jacket.
Height	Record in metres the height measurement without shoes.
Smoking status	Mark Current or Past or Never to indicate smoking activity of <u>any tobacco material</u> . <i>Current = regular smoking over the past 3 months, Past = no regular smoking for 1 month or more, Never = never smoked</i>
Years spent smoking	If the patient is a current or past smoker, record the number of years spent smoking.
Section 4. Blood Pressure	
Blood pressure	Record Systolic / Diastolic (mm Hg) measured after 5 minutes sitting, [1st and 5th phases] .
Anti-hypertensive treatment	Mark No or Yes to indicate if the patient is on treatment for hypertension.
Anti-hypertensive medications	Select the anti-hypertensive medication/s that the patient is currently taking. If on combination tablet, tick all that apply .
Section 5. Diabetic Eye Disease – last 12 months	
Attended optometrist	Mark No or Yes to indicate if the patient attended an optometrist in the last 12 months.
Referred to ophthalmologist	Mark No or Yes to indicate if the patient was referred to an ophthalmologist in the last 12 months.
Attended ophthalmologist	Mark No or Yes to indicate if the patient attended an ophthalmologist in the last 12 months.
Fundus examination	Mark No or Yes to indicate if the patient has had an ophthalmological assessment (Direct or Indirect) in the last 12 months.
Retinopathy	Mark No or Yes to indicate if the ophthalmological assessment revealed any diabetic retinopathy in the last 12 months.
Laser treatment	Mark No or Yes to indicate if the patient has had eye laser treatment in the last 12 months.

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Right & left cataract	Mark No <u>or</u> Yes to indicate if the patient currently has a cataract or has had one removed previously. Record for both eyes in the last 12 months.
Section 6. Diabetic Foot Problems	
Mark No <u>or</u> Yes to indicate diabetic foot problems in the last 12 months AND/OR previously. Answer all questions.	
Peripheral neuropathy	Mark No <u>or</u> Yes to indicate clinical judgement following assessment using pin prick and vibration or monofilament.
Foot ulceration	Mark No <u>or</u> Yes to indicate past history of foot ulceration.
Foot deformity	Mark No <u>or</u> Yes to indicate the presence of any foot deformity (<i>e.g. Hallux, hammer or claw toe, flat or high arch, Charcot's</i>).
Peripheral vascular disease	Mark No <u>or</u> Yes to indicate peripheral vascular disease. YES = absence of both dorsalis pedis and posterior tibial pulses in either foot.
Lower limb amputation	Amputation of toe, forefoot or leg [above or below knee], not due to trauma or causes other than vascular disease.
Minor/Major Lower Limb Amputation	If the patient has had an amputation in either lower limb, indicate if minor and/or major. Minor = Amputation of the toe/s or foot (below the ankle), Major = Amputation above the ankle.
Section 7. Medications & Lipids – last 12 months	
Aspirin	Mark No <u>or</u> Yes to indicate whether the patient is on Aspirin. Indicate whether contraindicated.
Other anti-platelets	Mark No <u>or</u> Yes to indicate whether the patient is on any other anti-platelet treatment (e.g. clopidogrel).
Anti-coagulants	Mark No <u>or</u> Yes to indicate whether the patient is on anti-coagulant treatment (e.g. Warfarin, novel anti-coagulants)
Lipid lowering treatment	Mark No <u>or</u> Yes to indicate whether the patient is on lipid lowering treatment. If Yes , indicate whether they are on Statin, Fibrate, Ezetrol and/or Fish Oil. Record if contraindicated. If on combination tablet, tick all that apply.
Lipids measured	Mark No <u>or</u> Yes to indicate if lipids have been measured in the past 12 months.
Total Cholesterol, LDL, HDL, Triglycerides	Record absolute result of most recent result of <i>total, LDL & HDL cholesterol</i> and <i>triglycerides</i> in the last 12 months or tick 'Not available'.
Above measured in fasting specimen	Mark No <u>or</u> Yes to indicate if the lipids reported in items 7.5.1 to 7.5.4 were measured in a fasting state.
Section 8. Complications/Events/Co-morbidities	
Mark No <u>or</u> Yes to indicate a history of complication or an event in the last 12 months AND/OR previously. Answer all.	
Cerebral stroke	Due to vascular disease including TIA.
Myocardial infarction	Evidenced by ECG changes, plasma enzyme changes or medical documentation.
CABG/Angioplasty	Coronary Artery Bypass Grafting surgery (CABG), Angioplasty or Stent.
Congestive cardiac failure	Symptomatic congestive cardiac failure with response to specific therapy.
End stage kidney disease	Requiring dialysis or having undergone kidney transplantation.
Blindness	Patient became legally blind (>6/60) in either eye.
Erectile dysfunction	History or treatment of failure to achieve or maintain erection sufficient for penetration. If female, tick 'Not applicable'.
Dementia	Chronic cognitive deficit diagnosed by a clinician.
Severe hypoglycaemia	Severe hypoglycaemia requiring assistance of another person to actively administer carbohydrates, glucagon, or other corrective actions.
Number of episodes	If the patient had at least one episode of severe hypoglycaemia, record the number of episodes.
Malignancy	Indicate type of malignancy or if not applicable. <i>Exclude non-melanotic skin cancers.</i>
Liver disease	Indicate severity of liver disease or if not applicable. Mild = cirrhosis without portal hypertension, chronic hepatitis, Moderate to severe = cirrhosis with portal hypertension.
Section 9. Renal Function & Blood Glucose Control – last 12 months	
Urinary protein/albumin collected	Mark No <u>or</u> Yes to indicate if Urinary protein/albumin was collected.
Urinary protein/albumin result	If Urinary protein/albumin was collected, record absolute amount of albumin [mg/L] <u>or</u> as albumin excretion rate [AER: µg/min <u>or</u> mg/24hr] <u>or</u> Ratio .
Urinary protein/albumin units	If Urinary protein/albumin was collected, mark the applicable units.
Serum creatinine	Record absolute result measurement of serum creatinine in MICROMOLS/L [µmol/L] or tick 'Not available'.
HbA1c result	Record absolute result [%] AND mmol/mol of the most recent Haemoglobin A1c (HbA1c) protein result in the last 12 months or tick 'Not available'.