

Section 1. Patient Demographics						
No.	Question	Field name	Field type	Format	Code	Constraints
	Patient ID	PatientID	TEXT	alphanumeric		Compulsory field
	Site ID	SiteID	TEXT	alphanumeric		Compulsory field (leading 0 required)
	Staff Initials (optional)	GPID	TEXT	alphanumeric		Optional field
1.1	Date of birth	DOB	DATE	DD/MM/YYYY		Must be before VisitDt
1.2	Sex	Sex	NUMERIC	N	1 = Male 2 = Female	Compulsory field
1.2.1	Currently pregnant	PregnantCurrent	NUMERIC	N	0 = No 1 = Yes	Must not be null if Sex = 2
1.3	Date of visit	VisitDt	DATE	DD/MM/YYYY		Compulsory Must be between May and June 2019
1.4	Initial visit	InitialVisit	NUMERIC	N	0 = No 1 = Yes	Compulsory field
1.5	Aboriginal/Torres Strait Islander	Indigen	NUMERIC	N	0 = No 1 = Yes	Compulsory field
1.6	Country of birth	Country	TEXT	alphanumeric		Compulsory field
1.7	NDSS member	NDSS	NUMERIC	N	0 = No 1 = Yes	Compulsory field
1.8	DVA patient	DVA	NUMERIC	N	0 = No 1 = Yes	Compulsory field

Section 2. Diabetes Type & Management & Lifestyle Issues						
No.	Question	Field name	Field type	Format	Code	Constraints
2.1	Date of diagnosis	MonthDx	NUMERIC	NN		Must be between 1 - 12
		YearDx	NUMERIC	NNNN		Must be between DOB and VisitDt
					1 = Type 1 2 = Type 2 3 = GDM 4 = Don't know 5 = Other	
2.2	Type of diabetes	DiabType	NUMERIC	N		Compulsory field
2.3	Blood glucose monitoring					Compulsory field
	None	BGMNone	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if BGMFingerPrick = 1 or BGMCGM = 1
	Finger pricking	BGMFingerPrick	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if BGMNone = 1
	Continuous Glucose Monitoring	BGMCGM	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if BGMNone = 1
2.4	Management Method					Compulsory field
	Diet only	DietOnly	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if Glitazone, Acarbose, Metformin, GLP1Agonist, DPP4Inhibitor, Insulin, Sulphonylurea or SGLT2=1
	Acarbose	Acarbose	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	GLP1 Agonist	GLP1Agonist	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	Sulphonylurea	Sulphonylurea	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	Thiazolidinedione	Glitazone	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	Metformin	Metformin	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	DPP4 Inhibitor	DPP4Inhibitor	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1

Section 2. Diabetes Type & Management & Lifestyle Issues (cont'd)

No.	Question	Field name	Field type	Format	Code	Constraints
	SGLT2 Inhibitor	SGLT2	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
	Insulin	Insulin	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if DietOnly = 1
2.4.1	Number of years	InsulinYrs	NUMERIC	NN		Must not be null if Insulin = 1 & must not be greater than the difference of VisitYr & YearDx
	Number of months	InsulinMn	NUMERIC	NN		Must not be null if Insulin = 1 & must be between 1-11
2.4.2	Mode					Must not be null if Insulin = 1
	Basal	Basal	NUMERIC	N	0 = No 1 = Yes	
	Basal bolus	BasalBolus	NUMERIC	N	0 = No 1 = Yes	
	Pump	Pump	NUMERIC	N	0 = No 1 = Yes	
	Pre-mixed insulin	PreMixedInsulin	NUMERIC	N	0 = No 1 = Yes	

Section 3. Height, Weight & Smoking Status

No.	Question	Field name	Field type	Format	Code	Constraints
3.1	Weight (kg)	Weight	NUMERIC	NNN.N		Compulsory field Must be between 25 – 250
3.2	Height (m)	Height	NUMERIC	N.NN		Compulsory field Must be between 1.00 – 2.00
3.3	Smoking status	SmokingStatus	NUMERIC	N	1 = Current 2 = Past 3 = Never	Compulsory field
3.3.1	Number of years spent smoking	SmokeYrs	NUMERIC	N	1 = <5 years 2 = 5-10 years 3 = 11-20 years 4 = >20 years	Must not be null if SmokingStatus = 1 or SmokingStatus = 2

Section 4. Blood Pressure						
No.	Question	Field name	Field type	Format	Code	Constraints
4.1	Blood pressure - systolic (mmHg)	SystolBP	NUMERIC	NNN		Compulsory field Must be between 50 – 220
	Blood pressure - diastolic (mmHg)	DiastBP	NUMERIC	NNN		Compulsory field Must be between 30 – 150
4.2	Anti-hypertensive treatment	AntiHT	NUMERIC	N	0 = No 1 = Yes	Compulsory field
4.2.1	ACE Inhibitor	ACEInhib	NUMERIC	N	0 = No 1 = Yes	
	ARB	A2Antags	NUMERIC	N	0 = No 1 = Yes	
	Beta blocker	BetaBloc	NUMERIC	N	0 = No 1 = Yes	
	Calcium channel blocker	CaAntags	NUMERIC	N	0 = No 1 = Yes	
	Thiazides	Thiazides	NUMERIC	N	0 = No 1 = Yes	
	Other	OtherAntiHT	NUMERIC	N	0 = No 1 = Yes	

Section 5. Diabetic Eye Disease - last 12 months						
No.	Question	Field name	Field type	Format	Code	Constraints
5.1	Attended optometrist/ophthalmologist	Opt	NUMERIC	N	0 = No 1 = Yes	Compulsory field
5.2	Fundus examination	OphthalEx	NUMERIC	N	0 = No 1 = Yes	Compulsory field
5.3	Retinopathy	Retinopathy	NUMERIC	N	0 = No 1 = Yes	Compulsory field
5.4	Treatment for retinopathy	RetinoTx	NUMERIC	N	0 = No 1 = Yes	Compulsory field
5.5	Right or left cataract	Cataract	NUMERIC	N	0 = No 1 = Yes	Compulsory field

Section 6. Diabetic Foot Problems						
No.	Question	Field name	Field type	Format	Code	Constraints
6.1a	Peripheral neuropathy - last 12 months	PeriphNeur	NUMERIC	N	0 = No 1 = Yes	Compulsory field
6.1b	Peripheral neuropathy - previous	PeriphNeurPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
6.2a	Foot ulceration - last 12 months	Ulcerat	NUMERIC	N	0 = No 1 = Yes	Compulsory field
6.2b	Foot ulceration - previous	UlceratPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
6.3b	Peripheral vascular disease - last 12 months	PeriphVas	NUMERIC	N	0 = No 1 = Yes	Compulsory field
6.3b	Peripheral vascular disease - previous	PeriphVasPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
6.4a	Lower limb amputation - last 12 months	Amput	NUMERIC	N	0 = No 1 = Yes	Compulsory field
6.4.1a	Lower limb amputation - last 12 months - Minor	AmputMinor	NUMERIC	N	0 = No 1 = Yes	Must not be null if Amput = 1 and AmputMajor = NULL
6.4.1b	Lower limb amputation - last 12 months - Major	AmputMajor	NUMERIC	N	0 = No 1 = Yes	Must not be null if Amput = 1 and AmputMinor = NULL
6.4b	Lower limb amputation - previous	AmputPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
6.4.2a	Lower limb amputation - previous - Minor	AmputMinorPR	NUMERIC	N	0 = No 1 = Yes	Must not be null if AmputPr = 1 or AmputMajorPr = NULL
6.4.2b	Lower limb amputation - previous - Major	AmputMajorPR	NUMERIC	N	0 = No 1 = Yes	Must not be null if AmputPr = 1 or AmputMinorPr = NULL

Section 7. Medications & Lipids						
No.	Question	Field name	Field type	Format	Code	Constraints
7.1	Aspirin	Aspirin	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Compulsory field
7.2	Other anti-platelets	OtherAntiplate	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Compulsory field
7.3	Anti-coagulants	Anticoag	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Compulsory field
7.4	Lipid lowering Rx	LipidLowRx	NUMERIC	N	0 = No 1 = Yes	Compulsory field
7.4.1	Statin	Statin	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Must not be null if LipidLowRx = 1
7.4.2	Fibrate	Fibrate	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Must not be null if LipidLowRx = 1
7.4.3	Ezetrol	Ezetrol	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Must not be null if LipidLowRx = 1
7.4.4	Fish oil	FishOil	NUMERIC	N	0 = No 1 = Yes 3 = Contraindicated	Must not be null if LipidLowRx = 1

Section 7. Medications & Lipids (cont'd)

No.	Question	Field name	Field type	Format	Code	Constraints
7.5	Lipids measured	Lipids	NUMERIC	N	0 = No 1 = Yes	Compulsory field
7.5.1	Total Cholesterol (mmol/L)	LipChol	NUMERIC	NN.N		Must not be null if Lipids = 1 and LipChoNA is null. Range 2 - 12
	Total Cholesterol not available	LipChoINA	NUMERIC	N	0 = No 1 = Yes	Must not be null if Lipids = 1 and LipChol is null
7.5.2	LDL (mmol/L)	LipLDL	NUMERIC	NN.NN		Must not be null if Lipids = 1 and LipLDLNA is null. Range 0.5 – 8.0
	LDL not available	LipLDLNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if Lipids = 1 and LipLDL is null
7.5.3	HDL (mmol/L)	LipHDL	NUMERIC	N.NN		Must not be null if Lipids = 1 and LipHDLNA is null. Range 0.2 – 5.0
	HDL not available	LipHDLNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if Lipids = 1 and LipHDL is null
7.5.4	Triglycerides (mmol/L)	LipTglyc	NUMERIC	NN.N		Must not be null if Lipids = 1 and LipTglycNA is null. Range 0.2 – 20
	Triglycerides not available	LipTglycNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if Lipids = 1 and LipTglyc is null
7.5.5	Were the above fasting lipids?	LipFast	NUMERIC	N	0 = No 1 = Yes	Must not be null if Lipids = 1

Section 8. Complications/Events/Comorbidities						
No.	Question	Field name	Field type	Format	Code	Constraints
8.1a	Cerebral stroke - last 12 months	Stroke	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.1b	Cerebral stroke - previous	StrokePR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.2a	Myocardial infarction - last 12 months	MyoInf	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.2b	Myocardial infarction - previous	MyoInfPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.3a	CABG/Angioplasty - last 12 months	CABG	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.3b	CABG/Angioplasty - previous	CABGPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.4a	Congestive cardiac failure - last 12 months	CCF	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.4b	Congestive cardiac failure - previous	CCFPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.5a	End stage kidney disease - last 12 months	EndRenal	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.5b	End stage kidney disease - previous	EndRenPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.6a	Blindness - last 12 months	Blindness	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.6b	Blindness - previous	BlindnessPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.7a	Sexual dysfunction - last 12 months	SexDys	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.7b	Sexual dysfunction - previous	SexDysPr	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.8a	Dementia - last 12 months	Demem	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.8b	Dementia - previous	DememPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field

Section 8. Complications/Events/Comorbidities						
No.	Question	Field name	Field type	Format	Code	Constraints
8.9a	Diabetic ketoacidosis (DKA) - last 12 months	DKA	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.9b	Diabetic ketoacidosis (DKA) - previous	DKAPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.10a	Hyperosmolar hyperglycemic state (HHS) - last 12 months	HHS	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.10b	Hyperosmolar hyperglycemic state (HHS) - previous	HHSPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.11a	Severe hypoglycaemia - last 12 months	SevereHypo	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.11.1	Severe hypoglycaemia severity- last 12 months	SevereHypoEpis	NUMERIC	N	1 = 1-2 2 = 3-5 3 = >5	Must not be null if SevereHypo = 1
8.11b	Severe hypoglycaemia - previous	SevereHypoPR	NUMERIC	N	0 = No 1 = Yes	Compulsory field
8.12	Malignancy					Compulsory field
	Metastatic solid tumour	Meta	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if MaligNa = 1
	Non-metastatic solid tumour	NonMeta	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if MaligNa = 1
	Leukaemia	Leukaemia	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if MaligNa = 1
	Lymphoma	Lymphoma	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if MaligNa = 1
	Other	MaligOther	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if MaligNa = 1
	Not applicable	MaligNa	NUMERIC	N	0 = No 1 = Yes	Must not = 1 if Meta = 1 or NonMeta = 1 or Leukaemia = 1 or Lymphoma = 1
8.13	Liver disease	LiverDis	NUMERIC	N	1 = Mild 2 = Moderate/Severe 3 = Not applicable	

Section 9. Renal Function & Blood Glucose Control						
No.	Question	Field name	Field type	Format	Code	Constraints
9.1	Urinary protein/albumin collected	uAlbCollect	NUMERIC	N	0 = No 1 = Yes	Compulsory
9.1.1	Result	uAlbumin	NUMERIC	NNNN.NN		Must not be null if uAlbCollect = 1
9.1.2	Units	uAlbUnit	NUMERIC	N	1 = mg/L 2 = µg/min 3 = mg/24 hr 4 = ratio	Must not be null if uAlbCollect = 1
9.2	Serum creatinine	Creatin	NUMERIC	NNNN		Must not be null if CreatinNA is null If provided, must be between 20 – 2000
	Serum creatinine not available	CreatinNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if Creatin is null
9.3.1	HbA1c Result (%)	HbA1cPercent	NUMERIC	NN.N		Must not be null if HbA1cPercentNA is null If provided, must be between 5 – 20
	HbA1c Result (%) not available	HbA1cPercentNA	NUMERIC	N	0 = No 1 = Yes	Must not be null if HbA1cPercent is null
9.3.2	HbA1c Result (mmol/mol)	HbA1cMmol	NUMERIC	NNN		Must not be null if HbA1cMmolINA is null If provided, must be between 31 – 195
	HbA1c Result (mmol/mol) not available	HbA1cMmolINA	NUMERIC	N	0 = No 1 = Yes	Must not be null if HbA1cMmol is null