

Data extract request form

Field name	2013 AQCA	2014 AQ SMA	2015 AQCA	2016 AQ SMA	2017 AQCA	2018 AQ SMA
Patient Demographics						
ANDA ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age (calculated from date of birth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Currently pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal/Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter required		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Country of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DVA member		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NDSS member		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Type & Management						
Year of diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year of diagnosis unknown						<input type="checkbox"/>
Type of diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management method (classes of anti-hyperglycaemic agents)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Management method (intensity)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Year of insulin commencement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Mode of insulin			<input type="checkbox"/>		<input type="checkbox"/>	
Lifestyle (AQ SMA only)						
Physical activity sufficiency		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Flu vaccination status		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Pneumococcal vaccination status		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Height, weight & smoking status						
Weight	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Height	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Smoking status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Number of years spent smoking					<input type="checkbox"/>	
- Current – tried to stop smoking		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Past – smoking cessation method		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Blood Pressure						
Blood pressure	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Anti-hypertensive treatment	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Anti-hypertensive medications	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diabetes-related eye disease						
Referred to ophthalmologist	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Fundus examination	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Retinopathy			<input type="checkbox"/>		<input type="checkbox"/>	
Laser treatment			<input type="checkbox"/>		<input type="checkbox"/>	
Right cataract	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Left cataract	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diabetes-related foot problems						

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Peripheral neuropathy – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Peripheral neuropathy – prior to last 12 months					<input type="checkbox"/>	
Foot ulceration – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Foot ulceration – prior to last 12 months					<input type="checkbox"/>	
Foot deformity – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Foot deformity – prior to last 12 months					<input type="checkbox"/>	
Peripheral vascular disease – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Peripheral vascular disease – prior to last 12 months					<input type="checkbox"/>	
Lower limb amputation – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Minor and/or major – last 12 months					<input type="checkbox"/>	
Lower limb amputation – prior to last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Minor and/or major – prior to last 12 months					<input type="checkbox"/>	
Health Professional Attendances						
Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Diabetes Educator	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Psychologist		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Social worker		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Diabetes specialist		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Optometrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentist		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Exercise physiologist		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Medication Use						
Do you ever forget to take your medications?		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- How many times per week?		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Do you usually take all your medications?		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Do you sometimes stop taking your medications when you feel better?		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Do you sometimes stop taking your medications when you feel worse?		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Are you using a complementary therapy or dietary supplement or over the counter (OTC) Rx?		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Have you told your doctor or educator about using complementary, dietary supplement or OTC Rx?		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Medications (AQCA only)						
Aspirin	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other anti-platelets	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Anti-coagulants	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lipid lowering Rx	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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- Statin	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Fibrate	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Ezetrol	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Fish oil	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lipids (AQCA only)						
Lipids measured	<input type="checkbox"/>		<input type="checkbox"/>			
Lipids not available			<input type="checkbox"/>			
- Total cholesterol	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Total cholesterol not available					<input type="checkbox"/>	
- LDL	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- LDL not available					<input type="checkbox"/>	
- HDL	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- HDL not available					<input type="checkbox"/>	
- Triglycerides	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Triglycerides not available					<input type="checkbox"/>	
- Fasting lipids	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Complications/Events/Co-morbidities (AQCA only)						
Cerebral stroke – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Cerebral stroke – prior to last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Myocardial infarction – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Myocardial infarction – prior to last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CABG/angioplasty – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CABG/angioplasty – prior to last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Congestive cardiac failure – last 12 months			<input type="checkbox"/>		<input type="checkbox"/>	
Congestive cardiac failure – prior to last 12 months			<input type="checkbox"/>		<input type="checkbox"/>	
End stage kidney disease – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
End stage kidney disease – prior to last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Blindness – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Blindness – prior to last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Erectile dysfunction – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Erectile dysfunction – prior to last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Dementia – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Dementia – prior to last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Severe hypoglycaemia – last 12 months	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Number of episodes (categorical)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Severe hypoglycaemia – prior last 12 months	<input type="checkbox"/>				<input type="checkbox"/>	
Malignancy			<input type="checkbox"/>		<input type="checkbox"/>	
Liver disease			<input type="checkbox"/>		<input type="checkbox"/>	
Renal Function & Blood Glucose Control – last 12 months						
Urinary protein/albumin collected	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
- Urinary protein/albumin result	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Field name	2013 AQCA	2014 AQSMa	2015 AQCA	2016 AQSMa	2017 AQCA	2018 AQSMa
- Urinary protein/albumin units	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Serum creatinine	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Serum creatinine not available					<input type="checkbox"/>	
HbA1c result (%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1c result (%) not available					<input type="checkbox"/>	<input type="checkbox"/>
HbA1c result (mmol/mol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1c result (mmol/mol) not available			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Patient Self Care Practices (AQSMa only)						
Difficulties following prescribed diet		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Don't have enough time to prepare healthy meals		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Costs too much to eat well		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Don't know what foods are best to eat		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Eat out a lot and find it hard to eat well		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- If T1DM, too hard to count carbs/weigh food		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Check blood glucose level as of often as recommended		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
If on injectables or insulin, rotate injection site		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Brief Case-Find for Depression (BCD) (AQSMa only)						
Restless or disturbed nights		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Feeling unhappy or depressed		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Feeling unable to overcome difficulties		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Dissatisfied with their way of doing things		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Taking antidepressants		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Psych. Treatment/counselling - past		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Psych. Treatment/counselling - now		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Quality of Life Assessment (AQSMa only)						
Part A: Self-assessment of health status						
Own health state rating		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Own health state rating – did not complete						<input type="checkbox"/>
Screening scale Q1		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Screening scale Q1– did not complete						<input type="checkbox"/>
Screening scale Q2		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Screening scale Q2– did not complete						<input type="checkbox"/>
Part B: Diabetes Distress Scale 17 (completed if Screening Scale Q1 or Q2≥3)						
DDS17 completed		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Total DDS17 Score		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Emotional burden (A)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Physician-related distress (B)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Regimen-related distress (C)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
- Interpersonal Distress (D)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please note that some variables have been excluded due to poor quality/incompleteness. There may have been changes of data type over the years.