Appendix 1: Questions on physician-completed survey form in China

A DEMOGRAPHICS

1. Age _____ years

2. Gender ☐ Male ☐ Female

10. Patient's height _____/_____ft/inches

11. Patient's current weight _____ lbs

B PATIENT DIABETES DIAGNOSIS AND CONDITION

1a. How long is it since this patient was first diagnosed as a Type 2 Diabetic?
(write in a number and circle units OR check diagnosed at latest visit OR don't know)

_____ weeks months years *(circle as appropriate)*

OR ☐ Diagnosed at this latest visit

OR ☐ Don't know

C CONDITIONS

1. Which, if any, of the following conditions associated with diabetes has the patient been medically diagnosed as currently suffering from? *(please check (✓) all that apply, if none of these please check 'None of these listed')*

☐ None of these listed

☐ Dyslipidemia ▶ Patient has had this for_____ wks mths yrs ☐ ☐ ☐

☐ Hypertension ▶ Patient has had this for_____ wks mths yrs ☐ ☐ ☐

☐ Coronary heart disease

☐ Stable angina

☐ Unstable angina

☐ Atrial Fibrillation

☐ Heart failure ▶ which NYHA class? I ☐ II ☐ III ☐ IV ☐

☐ Venous Thromboembolism (VTE)

☐ Other Peripheral Vascular Disease (PVD)

☐ Erectile dysfunction

☐ Glaucoma

☐ Visual impairment (any) ▶ Patient has had this for_____ wks mths yrs ☐ ☐ ☐

☐ Retinopathy

☐ Macular Degeneration ▶ ☐ Wet OR ☐ Dry

☐ Cataract(s)

☐ Neuropathy (any) ▶ Patient has had this for_____ wks mths yrs ☐ ☐ ☐

☐ Renal impairment ▶ Patient has had this for_____ wks mths yrs ☐ ☐ ☐

If yes, is this ☐ Mild ☐ Moderate ☐ Severe

☐ Foot infections

D TESTS

1c. Please state for each test conducted in the last 12 months the most recent test result.

	c) Test Result	
	Value	**Units** *(please write number and check units)*
HbA1c	_____	%
Blood Pressure	_____	mm Hg Systolic
	_____	mm Hg Diastolic
Total cholesterol	_____	☐ g/l ☐ mg/dl ☐ mmol/l

R CONSULTATION

3. How many times have you seen this patient in the last 12 months

a. for any reason?_____ times