

## Appendix 2: Questions on physician-completed survey form in UK

### A DEMOGRAPHICS

2. Age \_\_\_\_\_ years OR  if age is 90+
3. Gender  Male  Female
4. Patient's height \_\_\_\_\_ cm
5. Patient's current weight \_\_\_\_\_ kg
13. Smoking status:
- Smoker  Non-smoker  Ex-smoker  Don't know

### 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  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 TESTS CONDUCTED IN LAST 12 MONTHS

3. State for each test conducted in the last 12 months: i) the most recent test result.

	3i) Enter most recent test result & <input checked="" type="checkbox"/> units
HbA1c	<input type="checkbox"/> % <input type="checkbox"/> mmol/mol
Blood Pressure	Systolic _____ mm Hg Diastolic _____ mm Hg
Total cholesterol	<input type="checkbox"/> mg/dL <input type="checkbox"/> mmol/L

### F ANTI-DIABETIC TREATMENT HISTORY

2. Please provide details of ALL of the patient's CURRENT antidiabetic drug therapy at the most recent consultation even if not prescribed at this visit (non-insulin orals and/or injectables and insulins).

CURRENT DRUG/INSULIN NAME(S)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

### Q CONSULTATION

3. How many times have you seen this patient in the last 12 months:
- a. for any reason? \_\_\_\_\_ times