Supplemental Table 1. The number of participants and the inclusion and exclusion criteria for each study.

	China National HbA1c Surveillance System (CNHSS), 2009-2012	China Cardiometabolic Registries 3B study (CCMR-3B), 2010-2011	China Dia-LEAD, 2016-2017
Number of survey participants	Totally 775856 (2009: 142741; 2010: 172164; 2011: 238066; 2012: 222885)	A total of 25,342 outpatients	10,974 patients
Hospital levels	Tier 1,2,3	Tier 1,2,3	Tier 3
Study design	Cross-sectional survey	Cross-sectional, multicenter, multispecialty study	Cross-sectional
Ethical approval	Ethical approval for the CNHSS was obtained from the Ethics Committee of the Chinese People's Liberation Army General Hospital.	CCMR-3B study was approved by Ethics Committee of Peking University People's Hospital.	China DiaLEAD was approved by the Ethics Committee of Peking University International Hospital.

Inclusion criteria	being an outpatient with type 2 diabetes diagnosed by the 1999 World Health Organization criteria for diagnosis of diabetes and being treated with antidiabetic drugs; aged 18 years or older; having at least one previous outpatient medical record for diabetes; and being a local resident for at least 6 months consecutively before participation in the study.	Patients aged 18 years or older who were diagnosed with type 2 diabetes according to the World Health Organization criteria, as recommended by the Chinese diabetes guidelines, at least 6 months before screening, were eligible for inclusion.	1) were aged 50 years or older, had a well documented diagnosis of type 2 diabetes (comprehensive medical records with diagnosis date, methods for diagnosis, diagnostic criteria, and test results), and at least one of the following risk factors: history of cardiovascular disease or cerebrovascular disease, hypertension, dyslipidemia, current smoking, and diabetic duration greater than 5 years 2) were more than 65 years old with a type 2 diabetes diagnosis in their medical record.
Exclusion criteria	 having type 1 diabetes, defined as acute presentation with diabetic ketoacidosis, heavy ketonuria, or continuous need for insulin within 1 year of diagnosis; having diabetes secondary to other diseases; 	Patients were ineligible if they were pregnant, participating in any other clinical studies, or unable to report their medical history.	Patients with type 1 diabetes or gestational diabetes were excluded from this study.

	3) being on diet and		
	other lifestyle therapy or Chinese herbal medicine only;		
	4) inpatients;		
	5) pregnancy or breastfeeding;		
	6) being unable to complete the survey owing to mental illness;		
	7) being unconscious or unable to communicate.		
Primary aim	To monitor glycaemic control in outpatients with type 2 diabetes in China.	To assess the proportion of patients who achieved the targeted goals for control of hyperglycemia, hypertension, and dyslipidemia.	To determine the epidemiological characteristics of lower extremity arterial disease (LEAD) in high ris patients of type 2 diabetes patients.