

**An Assessment on Quality of Care among Patients Diagnosed with Type 2 Diabetes and Hypertension Visiting the Ministry of Public Health (MoPH) and Bangkok Metropolitan Administration Hospitals in Thailand (Thailand DM/HT)**

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Hospital Code :

PID :

Date :   /   /

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Type 2 diabetes was diagnosed since:      ,  Not recorded

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**Part 1: Demographic characteristics**

1. Sex  1. Male  2. Female

2. Age    years (Current year - Birth year)

**3. Occupation (Current)**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Non occupation          | <input type="checkbox"/> 2. Priest                    |
| <input type="checkbox"/> 3. Students                | <input type="checkbox"/> 4. Government officer        |
| <input type="checkbox"/> 5. Government employee     | <input type="checkbox"/> 6. State enterprise employee |
| <input type="checkbox"/> 7. Private sector employee | <input type="checkbox"/> 8. Private business          |
| <input type="checkbox"/> 9. Agriculturist           | <input type="checkbox"/> 10. Fisherman                |
| <input type="checkbox"/> 11. Daily hiring           | <input type="checkbox"/> 12. Others.....              |
| <input type="checkbox"/> 13. Not recorded           |   |

**4. Religions**

1. Buddhist  2. Islamic  3. Christian
4. Others.....

**5. Scheme**

1. Universal health coverage scheme
2. Government officer
3. Social security scheme
4. State enterprise scheme
5. Cash
6. Others.....
7. Not recorded

6. Last body weight (in 12 months)     kg.  Not recorded

7. Last height (in 12 months)     cm.  Not recorded

8. Last waist circumference (in 12 months)     cm.  Not recorded

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Hospital Code: [ ][ ][ ][ ][ ][ ]

PID: [ ][ ][ ][ ][ ]

**Part 2: History of smoking and alcohol drinking**

**9. Smoking status**

- 1. Current smoker
- 2. Ex-smoker
- 3. Never
- 4. Not recorded

**10. Received the recommendation for smoking cessation (last 12 months)**

- 1. No
- 2. Yes, on [ ][ ]/[ ][ ]/[ ][ ][ ][ ]  
 By  1. Doctor/Nurse  2. Psychologist/Social worker  
 3. Trained staff  4. Not known
- 3. Not recorded

**11. Alcohol drinking**

- 1. Current smoker
  - 2. Never
  - 3. Ex-drinker
  - 4. Not recorded
- Frequency**
- 1.1 Daily
  - 1.2 3-4 times/week
  - 1.3 1-2 times/week
  - 1.4 1-2 times/months
  - 1.4 Occasionally

**Part 3 Comorbidities**

DIAGNOSES	NO	YES	DATE OF DIAGNOSIS
13. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]/[ ][ ]/[ ][ ][ ][ ]
14. Dyslipidemia	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]/[ ][ ]/[ ][ ][ ][ ]
15. Gout	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]/[ ][ ]/[ ][ ][ ][ ]
16. Renal insufficiency (CRI, CRF, CKD, ESRD)	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]/[ ][ ]/[ ][ ][ ][ ]
17. Microalbuminuria	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]/[ ][ ]/[ ][ ][ ][ ]
18. Macroalbuminuria	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]/[ ][ ]/[ ][ ][ ][ ]
19. Diabetic kidney disease; DKD	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]/[ ][ ]/[ ][ ][ ][ ]
20. Diabetic retinopathy; DR	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]/[ ][ ]/[ ][ ][ ][ ]
21. Others.....	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]/[ ][ ]/[ ][ ][ ][ ]

**Part 4 History of medication used (last visit)**

- 22. Anti-hyperglycemic medication**  1. No  2. Yes
- 1. Biguanides
  - 2. Sulfonylurea
  - 3. Non-sulfonylurea
  - 4. Thiazolidinedione
  - 5. Alpha-glucosidase Inhibitor
  - 6. DPP-4 Inhibitor
  - 7. GLP-1 Analog
  - 8. Insulin
  - 9. SGLT2 inhibitor
  - 10. Others.....

- 23. Anti-hypertensive medication**  1. No  2. Yes
- 1. Diuretics
  - 2. Beta-blocker
  - 3. Alpha-blocker
  - 4. Calcium channel blockers
  - 5. Angiotensin converting enzyme inhibitors (ACEI)
  - 6. Angiotensin receptor blockers (ARB)
  - 7. Vasodilators
  - 8. Central agonists
  - 9. Peripheral adrenergic inhibitors
  - 10. Others.....

Hospital Code:

PID:

**Part 5 History of medication used (last 12 months)**

**24. Using ACEI, ARB in last 12 months**

1. No  2. Yes (in last 12 months)

Drugs	Currently used	Give up in last 12 months	Date (give-up)
<input type="checkbox"/> 1.ACEI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 2.ARB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**25. History of antiplatelet and anticoagulant medication used**

1. No  2. Yes (in last 12 months)

- 1. Aspirin 81 mg
- 2. Clopidogrel (Pidogen, Apolets, Ceruvin)
- 3. Prasugrel (Effient)
- 4. Ticlopidine (Aplaket, Cenpidine, Ticlid, Ticlo, Ticlodin, Ticlopine, Tilopin, Tipidine)
- 5. Others.....

**Part 6 Blood pressure level (last 12 months)**

No.	Date	Blood pressure (mmHg)
26. Last visit	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
27. Before last visit	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

**Part 7 Laboratory testing**

Test	No	Yes	Results	Unit	Date
28. FPG (last)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	mg/dL	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
29. FPG (before last)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	mg/dL	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
30. HbA1c (last)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	%	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
31. HbA1c (before last)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	%	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
32. Hct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	%	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
33. Hb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	g/dL	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
34. Serum BUN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	mg/dL	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
35. Serum Creatinine (last)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	mg/dL	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
36. Estimate GFR (last)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	ml/min/ 1.73m <sup>2</sup>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
37. Serum Potassium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	mmol/L	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
38. Serum Uric Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	mg/dL	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
39. Total Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	mg/dL	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
40. Triglyceride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	mg/dL	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
41. HDL Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	mg/dL	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
42. LDL Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	mg/dL	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>