Thank-you for participating in this large multi-centre research project, called the Diabetes Renal Project (DRP). This National Health and Medical Research Council (NHMRC) partnership project is being conducted by Monash University, in partnership with Monash Health, Alfred Health, Royal North Shore Hospital, Concord Repatriation General Hospital, The George Institute for Global Health, Diabetes Australia, and Kidney Health Australia.

INSTRUCTIONS

PLEASE:

Use a black BIRO, (DO NOT use a pencil or a fountain or felt tip pen)

Please PRINT in CAPITAL letters and stay within the box provided for text.

If you make a mistake when writing, cross it out with one thick line and write your correct answer above the box.

To answer a multiple choice question place a CROSS INSIDE the box like this: 

If you make a mistake, place a diagonal line through the incorrect answer like this:  

and then put a cross in the box of your preferred response.

Write dates using leading zeros (e.g. 6th April 2011 = 06/04/2011)

DO NOT USE liquid paper to correct mistakes.

AVOID folding the form.

Please complete every page of the questionnaire. Sometimes questions may seem very similar or repetitious but they are all a little different, so please answer each question.

THANK YOU
# Health Indicators (Doctors Survey)

**Section 1: Demographic of Patient Participant**

1. **Age (years)**
   - [ ]
2. **Gender**
   - Male [ ]
   - Female [ ]
3. **Participant Post-code**
   - [ ]
4. **Aboriginal background**
   - No [ ]
   - Yes [ ]
5. **Torres Strait Islander background**
   - No [ ]
   - Yes [ ]
6. **Maori/Pacific Strait Islander background**
   - No [ ]
   - Yes [ ]
7. **Is the participant a current smoker?**
   - No [ ] → Skip to Q 8
   - Yes [ ] → 7.1. **Average number of cigarettes smoked per day?**
8. **Has the participant previously smoked?**
   - No [ ] → Skip to Q 9
   - Yes [ ] → 8.1. **Average number of cigarettes smoked per day?**
9. **Does the participant currently drink alcohol?**
   - No [ ] → Skip to Q 10
   - Yes [ ] → 9.1. **Average number of standard drinks per week?**

**Section 2: Examination Findings**

Please complete with the most recent examination findings and date of examination

10. **Blood Pressure** - *(the average of 3 readings measured after 5 minutes sitting)*
   - [ ] / [ ] mmHg → 10.1 [ ] / [ ] / [ ]
11. **Heart Rate**
   - [ ] Bpm → 11.1 [ ] / [ ] / [ ]
12. **Weight**
   - [ ] Kg → 12.1 [ ] / [ ] / [ ]
13. **Height**
   - [ ] Metres → 13.1 [ ] / [ ] / [ ]

At the most recent examination, does the participant have the following conditions:

14a. **New loss of vibratory sensation (both feet)**
   - No [ ] → Date of examination 14a.1 [ ] / [ ] / [ ]
   - Yes [ ] → Not examined/unknown
   - Not examined/unknown

14b. **New loss of ankle reflexes (both legs)**
   - No [ ] → Date of examination 14b.1 [ ] / [ ] / [ ]
   - Yes [ ] → Not examined/unknown
   - Not examined/unknown

14c. **New loss of light touch (eg. loss of pressure sensation with 10gm force monofilament)**
   - No [ ] → Date of examination 14c.1 [ ] / [ ] / [ ]
   - Yes [ ] → Not examined/unknown
   - Not examined/unknown
Section 2: Examination Findings (cont)

15. Foot ulcers
   [ ] No  [ ] Yes  →  Date of examination
   [ ] Not examined/unknown

16. Foot deformity
   [ ] No  [ ] Yes  →  Date of examination
   [ ] Not examined/unknown

Section 3: Medical History

17. Diabetes Type  [ ] Type 1  [ ] Type 2
18. Duration of diabetes  [ ] years  [ ] months
   OR  [ ] Unknown/not documented

Has the participant experienced any of the following complications/comorbidities?

19. Ischemic Heart Disease?  [ ] No  [ ] Yes
20. Stroke?  [ ] No  [ ] Yes
21. Peripheral Vascular disease?  [ ] No  [ ] Yes
22. Diabetic Retinopathy?  [ ] No  [ ] Yes
23. Peripheral Neuropathy?  [ ] No  [ ] Yes
24. Diabetic Nephropathy?  [ ] No  [ ] Yes
25. Hypertension  [ ] No  [ ] Yes
26. Dyslipidemia  [ ] No  [ ] Yes
27. Does the participant have a family history of heart disease?  [ ] No  [ ] Yes
   OR  [ ] Unknown/not documented

28. Duration of nephrological care  [ ] years  [ ] months
   OR  [ ] Unknown/not documented
29. Kidney disease stage (select one option)  [ ] Stage 3a  [ ] Stage 3b  [ ] Stage 4  [ ] Stage 5

30. Is the patient currently on dialysis?
   [ ] No  →  Skip to Q 31
   [ ] Yes  →  30.1 Haemodialysis  [ ] No  [ ] Yes  →  30.2 Number of months on dialysis
   30.3 Peritoneal  [ ] No  [ ] Yes  →  30.4 Number of months on dialysis
**Section 3: Medical History (cont)**

31. Prior to their current dialysis, has the patient been on any other form of dialysis?

- No → Skip to Q 32
- Yes → 31.1 **Haemodialysis?**
  - No
  - Yes

31.4 **Peritoneal dialysis?**

- No
- Yes

Date commenced

- 31.2 Date commenced
  - day
  - month
  - year

Date ceased

- 31.3 Date ceased
  - day
  - month
  - year

32. Has the patient had a kidney transplant?

- No → Skip to Q 33
- Yes → 32.1 **Date of transplant**
  - day
  - month
  - year

OR

- Unknown/not documented

**Section 4: Medical Care of Diabetes and Chronic Kidney Disease**

33. How often does the participant monitor his/her diabetes with a blood glucose monitor? *(select one option)*

- ≥ 3 times per day
- Once per day (daily)
- Once per week (weekly)
- Uncertain
- 2 times per day
- A few times per week
- Rarely
- Not documented

34. Please indicate when the participant was last referred/seen by the following health professionals.

*(Select the appropriate response for each health professional).*

<table>
<thead>
<tr>
<th>Not referred/reviewed by this health professional</th>
<th>3 months or less</th>
<th>4-12 months ago</th>
<th>13-24 months ago</th>
<th>As required</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Endocrinologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Nephrologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Diabetes Nurse Educator</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>d. Renal Nurse Practitioner</td>
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<tr>
<td>e. Optometrist</td>
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<tr>
<td>f. Ophthalmologist</td>
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<tr>
<td>g. Podiatrist</td>
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<tr>
<td>h. Dentist</td>
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</tr>
<tr>
<td>i. Dietician</td>
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<tr>
<td>j. Social Worker</td>
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</tbody>
</table>
Section 5: Medications

35. Is the participant on Insulin?

☐ No → Skip to Q 36

☐ Yes → 35.1 Is the participant on an Insulin pump?  ☐ No  ☐ Yes

35.2 What type of insulin? (select all that apply)

☐ Long acting  ☐ Short acting  ☐ Rapid acting  ☐ Basal

36. Is the participant on diabetes tablets?

☐ No → Skip to Q 34

☐ Yes → Does the participant take:

36.1 Metformin?  ☐ No  ☐ Yes

36.2 Sulphonylurea?  ☐ No  ☐ Yes

36.3 Glitazone?  ☐ No  ☐ Yes

36.4 Acarbose?  ☐ No  ☐ Yes

36.5 Gliptin (DPP4 inhibitor)?  ☐ No  ☐ Yes

36.6 GLP1 agonist? (e.g. exenatide or liraglutide)  ☐ No  ☐ Yes

36.7 SGLT2 inhibitors?  ☐ No  ☐ Yes

36.8 Other diabetes medication (please list below)

37. Other medications - is the participant taking:

37.1 ACE inhibitor?  ☐ No  ☐ Yes

37.2 Angiotensin2 Receptor Blocker?  ☐ No  ☐ Yes

37.3 Other Antihypertensives?  ☐ No  ☐ Yes

37.4 Statin?  ☐ No  ☐ Yes

37.5 Fibrate?  ☐ No  ☐ Yes

37.6 Erythropoieting Stimulating Agent?  ☐ No  ☐ Yes

37.7 Phosphate binder?  ☐ No  ☐ Yes

37.8 Iron Supplementation (IV or Oral)?  ☐ No  ☐ Yes
### Section 6: Investigations

#### 38. Has a HbA1c test been performed in the last 3 months? □ No □ Yes

*Please record the most recent HbA1c result*

<table>
<thead>
<tr>
<th>38.1 HbA1c</th>
<th>mmol/mol and</th>
<th>38.2</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

38.3 Date of test: [ ] / [ ] / [ ]

#### 39. Please enter details below of the most recent lipid profile results:

<table>
<thead>
<tr>
<th>39.1 Total Cholesterol</th>
<th>mmol/L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>39.2 LDL Cholesterol</th>
<th>mmol/L</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>39.3 HDL Cholesterol</th>
<th>mmol/L</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>39.4 Triglycerides</th>
<th>mmol/L</th>
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<table>
<thead>
<tr>
<th>39.5 Date of test</th>
<th>[ ] / [ ] / [ ]</th>
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<tbody>
<tr>
<td>day</td>
<td>month</td>
</tr>
</tbody>
</table>

**OR** □ Not tested

#### 40. Please enter details below of the most recent serum biochemistry profile results:

<table>
<thead>
<tr>
<th>40.1 Potassium</th>
<th>mmol/L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>40.2 Creatinine</th>
<th>µmol/L</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>40.3 Calcium</th>
<th>mmol/L</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>40.4 Phosphate</th>
<th>mmol/L</th>
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<table>
<thead>
<tr>
<th>40.5 Parathyroid hormone (PTH)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

40.5.1 Units □ pmol/L □ ng/L

**OR** □ Not done within the past 6 months

<table>
<thead>
<tr>
<th>40.6 eGFR</th>
<th>mL/min per 1.73m²</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>40.7 Albumin</th>
<th>g/L</th>
</tr>
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<tbody>
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<td></td>
<td></td>
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</tbody>
</table>

40.8 Date of test: [ ] / [ ] / [ ]

(For PTH, please record result from within the past 6 months of this date)

**OR** □ Not tested

#### 41. Please record the most recent spot urine albumin / creatinine ratio (ACR):

<table>
<thead>
<tr>
<th>40.1 Date of test</th>
<th>[ ] / [ ] / [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>day</td>
<td>month</td>
</tr>
</tbody>
</table>

**OR** □ Not tested

#### 42. If you have used another method to measure microalbumin / proteinuria please record details below:

<table>
<thead>
<tr>
<th>42.1 Units</th>
<th>mg/L</th>
<th>mg/24hr</th>
<th>µg/min</th>
<th>g/mmol</th>
<th>g/L</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>42.2 Date of test</th>
<th>[ ] / [ ] / [ ]</th>
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</thead>
<tbody>
<tr>
<td>day</td>
<td>month</td>
</tr>
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</table>

**OR** □ Not tested

#### 43. Please enter the most recent Haemoglobin test result:

<table>
<thead>
<tr>
<th>43.1 Date of test</th>
<th>[ ] / [ ] / [ ]</th>
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</thead>
<tbody>
<tr>
<td>day</td>
<td>month</td>
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</table>

**OR** □ Not tested