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 Islander background  
   - No  
   - Yes  
7. Is the participant a current smoker?  
   - No  
   - Yes  
   7.1. Average number of cigarettes smoked per day?  
8. Has the participant previously smoked?  
   - No  
   - Yes  
   8.1. Average number of cigarettes smoked per day?  
9. Does the participant currently drink alcohol?  
   - No  
   - 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)  
   
11. Heart Rate  
12. Weight  
13. Height  

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

14a. New loss of vibratory sensation (both feet)  
   - No  
   - Yes  
   - Not examined/unknown  
14a.1 Date of examination  
14b. New loss of ankle reflexes (both legs)  
   - No  
   - Yes  
   - Not examined/unknown  
14b.1 Date of examination  
14c. New loss of light touch (eg. loss of pressure sensation with 10gm force monofilament)  
   - No  
   - Yes  
   - Not examined/unknown  
14c.1 Date of examination
Section 2: Examination Findings (cont)

15. Foot ulcers
□ No □ Yes → Date of examination 15.1 □ □ □
□ Not examined/unknown
day / month / year

16. Foot deformity
□ No □ Yes → Date of examination 16.1 □ □ □
□ Not examined/unknown
day / month / year

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 23. Peripheral Neuropathy? □ No □ Yes
21. Peripheral Vascular disease? □ No □ Yes 25. Hypertension □ No □ Yes
22. Diabetic Retinopathy? □ 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

Date commenced 31.2 ☐/☐/☐

day  month  year

Date ceased 31.3 ☐/☐/☐

day  month  year

31.4 Peritoneal dialysis?

☐ No  ☐ Yes

Date commenced 31.5 ☐/☐/☐

day  month  year

Date ceased 31.6 ☐/☐/☐

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>
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<tr>
<td>b. Nephrologist</td>
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<td>c. Diabetes Nurse Educator</td>
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<td>d. Renal Nurse Practitioner</td>
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<td>e. Optometrist</td>
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<td>f. Ophthalmologist</td>
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<td>g. Podiatrist</td>
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<td>h. Dentist</td>
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<td>i. Dietician</td>
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<tr>
<td>j. Social Worker</td>
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</tr>
</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*

38.1 HbA1c [ ] mmol/mol **and** 38.2 [ ] % → 38.3 Date of test [ ] / [ ] / [ ]

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

| 39.1 Total Cholesterol [ ] mmol/L |
| 39.2 LDL Cholesterol [ ] mmol/L |
| 39.3 HDL Cholesterol [ ] mmol/L |
| 39.4 Triglycerides [ ] mmol/L |
| 39.5 Date of test [ ] / [ ] / [ ] |

**OR** [ ] Not tested

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

| 40.1 Potassium [ ] mmol/L |
| 40.2 Creatinine [ ] µmol/L |
| 40.3 Calcium [ ] mmol/L |
| 40.4 Phosphate [ ] mmol/L |
| 40.5 Parathyroid hormone (PTH) [ ] [ ] [ ] [ ] |

**40.5.1 Units** [ ] pmol/L  [ ] ng/L

**OR** [ ] Not done within the past 6 months

| 40.6 eGFR [ ] mL/min per 1.73m² |
| 40.7 Albumin [ ] g/L |
| 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):

[ ] [ ] [ ] mg/mmol  **40.1 Date of test** [ ] / [ ] / [ ] **OR** [ ] Not tested

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

[ ] [ ] [ ] mg/L  **42.1 Units** [ ] mg/L  [ ] mg/24hr  [ ] µg/min  [ ] g/mmol  [ ] g/L

**42.2 Date of test** [ ] / [ ] / [ ] **OR** [ ] Not tested

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

[ ] [ ] g/L  **43.1 Date of test** [ ] / [ ] / [ ]

**OR** [ ] Not tested