

BLANK

SCCS – DIABETIC COHORT

Casenotes Extraction Form

STUDY NO.:

NOTE:

- Record dates in the format DDMMYYYY.
- Tick 'estimated' if date estimation is likely to be more than 1 year in range.
- All questions must be responded to.
 - Enter '6'(s) if data is missing
 - Enter '7'(s) if it is not applicable
 - Enter '9'(s) if unknown/not indicated

PART A. GENERAL INFORMATION

A1 Extracted by

A2 Date of case notes data extraction

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A3 Case notes from:

- 1. National University Hospital
- 2. Singapore General Hospital
- 3. Tan Tock Seng Hospital
- 4. Toa Payoh Polyclinic
- 5. Clementi Polyclinic
- 6. Ang Mo Kio Polyclinic
- 7. Choa Chu Kang Polyclinic
- 8. Alexandra Hospital
- 9. Others: _____

A4 Is there documentation that the patient has received medical care for diabetes from other healthcare institution besides the current one? Please indicate the institution:

- 1. National University Hospital
- 2. Singapore General Hospital
- 3. Tan Tock Seng Hospital
- 4. Toa Payoh Polyclinic
- 5. Clementi Polyclinic
- 6. Ang Mo Kio Polyclinic
- 7. Choa Chu Kang Polyclinic
- 8. Alexandra Hospital
- 9. Private GP
- 10. Other local healthcare institution: _____
- 11. Overseas healthcare institution: _____
- 12. No, same as current site
- 13. Self-referred
- 99. Unknown

A5 Was patient diagnosed in the current healthcare institution?

- 1. Yes
- 2. No
- 9. Unknown

Mode(s) of treatment used within 2005 [Tick all that apply]

		1. Yes	2. No	99. Unknown
B6	Sulfonylureas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7	Non-SU Secretogogues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8	Biguanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9	Thiazolidinediones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10	Alpha glucosidase inhibitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11	Insulin injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B12	Diet and exercise only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B13** Latest documented mode of treatment for blood glucose control
- 1. Diet and exercise only
 - 2. Oral hypoglycaemic agents only (w/w out diet/exercise)
 - 3. Oral hypoglycaemic agents + Insulin (w/w out diet/exercise)
 - 4. Insulin only (w/w out diet/exercise)
 - 99. Unknown

B14 Fasting plasma insulin

Date

estimated

Value

Units

- microUnits/ml
- mcUnits/ml
- mU/ml
- microIU/ml
- mIU/ml
- µU/ml
- µIU/ml
- pmol/L
- µg/L

B15 Date when patient first underwent OGTT

estimated

B16 Fasting plasma glucose level at 0 min

mmol/L mg/dL

B17 Plasma glucose level at 120 min

mmol/L mg/dL

PART C. BLOOD PRESSURE

C1 Note down blood pressure values over the past 5 years
[If there is more than one reading in a day, note resting and last reading]

Date (DDMMYYYY)	Systolic mmHg	Diastolic mmHg	Date (DDMMYYYY)	Systolic mmHg	Diastolic mmHg
1			41		
2			42		
3			43		
4			44		
5			45		
6			46		
7			47		
8			48		
9			49		
10			50		
11			51		
12			52		
13			53		
14			54		
15			55		
16			56		
17			57		
18			58		
19			59		
20			60		
21			61		
22			62		
23			63		
24			64		
25			65		
26			66		
27			67		
28			68		
29			69		
30			70		
31			71		
32			72		
33			73		
34			74		
35			75		
36			76		
37			77		
38			78		
39			79		
40			80		

Date (DDMMYYYY)	Systolic mmHg	Diastolic mmHg	Date (DDMMYYYY)	Systolic mmHg	Diastolic mmHg
81			91		
82			92		
83			93		
84			94		
85			95		
86			96		
87			97		
88			98		
89			99		
90			100		

C2 When was patient first recorded as having systolic BP>140 mmHg or diastolic BP>90mmHg? [Enter only if date is earlier than 5 years ago from date of extraction]

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Type(s) of antihypertensive medication within 2005 [Tick all that apply]

- | | 1. Yes | 2. No | 99. Unknown |
|--|--------------------------|--------------------------|--------------------------|
| C3 ACEI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C4 ARB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C5 Alpha blocker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C6 Beta blocker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C7 Calcium blocker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C8 Central acting & other antihypertensives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C9 Diuretics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C10 Date when patient first started antihypertensive medication

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estimated

PART D. LIPID PROFILE (TRIG, CHOL, HDL, LDL)

D1 Note down lipid values from 16 Oct 2001 – 15 Oct 2006 [If more than 1 reading that day, record all]
 [F = Fasting; R = Random; Write the units if the unit is not mmol/L]

Date (DDMMYYYY)	F	R	CHOL (mmol/L)	TRIG (mmol/L)	HDL-C (mmol/L)	LDL-C (mmol/L)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Mode(s) of lipid lowering treatment within 2005 [Tick all that apply]

- | | 1. Yes | 2. No | 99. Unknown |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| D2 Fibrates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D3 Statins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D4 Bile binding drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D5 Nicotinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D6 Other drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D7 Diet and exercise only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D8 Date patient first started on any lipid lowering drug

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estimated

PART E. KIDNEY COMPLICATIONS

E1 Note down serum creatinine results from 16 Oct 2001 – 15 Oct 2006
 [If more than 1 reading that day, record all. Write the units if it is not $\mu\text{mol/L}$]

Date (DDMMYYYY)	SCREAT ($\mu\text{mol/L}$)	Date (DDMMYYYY)	SCREAT ($\mu\text{mol/L}$)
1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	

E2 On which date was the highest SCREAT value first recorded?
 [Enter only if date is earlier than 16 Oct 2001]

E3a What is the date (earlier than 16 Oct 2001) when the SCREAT was first $>125\mu\text{mol/L}$ (1.41 mg/dL)?

E3b What is the date (earlier than 16 Oct 2001) when the SCREAT was first $>250\mu\text{mol/L}$ (2.83 mg/dL)?

E4 If patient is currently on dialysis, which mode of dialysis is being used?
 1. CAPD
 2. Haemodialysis
 7. Not applicable, i.e. not currently on dialysis

E5 On which date did the patient start dialysis
 estimated

E6 If patient had renal transplantation, on which date was this done?
 estimated

E7a Note down the urine analysis results for qualitative Dipstix and FEME tests from 16 Oct 2001 to 15 Oct 2006

Date (DDMMYYYY)	Dipstix	FEME	Date (DDMMYYYY)	Dipstix	FEME
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		

E7b Note down the urine analysis results from 16 Oct 2001 – 15 Oct 2006 (Refer to Table 1)

Date (DDMMYYYY)	Sample		Type of test					Value	Units	
	24h	Random	ACR	PCR	Micral	Prot	Alb			FEME
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
Date (DDMMYYYY)	24h	Random	ACR	PCR	Micral	Prot	Alb	FEME	Value	Units
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										

E8 Date first recorded for detection of microalbuminuria
[Enter only if date is earlier than 16 Oct 2001]

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E9 Date first recorded for detection of proteinuria
[Enter only if date is earlier than 16 Oct 2001]

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E10 Is there any indication that patient has kidney disease?
 1. Yes, please tick all that applies: 2. No
 a. Diabetic nephropathy
 b. Renal insufficiency of unexplained origin
 c. Recurrent urinary tract infection
 d. History of rapidly progressive renal failure
 e. Glomerulonephritis
 f. Polycystic kidney disease
 g. Lupus nephritis
 h. Others, please specify : _____

PART F. EYE COMPLICATIONS

F1 Has the patient ever been followed up by an eye specialist?
 1. Yes, which institution(s): 2. No
 a. National University Hospital
 b. Singapore General Hospital
 c. Tan Tock Seng Hospital
 d. Alexandra Hospital
 e. Changi General Hospital
 f. Mount Alvernia Hospital
 g. Singapore National Eye Centre
 h. Private institutions: _____
 i. Others: _____

F2 Is there any indication of diabetic retinopathy in the casenotes?
 1. Yes
 2. No
 9. Unknown/Not sure

F3 Date first recorded by **OPD/doctor** as **abnormal**

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F4 Date **last** recorded by **OPD/doctor** as normal

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F5 Date first recorded by a **specialist** as normal

--	--	--	--	--	--	--	--

F6 Date first recorded by a **specialist** as **abnormal**

--	--	--	--	--	--	--	--

F7 What is the most advanced stage of diabetic retinopathy recorded (either eye)?

1. Non-proliferative
 2. Proliferative retinopathy
 3. Advanced proliferative
 7. Not applicable
 9. Unknown

Date first recorded

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 estimated

F8 Did patient ever undergo laser treatment for diabetic retinopathy?

1. Yes, date of first recorded laser eye treatment →
 2. No
 7. Not applicable
 9. Unknown

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 estimated

F9 Did the patient have documented macular disease?

1. Yes, date first recorded →
 2. No
 7. Not applicable
 9. Unknown

--	--	--	--	--	--	--	--

 estimated

F10 Has this patient ever been diagnosed with cataract (either eye)?

1. Yes, date →
 2. No
 9. Unknown

--	--	--	--	--	--	--	--

 estimated

F11 Did patient ever undergo eye surgery for cataract removal?

1. Yes, date →
 2. No
 7. Not applicable
 9. Unknown

--	--	--	--	--	--	--	--

 estimated

PART G. MACROVASCULAR COMPLICATIONS

G1 What is the documented date of the first event of an ischaemic heart disease/coronary artery disease/cardiovascular disease (angina/PCI/MI), if present?

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 estimated

G2 What is the documented date of the first stroke/cerebrovascular accident, if present?

--	--	--	--	--	--	--	--

 estimated

G3 What is the documented date of the first amputation of the leg, toe or digit, if present?

--	--	--	--	--	--	--	--

 estimated

G4 Within 2005, is patient on anti-platelet drugs (e.g. Aspirin, Persantin, Ticlid, Plavix)?

1. Yes, date started →
 2. No

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 estimated

xxxxx END xxxxx

DRUG LIST REFERENCE

A) Treatment of Diabetes (Standard issue drugs in bold)

1	Sulphonylurea GROUP	
	Chlorpropamide	Glipizide (Minidiab)
	Glibenclamide (Daomil)	Nateglinide (Starlix)
	Gliclazide (Diamicon)	Repaglinide (Novonorm)
	Glimepiride (Amaryl)	Tolbutamide
	Gliquidone	Tolazamide
2	Non-Sulphonylurea Secretagogue GROUP	
	Nateglinide	
	Repaglinide	
3	Biguanide GROUP	
	Metformin	Glucamet
	Metformin (Glucophage, Retard))	Orabet
	Avandia/ Metformin (Avandamet)	
4	Thiazolidinediones GROUP	
	Rosiglitazone/ Optimax (Avandia)	Advandia/ Metformin (Avandamet)
	Pioglitazone	
5	Alpha-glucosidase inhibitors GROUP	
	Acarbose (Glucobay)	
6	Insulin GROUP	
	Isophane – Insultard, (Humulin N) (Intermediate)	Soluble insulin –Actrapid (Humulin R) (Short)
	Mixtard 30/70 vial	Zinc suspension – Monotard (L)

B) Treatment of Hypertension (Standard issue drugs in bold)

1	Angiotensin converting enzyme inhibitors (ACEIs) GROUP	
	Captopril	Lisinopril (Zestril, Prinivil)
	Enalapril (Renitec)	Perindopril (Coversyl)
2	Angiotensin receptor blocker (ARBs) GROUP	
	Valsartan (Diovan)	Losartan/ hydrochlorothiazide (Hyzaar)
	Valsartan/hydrochlorothiazide (Co-Diovan)	Cardesartan cilexetil (Attacand)
	Losartan (Cozaar)	Telmisartan (Micardis)
	Irbesartan	
3	Alpha-blocker GROUP	
	Prazosin (?)	

4	Beta-blocker GROUP	
	Atenolol Atenolol/nifedipine SR (Niften) Propranolol Ternormin	Bisoprolol Fumarate (Concor) Carvedilol (Dilatrend) Metoprolol tartrate (Betaloc)
5	Calcium channel blocker GROUP	
	Amlodipine Diltiazem Diltiazem SR Diltiazem SR (Herbesser) Felodipine (Plendil) Norvasc	Nifedipine (Adalat) Nifedipine LA (Adalat LA) Isradipine SRO (Dynacirc SRO) Lacidipine Verapamil
6	Diuretics GROUP	
	Frusemide (Lasix) Hydrochlorothiazide Valsartan/hydrochlorothiazide (Co-Diovan)	Spirolactone Indapamide (NatriliX, DAPA) Losartan/ hydrochlorothiazide (Hyzaar)
7	Central acting and other antihypertensives GROUP	
	Methyldopa Hydralazine	

C) Lipid lowering agents (Standard issue drugs in bold)

1	Fibrates GROUP	
	Fenofibrate (Ipanthyl) Gemfibrozil (Lopid)	
2	Statins GROUP	
	Lovastatin Pravastatin Rosuvastatin	Simvastatin (Zocor) Atorvastatin (Lipitor)
3	Bile salt binding drugs GROUP	
	Cholestyramine (?)	
4	Nicotinics GROUP	
	Nicotinic acid	
5	Others GROUP	
	Bromocriptine Carbegoline (Dostinex)	Ezetimibe Omega-3

Table 1
Urine Analysis Units

	Normoalbuminuria	Microalbuminuria	Proteinuria
(Crude) Dipstix	-ve	trace	≥ +
ACR	<30mg/g or µg/mg	30 – 300mg/g or µg/mg	>300mg/g or µg/mg
	<3.4mg/mmol or g/mol	3.4- 34mg/mmol or g/mol	>34mg/mmol or g/mol
PCR	<0.03g/g	0.03 – 0.3g/g	>0.3g/g
Albumin or Protein	<3mg/dL	3 – 30mg/dL	>30mg/dL
	<30mg/L	30 – 300mg/L	>300mg/L
	<0.03g/L	0.03 – 0.3g/L	>0.3g/L
Total Alb or Total Prot (24h)	<30mg/day	30 – 300mg/day	>300mg/day
Micral	<2mg/dL	2 – 20mg/dL	>20mg/dL
	<20mg/L	20–200mg/L	>200mg/L
	<0.02g/L	0.02 – 0.2g/L	>0.2g/L