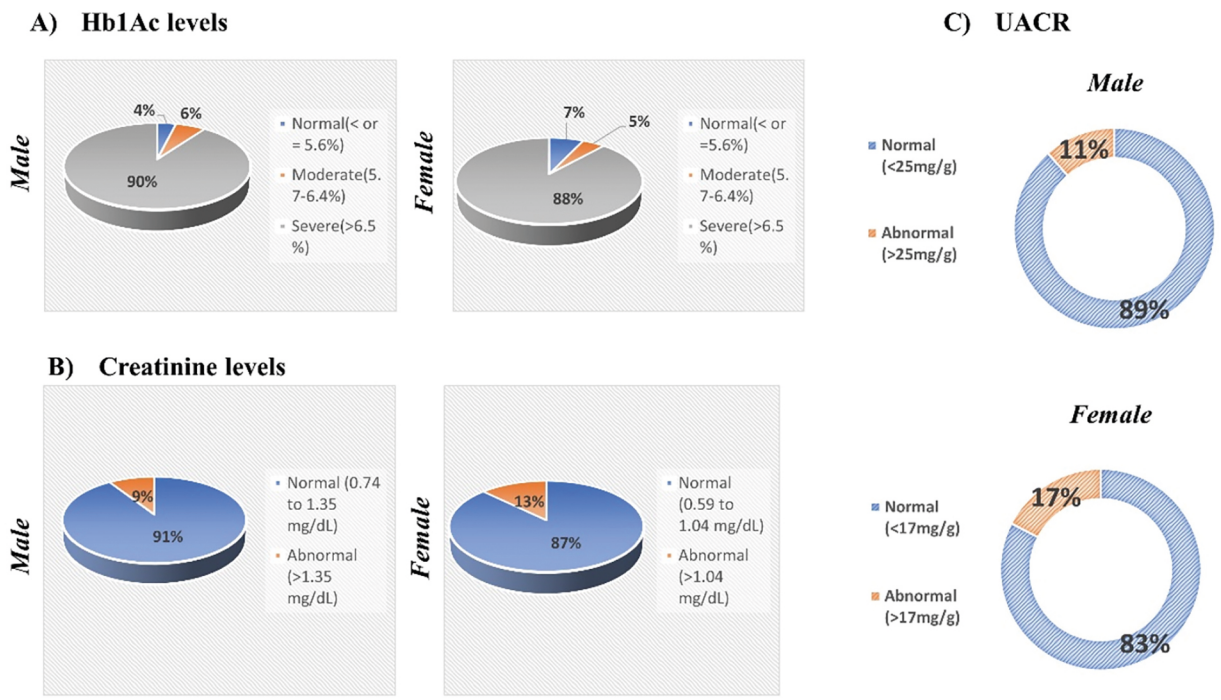

Supplementary Figure 1. Data Analysis of Clinical Parameters of Type 2 Diabetes Patients; A. Glycated hemoglobin (Hb1Ac); B. Creatinine, C. Urine albumin-creatinine ratio (UACR)

Supplementary File. Case Report Form

All the information included is for research purpose only and the confidentiality of all the patients will be maintained.

STUDY CENTRE DETAIL	
Institute of pharmacy, Nirma University, Ahmedabad	Swasthya Diabetes Care Naranpura Ahmedabad
PATIENT DETAILS	
Enrollment No	
Name and contact details	
Patients diagnosed with (Please tick as appropriate): Diabetes [ ]	

SCREENING

Date of patient's survey _ _/_ _ /___(DD/MM/YYYY)

DEMOGRAPHIC DATA
Age: : [ ] [ ] years
Date of Birth : ___/___ / _____ (DD/MM/YYYY)
Gender : Male[ ] Female [ ]
Weight : [ ] Kg
Height : [ ] cm
BMI : [ ][ ].[ ] Kg/M2

VITAL SIGNS	
Pulse Rate : [ ]beats/min	**Blood Pressure :** [ ] / [ ] mmHg
Body Temp : [ ]	Blood oxygen : [ ]

Clinical Data				
Parameters	Results	Consulting doctor's Assessment		
		Normal	Abnormal NCS (100-120)	Abnormal CS (more than 120)
Blood Sugar level (Fasting) **Normal:** (80-100) Abnormal NCS (100-120)				
Blood Sugar level (Post -Prandial)				
HbA1c level				
Creatinine Level				

NCS: Not Clinically Significant **CS:** Clinically Significant, *Please write "Not Applicable" in Results for hypertension study*

BASELINE CHARACTERISTICS	
Food Habits	Vegetarian[ ] Non- Vegetarian[ ] Which of the following do you prefer to eat in your daily food intake:
Physical Activity (Daily)	Yes[ ] No[ ] If yes, please specify frequency of physical activity:
Family history	*Please Specify relevant family history*
Smoking	Yes[ ] No[ ] *If yes, please specify frequency of smoking:*
Concomitant disease	Yes [ ] No[ ] *If yes, please specify:*
Concomitant medication use	Yes[ ] No[ ] *If yes, please specify with duration:*

Breakfast [ ]	**Lunch** [ ]	**Dinner** [ ]
Salad [ ]	Vegetables [ ]	Brown Rice [ ]
Cereals [ ]	Rice [ ]	Sprouts [ ]
Smoothie [ ]	Whole grains [ ]	Soup [ ]
Fruits [ ]	Pulses [ ]	Dry Fruits [ ]
Other-	Other-	Other-

FAMILY HISTORY

Mother Diagnose since age of 1.1 Mother: Grandfather: 1.3 Grandmother:	2. Father Diagnose since age of 2.1 Father: 2.2 Grandfather: 2.3 Grandmother:
Mother suffers from Diabetes: Yes[ ] No[ ] Unknown[ ]	2.4 Father suffers from Diabetes: Yes[ ] No[ ] Unknown[ ]

MEDICAL HISTORY
1.Age at diagnosis of Diabetes: 2.Diabetes complications: Yes [ ] No [ ] Unknown[ ]
Circulatory abnormalities: 1.Peripheral vascular disease * *If yes, specify: Patient's complaints/Diminished pulses Doppler/Imaging 2.Stroke 3.Coronary artery disease * *If yes, select one or more: E.K.G. changes Stress/Imaging test PTCA/PCI MI CABG
Retinopathy: * *If yes, specify: Background type Proliferative type
Neuropathy *(if Yes, whether suffers from peripheral polyneuropathy, mononeuropathy or autonomic dysfunction).
Nephropathy: * (If yes, select one or more). Microproteinuria Macro Proteinuria Renal Nephrotic range proteinuria

QUESTIONNAIRE: -

Survey On Diabetes(Retrospective Study)

SURVEY ON ASSOCIATION OF DIABETES AND DIABETES RELATED COMPLICATION WITH ITS AWARENESS AND MEDICATION COMPLIANCE

PERSONAL INFORMATION

Please fill out the following questions which are solely intended for research purpose and will be kept confidential.

Participant's Name *

Your answer

Gender *

- ◯ Male
- ◯ Female
- ◯ Other:

Age *

Your answer

Weight *

Your answer

BMI *

- [ ] BMI is less than 18.5, it falls within the underweight range.
- [ ] BMI is 18.5 to 24.9, it falls within the Healthy Weight range.
- [ ] BMI is 25.0 to 29.9, it falls within the overweight range.
- [ ] BMI is 30.0 or higher, it falls within the obese range.
- [ ] Other:

Years of education completed? *

- ◯ Upto 10th grade
- ◯ Upto 12th grade
- ◯ Upto Graduation
- ◯ Upto Post Graduation
- ◯ Other:

Social Status *

- ◯ Married
- ◯ Single

Nationality *

- ◯ Indian
- ◯ Non-Indian

Living place *

- ◯ City(Urban)
- ◯ Village(Rural)

Which area of Gujarat does the participant belong to. (Please type in the 'other' section if his/her area and state are not mentioned below) *

- ◯ Ahmedabad
- ◯ Anand
- ◯ Bhavnagar
- ◯ Dahod
- ◯ Gandhinagar
- ◯ Kutch
- ◯ Saurashtra
- ◯ Vadodara
- ◯ Junagadh
- ◯ Patan
- ◯ Rajkot
- ◯ Surendranagar
- ◯ Porbandar
- ◯ Mehsana
- ◯ Other: _____

DIET AND EXERCISE

Habits of the participant and diet plan with exercise

Breakfast *

- ☐ Roti
- ☐ Tea
- ☐ Toast
- ☐ Poha
- ☐ Other: _____

Lunch *

- ☐ Sabji-Roti
- ☐ Rice
- ☐ Salad
- ☐ Other: _____

Dinner *

- [ ] Khichdi-kadhi
- [ ] Roti
- [ ] Rice
- [ ] Other: _____

Exercise *

- [ ] Walk
- [ ] Cycling
- [ ] Cardio
- [ ] Meditation
- [ ] Yoga
- [ ] Other: _____

DIABETES

Know-how of the Disease.

Does the participant have any other health problems? *

- [ ] High Blood Pressure
- [ ] Heart Disease
- [ ] High Cholesterol/Triglycerides
- [ ] Glaucoma
- [ ] Stroke
- [ ] Retinopathy (Eye)
- [ ] Kidney Problems/Nephropathy
- [ ] Asthma
- [ ] Neuropathy (Nerve)
- [ ] Gingivitis
- [ ] Osteoporosis
- [ ] Sexual dysfunction
- [ ] Organ transplant
- [ ] Thyroid
- [ ] Polycystic ovaries
- [ ] None/Unaware
- [ ] Other: _____

Medication

Please specify intake of ongoing medication and any co-morbid medication if any.

Which of the following does the participant take to control sugar level? *

- [ ] Antidiabetics
- [ ] Insulin Injection
- [ ] Other: _____

Which of the following antidiabetic drug(s) the participant takes to control diabetes? *

- [ ] Metformin
- [ ] Voglibose
- [ ] Glipizide
- [ ] Sitagliptin
- [ ] Tolbutamide
- [ ] Other: _____

How many units of insulin do the participant take in a day to control diabetes?

Your answer _____

Does the participant take any alternative system medicine(s) to control the diabetes? *

If yes Specify which one from below options

- [ ] Ayurvedic
- [ ] Allopathy
- [ ] Unani
- [ ] Siddha
- [ ] Homeopathy
- [ ] Naturopathy
- [ ] Other: _____

Does the participant take any other medication(s) for comorbid disease? *

- [ ] Antihypertensives
- [ ] Antihyperlipidemics
- [ ] Antiglaucoma
- [ ] Anti asthamatics
- [ ] Antihistamines
- [ ] Antibiotics
- [ ] Other: _____

Clinical Findings

Certain Laboratory findings of the participant crucial for research purpose

Blood Pressure *

Your answer

Blood Sugar level (Fasting) *

- [ ] Normal (80-110 mg/dl)
- [ ] Abnormal (Not Clinically Significant) (110-125 mg/dl)
- [ ] Abnormal (Clinically Significant)(>126 mg/dl)
- [ ] Other:

Blood Sugar level (Post- Prandial) *

- [ ] Normal(170-200 mg/dl)
- [ ] Abnormal (Not Clinically Significant)(190-230mg/dl)
- [ ] Abnormal (Clinically Significant)(220-300 mg/dl)
- [ ] Other:

HbA1c level *

- [ ] Normal(< or = 5.6%)
- [ ] Abnormal (Not Clinically Significant)(5.7-6.4%)
- [ ] Abnormal (Clinically Significant)(>6.5%)
- [ ] Other:

Creatinine Level *

- [ ] For Men (Normal) 0.74 to 1.35 mg/dL
- [ ] For Women(Normal) 0.59 to 1.04 mg/dL
- [ ] For Men (Abnormal) >1.35 mg/dL
- [ ] For Women(Abnormal) >1.04 mg/dL
- [ ] Other:

UACR(Urine albumin-to-creatinine ratio) *

- [ ] For Men (Normal) <17mg/g
- [ ] For Women(Normal) <25mg/g
- [ ] For Men (Abnormal) >17mg/g
- [ ] For Women(Abnormal)>25mg/g
- [ ] Other:

Survey On Diabetes(Prospective Study)

SURVEY ON ASSOCIATION OF DIABETES AND DIABETES RELATED COMPLICATION WITH ITS AWARENESS AND MEDICATION COMPLIANCE

PERSONAL INFORMATION

Please fill out the following questions which are solely intended for research purpose and will be kept confidential.

Participant's Name *

Your answer

Gender *

- ◯ Male
- ◯ Female
- ◯ Other: _____

Age *

Your answer

How many years of education have you completed? *

- ◯ Upto 10th grade
- ◯ Upto 12th grade
- ◯ Upto Graduation
- ◯ Upto Post Graduation

Social Status *

- ◯ Married
- ◯ Single

Nationality *

- ◯ Indian
- ◯ Non-Indian

Living place *

- ◯ City(Urban)
- ◯ Village(Rural)

Which area in Ahmedabad do you belong to. (Please type in the 'other' section if your area and state are not mentioned below) *

- ◯ Ahmedabad
- ◯ Anand
- ◯ Bhavnagar
- ◯ Dahod
- ◯ Gandhinagar
- ◯ Kutch
- ◯ Saurashtra
- ◯ Vadodara
- ◯ Junagadh
- ◯ Patan
- ◯ Rajkot
- ◯ Surendranagar
- ◯ Porbandar
- ◯ Mehsana
- ◯ Other: _____

DIABETES

Know-how of the Disease.

Do you know what is diabetes? *

- ◯ Yes
- ◯ No
- ◯ Maybe

Do you have diabetes? *

- ◯ Yes
- ◯ No

How long have you known that you have diabetes? *

Your answer

Is any of your family member suffering from diabetes? *

- ◯ Yes
- ◯ No

Breakfast *

- [ ] Roti
- [ ] Tea
- [ ] Toast
- [ ] Poha
- [ ] Other:

Lunch *

- [ ] Sabji-Roti
- [ ] Rice
- [ ] Salad
- [ ] Other:

Dinner *

- [ ] Khichdi-kadhi
- [ ] Roti
- [ ] Rice
- [ ] Other:

Dinner *

- [ ] Khichdi-kadhi
- [ ] Roti
- [ ] Rice
- [ ] Other:

Do you exercise daily? *

- ◯ Yes
- ◯ No

If yes please specify which exercise you do?

- [ ] Walk
- [ ] Cycling
- [ ] Cardio
- [ ] Meditation
- [ ] Yoga
- [ ] Other:

AWARENESS OF THE DISEASE

Can diabetes be prevented? *

- ◯ Yes
- ◯ No
- ◯ Maybe/Unaware

If yes how can it be prevented?

- ☐ Diet
- ☐ Exercise
- ☐ Medication
- ☐ Other: _____

Do you know diabetes related complications? *

- ◯ Yes
- ◯ No
- ◯ Partially

If yes, Are you aware that apart from blood sugar there are other disease also like high BP, Hypercholesterolemia and Anemia which can enhance the damaging potential due to the diabetes?

- ◯ Yes
- ◯ No

Are you aware of any anti-diabetic drug-food interactions? *

- ◯ Yes
- ◯ No