**Additional file 2. DATA COLLECTION FORM**

Name: S/O, D/O, W/O:

Marital Status: Pt. Code: Height (cm): \_ Age/Gender: Occupation & Lifestyle:

Resident of:

Contact No.: Family History of DM: F/H HTN: \_

Duration of DM (YRS): Current DM Therapy: INSULIN /OHA/DIET/NONE\_ DIETARY Habits:

Co Morbidities: PRESENT COMPLAINT:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Date** | **Weight (Kg)** | **Waist (cm)** | **BMI** | **BMR** | **R/Cal/d** | **Pharmacist Work Up / Notes** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |

Process Measures:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No****.** | **Dat e** | **B.P****(mm/Hg)** | **BSF****mg/d L** | **BSR****mg/d L** | **Hb A1c****(%)** | **LIPID PROFILE (mg/dL)** | **S/Cr**mg/dL**0.5-1.2** | **eGFR****ml/min****/1.73m****2****AND****CKD –****Stage** |
| **Sys** | **Dias** | **Total Lipids****450-****1000** | **Chol****≤200** | **TG 50-****150** | **HDL-C 45-65** | **LDL-C 0-150** | **VLDL****-C****0-30** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Haematology Report

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Hb**(g/dL)***[11.5-16]*** | **WBC TLC** (X103/µL) ***[4 – 11]*** | **ESR**[mm/1st an hr]***[1 – 20]*** | **Total RBC** (X106/µL) ***[4.– 5.5]*** | **MCV**(fL)***[76–96]*** | **HCT PVC** ( %)***[36–46]*** | **PLT**(X103/µ L)***[150 –******450]*** | **MCH**(%)***[27 – 32]*** | **MCHC**(%)***[30 – 35]*** | **N**% | **L**% | **M**% | **E**% | **Anti HCV** | **HBs Ag** | **SGPT****/ALT** (U/L) ***[5–34]*** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Urine Complete Examination Repor

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Col** | **Turb** | **Dep** | **S.G** | **pH** | **Gl** | **Prot** | **µ****Alb** | **Ket** | **Uro****bil** | **bil** | **bld** | **leuk** | **Pus****cell** | **Epith****cell** | **RBC** | **Cry** | **Bact** | **Muc** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Any Other Lab Tests Performed during the study

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **T3** | **T4** | **TSH** | **Foot Ex** | **Eye Ex** | **Tooth Ex** | **Skin Ex** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

Non Pharmacological Interventions by Pharmacist (Patient Counseling) [ONLY FOR INTERVENTION ARM

PATIENTS]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Date** | **Time given** | **Disease (DSME)** | **SMBG** | **Hypo gly** | **Hyper gly** | **Diet/****Diet chart** | **Exercise** | **Med Adh** | **Eye care** | **Oral Care** | **Skin Care** | **Foot Care** | **Psychic Issues** | **Imm** | **Self Med** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Pharmacological Interventions by Pharmacist [ONLY FOR INTERVENTION ARM PATIENTS]:

**Prescription (Rx)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Date** | **Drug/Medicine** | **Dose** | **Change in Prescription** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |