1. Patient personal details

Insurance number: …………………………………………………………..

Name: ..………………………………………………………………………

Date of birth: .………………………………………………………………

Place of birth:

Address:

Telephone number:

Gender: female / male

Race: Asian /Indian / White / Black / Hispanic /N.A. (not applicable)

Date of interview: …………………………………………………………

Institute:

Doctor code

Blood sample code:

Date of blood sampling:

2. Typisation:

1. **Type 1 Diabetes**	A, Immunological; special form: LADA? B, Idiopathic
2. **Type 2 Diabetes**	
3. **Other types of diabetes**	A, Genetic ß-cell defection: - MODY 1 - MODY 2 - MODY 3 - MODY 5 B, Genetic defect of the insulin effect C, Endocrinopathy: - Acromegaly - Cushing-disease - Pheochromocytome - Hyperthyreosis - Somatostatinome - Glucagonome - Aldosteronome - Other: D, Medication induced: - thiazids - hormonal anticonception therapy - betaadrenergic therapy - steroids - thyroid hormones E, Infection: - congenital rubella infection - CMV infection G, Rare immunological forms, e.g.: - Anti-Insulin-Receptor-Antibody H, Genetic syndromes with diabetes: - Down-syndrome - Klinefelter-syndrome - Turner-syndrome - other:
4. **Gestational diabetes**	
5. **Impaired glucose tolerance IGT)**	
6. **Impaired fasting glucose (IFG)**	
7. **Non-diabetic**	

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3. Details from the medical history

Alcohol consumption: yes / no

    If yes: frequency: N/A / occasionally/monthly/weekly/daily

               amount (per occasion):……………………………………

               for how many years: ………………………….

    Total alcohol consumption in the last 2 weeks: …………………..

    If not: Did you drink alcohol earlier?   yes/no/ N/A

    If yes: frequency: N/A / occasionally/monthly/weekly/daily

                     amount (g/occasion):……………………………………

                     for how many years?………………………………………

                     How long ago did you stop drinking alcohol?………………………

Guide for estimation of the amount:
1 dl beer (4.5 vol. %) = ~3.5 g alcohol
1 dl wine (12.5 vol. %) = ~10 g alcohol
1 dl hard drink (50 vol. %) = ~40 g alcohol

Smoking: yes / no

    if yes: amount (cigarettes/day):…………………

               for how many years?   …………………………

    if not: Did you smoke earlier?   yes/no/ N/A

           if yes: amount (cigarettes/day):…………………………………

                 for how many years?………………………………………

                 How long ago did you stop smoking? ……………………………….

Sport: Type? Regularity?

Drug abuse: yes / no   *Prescribed medication should not be included here.*

    if yes: type of drug:…………………………………. amount:……………………………………….

           for how many years:……………………………

Known diseases: yes / no

          if yes: please fill the list

1. **Liver disease; since when? What type?**
2. **Autoimmune disease? Since when? What type?**
3. **Endocrine disease? Since when? What type?**
4. **Heart failure? Since when? What type? EF?**
5. **Arrhythmia? Since when? What type?**
6. **Hypertension? Since when?**
7. **Hyperlipidaemia? Since when?**
8. **Obesity? Since when?**
9. **Tumor? Since when? What type?**
10. **Other relevant disease? Since when? What type?**
11. **Syncope? When? Reason? Duration?**
12. **Collapse? When? Reason?**
13. **Complications by pregnancy?**

4. Complications:

1.Macroangiopathy: 1. Coronary heart disease 2. Peripheral artery disease 3. Cerebral arteriosclerosis or ischemic stroke	Type/Stadium	Since when?	Latest control by specialist
2.Microangiopathy: 1. Diabetic nephropathy	**1. Stadium I-V.** | CKD Stage	eGFR (ml/min/1,73 m²) | |---|---| | 1. | ≥ 90 | | 2. | 60-89 | | 3a. | 45-59 | | 3b. | 30-44 | | 4. | 15-29 | | 5. | <15 | | Albumin excretion | |---| | Normoalbuminuria | | Microalbuminuria | | Macroalbuminuria |	Since when? Since when?	Latest control by specialist
2. Diabetic retinopathy	2. A, Non-proliferative retinopathy B, Proliferative retinopathy C, Diabetic maculopathy	Since when?	Latest control by specialist?
3. Diabetic neuropathy	1. Peripheral sensomotoric polyneuropathy 2. Rare forms of the diabetic polyneuropathy: -Peripheral N. facialis paresis -Diabetic Radiculopathy 3. Autonomic diabetic neuropathy (ADN): -Cardiovascular ADN: *A, Pathological Ewing-tests:* 1, Heart rate variation to deep breathing 2, Heart rate response to Valsalva manoeuvre 3, Heart rate response to standing (30:15 ratio) 4, Blood pressure response to standing (orthostatic hypotension) 5, Blood pressure response to a sustained handgrip	Since when?	Latest control by specialist? Ewing-test scoring: 0 (normal), 1 (borderline) 2 (abnormal)

	B, Tachycardia at rest (Vagus defect) *C, Non-Dipper circadian blood pressure* *D, Cardiac sympathetic denervation* -<u>Gastrointestinal ADN:</u> *A, Oesophagus motility disorder* *B, Gastroparesis* *C, Intestinal ADN with diarrhoea/Obstipation* *D, Anorectal dysfunction (incontinency)* -<u>ADN of the urogenital system</u> *A, Urinary bladder atony* *B, Erectile dysfunction* - <u>ADN of the neuroendocrine system</u> *A, Defect of the glucose counter regulatory responses to hypoglycaemia* -<u>ADN of the thermoregulation</u> A, Reduce of the perspiration B, Vasodilatation		Neuropad-test:
4. Diabetic foot syndrome	Wagner-Armstrong classification: 		
3.Diabetic cardiomyopathy			Since when?
4.Fatty liver disease			Since when?
5.Hypoglycemia, coma diabeticum	**Alert value for hypoglycemia** *≤70 mg/dL (≤3.9 mmol/L) plasma concentration* **Severe hypoglycemia:** Requires assistance of another person to actively administer carbohydrates, glucagon, or take other corrective actions Plasma glucose concentrations may not be available during an event		**When?** **How often**? **When?** **How often?** (number per week/month/year)

5

	Neurological recovery following plasma glucose levels returning to normal considered sufficient evidence that event was induced by low plasma glucose concentration **Documented symptomatic hypoglycemia** Typical hypoglycemia symptoms accompanied by measured plasma glucose ≤70 mg/dL (≤3.9 mmol/L) **Asymptomatic hypoglycemia** Not accompanied by typical hypoglycemia symptoms but with measured plasma glucose ≤70 mg/dL (≤3.9 mmol/L) **Probable symptomatic hypoglycemia** Typical hypoglycemia symptoms not accompanied by plasma glucose determination but likely caused by plasma glucose ≤70 mg/dL (≤3.9 mmol/L) **Pseudo-hypoglycemia** Reports of typical hypoglycemia symptoms with measured plasma glucose >70 mg/dL (>3.9 mmol/L) but approaching that threshold		**When?** **How often?** (number per week/month/year) **When?** **How often?** (number per week/month/year) **When?** **How often?** (number per week/month/year) **When?** **How often**? (number per week/month/year)
6.Hypoglycemic shock			When?

5. Medications taken regularly: yes / no

Please specify the name of the active substance (e.g. "acetylsalicylic acid"). Please specify the amount using the International System of Units –SI (e.g. milligram, gram)

if yes: details

Name of medication:………………..
active substance:………………
dose: ………….
dose without unit (number only!)
unit: g / mg / IU
if fluid, concentration (e.g. 10%, 1g/2ml, etc.)……………………
how many times per day (e.g. 3): ………….
Method of administration: N/A / intravenious / oral / enteral / subcutan
other notes: ……………………………………

Name of medication:………………..
active substance:………………

dose: ………….
dose without unit (number only!)
unit: g / mg / IU
if fluid, concentration (e.g. 10%, 1g/2ml, etc.)……………………
how many times per day (e.g. 3): ………….
Method of administration: N/A / intravenious / oral / enteral / subcutan
other notes: …………………………………

Name of medication:……………..
active substance:………………
dose: ………….
dose without unit (number only!)
unit: g / mg / IU
if fluid, concentration (e.g. 10%, 1g/2ml, etc.)……………………
how many times per day (e.g. 3): ………….
Method of administration: N/A / intravenious / oral / enteral / subcutan
other notes: …………………………………

Diet: yes / no; when yes, please describe. (X gr carbohydrates per day diet)
150 gr CH
165 gr CH
175 gr CH
200 mg CH
225 gr CH
250 gr CH

Medication allergy? Active substance? Since when? What happens?

6. Admission details and state

Blood pressure: ……… / ……… Hgmm   **Heart rate:** ………………………… /minute

Body weight:………………………………… kg   **Body height:** ………………………………… cm

Waist measurement: cm   **Hip measurement**:   cm

Waist-hip ratio:

7. Laboratory parameters on admission   Date:

Amylase (U/l)	
Lipase (U/l)	
White blood cell (WBC) count (G/l)	
Red blood cell (RBC) count (T/l)	
Haemoglobin (g/l) Conversion: mmol/l	
Haematocrit (%)	
MCV (fl)	
MCHC (g/L)	
Thrombocyte (G/l)	
Glucose (mmol/l) Conversion: mg/dL	
Blood urea nitrogen (mmol/l) Conversion: mg/dL	
Creatinine (umol/l) Conversion: mg/dL	
eGFR (CKD-EPI)	
Uric acid (µmol/L)	
Serum insulin pmol/l. (mU/l)	
C-reactive protein (mg/l)	
Lactate dehydrogenase LDH (U/l)	
Calcium (mmol/l)	
Phosphate (mmol/l)	
Sodium (mmol/l)	
Potassium (mmol/l)	
Magnesium (mmol/l)	
Total protein (g/l)	
Albumin (g/l)	
Cholesterol (mmol/l) Conversion: mg/dL	
Triglyceride (mmol/l) Conversion: mg/dL	
HDL-cholesterol	
LDL-cholesterol	
ASAT/GOT (U/l)	
ALAT/GPT (U/l)	
Gamma GT (U/l)	
Total bilirubin (umol/l) Conversion: mg/dL	
Direct/Conjugated bilirubin (umol/l) Conversion: mg/dL	
Alkaline phosphatase (U/l)	
Creatinine kinase (U/l)	
Erythrocyte sedimentation rate(ESR)/Westergren (mm/h)	
HbA1c%	
Fructose amine (µmol)	
C-peptide (ng/ml)	
TSH (mIU/)	
fT3 (mIU/)	
fT4 (mIU/)	
IgA (g/l)	
IgM (g/l)	
IgG (g/l)	

IgG4 (g/l)	
anti-GAD	
ICA	
IA-2-Antibody	
IGF-1	
Cortisol	
urine total protein	
urine albumin	
urine creatinine	
urine nitrite	
urine pH	
urine protein	
urine glucose	
urine ketone body	
urine urobilinogen	
urine bilirubin	
urine white blood cell	
urine red blood cell	
urine sediment test	
Other	

8. Genetic testing

Has it been performed earlier?   yes / no
If yes: please describe:………

Genes	N/A	Pos	Neg	Results
MODY 1				
MODY 2				
MODY 3				
MODY 5				
HLA-Type				
…………….				

9. File Uploading

10. Registered data:

1. ECG-parameters

1. QT interval (ms)	
2.QTc interval using Bazett's formula (QTc = QT/√RR) (ms)	
3.QTc interval using Fridericia formula (QTc = QT/[RR/1,000]1/3) (ms)	
4.QTc formula Framingham (QTc = QT + [0.154 × {1,000 − RR}]) (ms)	
5.QTc Hodges formulas (QTc = QT + 1.75 × [60,000/RR − 60]) (ms)	
6. QTd (QT dispersion) (ms)	
7.PQ intrerval (ms)	
8.QRS interval (ms)	
9.RR interval (ms)	
10. STV$_{QT}$: the duration of terminal part of T waves (Tpeak – Tend) and the short-term variability of QT interval (ms)	
11. Tpeak – Tend (ms)	
12.T wave amplitude (μV)	
13. STV$_{RR}$ (ms)	
14.Long-term QT interval variability	
15.Normalized QT interval variance	
16.QT variability index	
17. Variability ratio	

1. Heart frequency variability

A, Time domain analysis

1.Tart1	
2.Tart2	
3.Domain	
4.Beats	
5.HRmax (bpm)	
6.HRmin (bpm)	
7.HRmean (bpm)	
8.RRmax (ms)	
9.RRmin (ms)	
10.RRmean (ms)	
11.SDRR (ms)	
12.pRR50 (%)	
13.rMSSD (ms)	
14.HRVi	
15.SD1	
16.SD2	
17.SD1/SD2	
18.S	
19.CVRR (%)	

B, Frequency domain analysis

1. Tart1	
2. Tart2	
3. Domain	
4. Total (ms2)	
5. VLF (ms2)	
6. LF (ms2)	
7. VLF (%)	
8. LF (%)	
9. HF (%)	
10.LF/HF	

C, RR Tachogram (picture file uploading)

D, Histogram (picture file uploading)

2. Assessment of AN with five standard cardiovascular reflex tests (CRT)

Test	Result	Normal value	Evaluation
Heart rate response to deep breathing		≥15/min.	
Valsalva ratio		≥1.21	
30/15 ratio		≥1.04	
Orthostatic systolic BP fall		≤10 mm Hg	
Diastolic BP elevation at handgrip		≥16 mm Hg	

CRT was scored as 0 (normal), 1 (borderline) or 2 (abnormal) and by this method an autonomic score (0-10) is calculated to express the overall severity of AN.