

Supplementary File 1

Assessment of Clinical Outcomes and Healthcare Utilization among Diabetic Patients Admitted to Medical Wards

PART I: SOCIODEMOGRAPHIC CHARACTERISTICS

Instructions: Please complete all sections by filling in the blanks or ticking (✓) the appropriate response.

Item No.	Variable	Response Options/Coding
1.	Age (in years)	_____ years
2.	Gender	☐ Male ☐ Female
3.	Place of residence	☐ Urban ☐ Rural
4.	Educational level	☐ No formal education ☐ Primary school ☐ Secondary school ☐ College and above
5.	Household income (ETB/month)	_____ Birr
6.	Occupation	☐ Government employed ☐ Private employed ☐ Merchant ☐ Student ☐ Farmer ☐ Housewife ☐ Retired ☐ Laborer
7.	Marital status	☐ Single ☐ Married ☐ Divorced ☐ Widowed
8.	Source of medication	☐ Self-paid ☐ Free ☐ Full health insurance coverage ☐ Partial health insurance coverage

PART II: HEALTH INFORMATION AND LIFESTYLE FACTORS

Item No.	Variable	Response Options/Coding
9.	History of cigarette smoking	☐ Never smoked ☐ Previous smoker ☐ Current smoker
10.	History of alcohol consumption	☐ Never drank ☐ Previous drinker ☐ Current drinker
11.	Restricted diets prescribed by healthcare providers	☐ No restricted diet ☐ Carbohydrate and alcohol ☐ Carbohydrate, fatty meal and alcohol ☐ Carbohydrate, fatty meal, salt and alcohol ☐ Carbohydrate, salt and alcohol ☐ Carbohydrate, protein, salt and alcohol ☐ Carbohydrate and salt only ☐ Carbohydrate only ☐ Other (specify): _____
12.	Level of physical activity	☐ Physically inactive ☐ Physically active
13.	History of recreational drug use	☐ Not a recreational drug user ☐ Chat chewing ☐ Hashish/cannabis ☐ Opioid drugs ☐ Other (specify): _____
14.	Immunization history	☐ Not immunized ☐ COVID-19 vaccination ☐ Hepatitis B ☐ Other (specify): _____
15.	Body Mass Index (BMI)	Height: _____ m Weight: _____ kg BMI: _____ kg/m ² ☐ Underweight ☐ Normal ☐ Overweight ☐ Obese ☐ Morbidly obese
16.	Do you have someone to assist you with medication use?	☐ Yes ☐ No
17.	Is there self-monitoring of blood glucose at home?	☐ Yes ☐ No

18.	Family history of Diabetes Mellitus	☐ Yes ☐ No
19.	Type of Diabetes Mellitus	☐ Type I ☐ Type II ☐ Not classified

PART III: ADMISSION DETAILS AND CLINICAL PRESENTATION

Item No.	Variable	Response Options/Coding
20.	Primary diagnosis on admission (Select the main diagnosis)	☐ Diabetic foot ulcer ☐ Peripheral artery disease with gangrene ☐ Acute decompensated heart failure ☐ Decompensated chronic liver disease ☐ Uncontrolled hypertension ☐ Severe community-acquired pneumonia ☐ Acute kidney injury ☐ Acute kidney injury on chronic kidney disease ☐ Acute ischemic stroke ☐ Acute hemorrhagic stroke ☐ Severe anemia ☐ Sepsis ☐ Acute exacerbation of asthma ☐ Acute deep vein thrombosis ☐ Pyelonephritis ☐ Pyogenic meningitis ☐ Acute exacerbation of COPD ☐ Complicated Tuberculosis ☐ Upper GI bleeding ☐ Acute ischemic heart disease ☐ Cellulitis ☐ Acute pulmonary embolism ☐ Recurrent hypoglycemia ☐ Cor pulmonale ☐ Epileptic seizure ☐ Other (specify): _____
21.	Main clinical presentation during admission	_____ _____
22.	Existing comorbidities (Select all that apply)	☐ Hypertension ☐ Heart failure ☐ Cancer ☐ Chronic valvular heart disease ☐ HIV ☐ Chronic anemia ☐ Chronic liver disease ☐ Parkinson's disease ☐ Asthma ☐ Known hypertensive heart disease ☐ Depression ☐ COPD ☐ Epilepsy ☐ No existing comorbidities ☐ Other (specify): _____
23.	Number of existing comorbidities	_____
24.	Diabetes status at admission	☐ Newly diagnosed ☐ Known diabetes
25.	Duration of diabetes (for known cases)	_____ years
26.	Chronic complications of Diabetes Mellitus (Select all that apply)	☐ Diabetic retinopathy ☐ Diabetic nephropathy ☐ Diabetic foot ulcer ☐ chronic kidney disease ☐ Old stroke ☐ Peripheral neuropathy ☐ Known ischemic heart disease ☐ Peripheral artery disease ☐ No chronic complications ☐ Other (specify): _____
27.	Number of diabetic-specific chronic complications	_____

PART IV: COMPLICATIONS DEVELOPED DURING HOSPITALIZATION

Item No.	Variable	Response Options/Coding
28.	Complications developed during hospital stay (Select all that apply)	☐ Bed sore ☐ Hypoglycemia ☐ Sepsis ☐ Deep vein thrombosis ☐ Acute kidney injury ☐ Hospital-acquired pneumonia ☐ Urinary tract infection ☐ Diabetic ketoacidosis ☐ Electrolyte disturbance ☐ Hyperosmolar hyperglycemic state ☐ No complications ☐ Other (specify): _____

PART V: GLYCEMIC MANAGEMENT

29. Antidiabetic regimen prior to admission (Select the regimen the patient was taking):

Code	Regimen
☐	Metformin monotherapy
☐	Metformin plus Sulfonylurea
☐	Basal insulin only
☐	Basal insulin + Metformin + SGLT2 inhibitor
☐	Basal insulin + Metformin
☐	Mixtard insulin
☐	Metformin + SGLT2 inhibitor
☐	Sulfonylurea monotherapy
☐	Metformin + DPP-4 inhibitor
☐	Metformin + Sulfonylurea + SGLT2 inhibitor
☐	Basal-bolus insulin
☐	Not on antidiabetic medication
☐	Other (specify): _____

30. Concomitant medications for comorbidities (Select all that apply):

Code	Medication	Code	Medication
☐	Calcium Channel Blockers	☐	HAART
☐	ACE Inhibitors	☐	Aspirin 81mg/100mg
☐	ARB	☐	Warfarin
☐	Clopidogrel 75mg	☐	Statin
☐	Diuretics	☐	Beta-blockers
☐	Digoxin	☐	Amitriptyline
☐	Beclomethasone puff	☐	Gabapentin
☐	Budesonide/Salmeterol	☐	Levodopa/Carbidopa
☐	No medication being used	☐	Other (specify): _____

31. Initial antidiabetic regimen used for glycemic control after hospitalization:

Code	Regimen
☐	Basal with correctional insulin
☐	Basal-bolus insulin
☐	Basal insulin only

☐	Sliding scale insulin only
☐	Basal insulin + SGLT2 inhibitor
☐	Other (specify): _____

PART VI: DISCHARGE INFORMATION

Item No.	Variable	Response Options/Coding
32.	Patient outcome	☐ Discharged home after improvement ☐ Died in hospital ☐ Transferred to other units ☐ Discharged against medical advice
33.	Discharge antidiabetic medication (Select all that apply)	☐ Metformin only ☐ Metformin + Sulfonylurea ☐ Basal insulin + Metformin ☐ Metformin + SGLT2 inhibitor ☐ Sulfonylurea only ☐ Metformin + DPP-4 inhibitor ☐ Basal insulin only ☐ Mixtard insulin ☐ Basal-bolus insulin ☐ No antidiabetic medication ☐ Other (specify): _____
34.	Length of hospital stay	_____ days

PART VII: BASELINE LABORATORY VALUES

Item No.	Parameter	Value
35.	HbA1c (at admission or within past 3 months)	_____ %
36.	Serum creatinine (within past 3 months)	_____ mg/dL
37.	Random blood glucose (at admission)	_____ mg/dL
38.	Random blood glucose (within 24 hours before discharge/death/transfer)	_____ mg/dL
39.	Systolic blood pressure (at admission)	_____ mmHg
40.	Diastolic blood pressure (at admission)	_____ mmHg
41.	Systolic blood pressure (at discharge/transfer/death)	_____ mmHg
42.	Diastolic blood pressure (at discharge/transfer/death)	_____ mmHg
43.	Total cholesterol	_____ mg/dL
44.	LDL cholesterol	_____ mg/dL
45.	HDL cholesterol	_____ mg/dL
46.	Triglyceride level	_____ mg/dL

PART VIII: DIRECT MEDICAL COSTS OF HOSPITALIZATION

Item No.	Cost Category	Amount (Birr)
47.	Medication and medical supplies	_____
48.	Imaging procedures	_____
49.	Bed occupancy	_____
50.	Laboratory procedures	_____
51.	Medical records	_____

52.	Other direct costs (specify): _____	_____
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ADDITIONAL REMARKS

Data Collector's Name: _____ **Signature:** _____ **Date:** _____

Supervisor's Review: _____ **Signature:** _____ **Date:** _____

Thank you for your participation in this study.