ANNEXURE I

DEPARTMENT OF HUMAN GENETICS
GURU NANAK DEV UNIVERSITY, AMRITSAR
PROFORMA

<table>
<thead>
<tr>
<th>Name</th>
<th>CODE</th>
<th>DOB</th>
<th>Sex</th>
<th>Caste</th>
<th>Religion</th>
<th>Contact No.</th>
<th>Residential Address</th>
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EDUCATIONAL STATUS
Illiterate /Middle /Higher sec. /Graduate /Higher Edu. /Professional degree

PROFESSIONAL STATUS
1) Businessman
2) Serviceman
Officer/ Doctor/ Lawyer/ Engineer/ Executive Officer/ School Teacher/ Small Trader/ Clerk/
Sedentary worker/ Peon/ Housewife/ Servant/ Manual worker

MONTHLY INCOME

TYPE OF FAMILY
(i) Nuclear (ii) Joint

FAMILY SIZE

NO. OF SIBLINGS
(i) Males (ii) Females

SOCIO-ECONOMIC STATUS OF FAMILY
Higher income group/Middle income group/Low income group

HABITAT
Urban/Rural/Sub-urban

SMOKING – Yes/No
If yes, then average frequency/day

DIETARY HISTORY
Vegetarian/non-vegetarian/Conditional vegetarian
If non-vegetarian (i) Type (ii) Frequency (Daily/Weekly/Monthly) (iii) No. of eggs consumed/day

MILK TYPE
(i) Whole (ii) Frequency (Qty/day)
Which food you like the most:
(i) Junk Food (Packed food/Pizza/Burger/noodles) ______ Frequency/Day______
(ii) Home cooked food_________________

Cooking medium used
Saturated
(i) Desi Ghee___________(ii) Butter_____________ (iii) Dalda_________________

Unsaturated
(i) Refined________________ (ii) Mustard______________

ALCOHOL INTAKE- Yes/No
If yes, then average weekly consumption____________

Have you ever been told that you had a high Sugar level or that you have diabetes?

No/Only during pregnancy/yes border line/Yes

1. Age of onset of diabetes ________________________________
2. How was it detected _________________________________
3. Duration of diabetes _________________________________
4. Glucose-lowering medication use ______________________
5. Insulin treatment____________________________________
6. Therapy or Medication_______________________________
7. Age of onset of ESRD _________________________________
8. Duration of ESRD ___________________________________
9. Family history of ESRD_______________________________
10. Frequency of dialysis_______________________________
11. Any other complication related to Kidney?_____________

Physical activity: Sedentary/Light/Moderate/Heavy
Daily walk__________________ Brisk walk________________
Strenuous exercise__________ Yoga_____________________
Household work______________ No exercise______________

MODE OF TRAVELLING
Car/Bus/Auto/Rickshaw/Cycle/Walk
Hours spend on SLEEPING______________________________

Hours spend on T.V. WATCHING__________________________

RECREATIONAL

Outdoor games:
Cricket/Hockey/Swimming/Cycling/Badminton/Dance/Football/Any other

Indoor games:
Ludo/ Video games/ Carom board/ Cards/ Pooling/ Computer/ Any other
Only for Females

Menstrual History:
(i) Age at Menarche______________ (ii) Age at menopause______
(iii) Any complications______________

Reproductive History:
(i) Age at 1st live birth_______ (ii) Still birth____ (iii) Abortion________
(iv) No. of Children (live births) __________ Normal_____/Cesarean____
(v) Any complications during pregnancy______________

History of Breast feeding:
Duration 1st child_____ 2nd child______ 3rd child_____

OBESITY:
Yes____ No__________
(i) Onset of Obesity: Childhood: yes_______ (yrs) No__________
Adulthood: yes_______ (yrs) No__________
(ii) Weight gain during/after pregnancy________________
(iii) Family history of Obesity: yes______ No_____

OBESITY RELATED DISORDERS
Hypertension_______________ Blood Pressure(mm/Hg)_____________________
Medicine________________________________________________________
Cardiovascular disease ______________
Family history of cardiovascular disease____
Any medication use _______ Duration_________________
Osteoarthritis ______________________
Gall bladder disease______________
Carcinoma cervix________________________
Any other____________________________________

BODY PARAMETERS
1. Body weight_____________ 2. Body height_____________
3. Waist circumference______ 4. Hip circumference________
5. Biceps skinfold__________ 6. Triceps skinfold__________
7. Subscapular skinfold______ 8. Suprailiac skinfold__________
9. Calf skinfold________ 10. Arm circumference________
11. Calf Circumference________
12. BMI______________ 13. Waist Hip Ratio (WHR)__________

**LIPID PROFILE**

1. Total cholesterol_______mg/dl  
2. Triglycerides_______________mg/dl  
3. HDL-C_______________mg/dl  
4. L. Pulse rate________  
5. VLDL_______________mg/dl  
6. Pulse pressure________
7. Blood pressure__________mmHg  
8. Mean Arterial pressure_______mmHg
9. HbA1C______________  
10. Fasting Glucose______________mg/dl  
11. Creatinine___________mg/dl  
11. Urea _____________________mg/dl

**MORPHOGENETIC TRAITS**

- **Widow’s peak**
  - a) Present
  - b) Absent
- **Cleft chin**
  - a) Present
  - b) Absent
- **Nose Shape**
  - a) Rounded
  - b) Pointed
- **Eye Colour**
  - a) Dark brown
  - b) Brown
  - c) Green
  - d) Gray blue
  - e) Dark blue
  - f) Light blue
  - g) Black
- **Earlobes**
  - a) Fused
  - b) Free
- **Dimples**
  - a) Present
  - b) Absent
- **Lips**
  - a) Thick
  - b) Thin
- **Hairy ears**
  - a) Present
  - b) Absent
- **Hair texture**
  - a) Curly
  - b) Wavy
  - c) Straight
- **Face shape**
  - a) Round
  - b) Square
  - c) Oval
- **Eye position**
  - a) Horizontal
  - b) Upward slanting
CONSENT FORM

I have been explained the possible risks and benefits and also have understood the purpose for which my and/or my children’s blood sample is being sought by the Department of Human Genetics, Guru Nanak Dev University, Amritsar.

I am free from any pressure whatsoever and hereby give my own consent to

i. The withdrawal of blood sample (about 10 ml) blood by venipuncture; and

ii. To all types of analysis of my blood sample for non-profit research purpose for acquisition of knowledge for the benefit of mankind by Department of Human Genetics or their direct collaborators.

I will have the right to know the analyzed result of my sample and I am not giving my consent for disclosure of any personal information either direct or indirect from the analysis of my sample to anyone without my further consent.

I have been informed that my consent will be sought prior to any for-profit action that may be taken by Department of Human Genetics and/or their collaborators on the basis of my blood sample.

Date:                                                                                                   Signature/ Thumb impression

Name:
Address:
Sex:
Age (years)

Investigator
Name:                                                                                                   Signature: