## APPENDIX I - QUESTIONNAIRE

**DEPARTMENT OF GENETICS**  
**DR. ALM PGBMS, UNIVERSITY OF MADRAS,**  
**TARAMANI, CHENNAI-113.**  
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<table>
<thead>
<tr>
<th>Research Entitled</th>
<th>Screening of gene polymorphisms in essential hypertensives of south Indian population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle Investigator</td>
<td>Dr.G.Jayaraman, Ph.D</td>
</tr>
<tr>
<td>Research student</td>
<td>J.Vijayashree Priyadharsini</td>
</tr>
</tbody>
</table>

### Name: ___________________________  
Sample No: ___________________________  
Date: ___________________________

Ref. Hospital: ___________________________  
Ref. Dr.: ___________________________  
IP/OP No: ___________________________

**Age & Date of Birth:**

**Sex:**  
1. Male  
2. Female

**Father’s/ Husband’s Name:** ___________________________

**Address:** ___________________________

**Marital status:**  
1. Married  
2. Unmarried

**Consanguinity:**  
1. Yes  
2. No

**If yes,**  
1. Uncle-niece  
2. First cousin  
3. Second cousin  
4. Distantly related  
5. others

**Caste:** ___________________________

**Occupation:**  
1. Unemployed  
2. Agriculture  
3. Office  
4. Business  
5. Factory  
6. Cooley  
7. others

**Living Place:**  
1. Rural  
2. Semi-urban  
3. Urban

**Physical measurement:**  
Height cm,s  
Weight kg

**Body Mass Index**  
kg/m²

**Physical activities:**  
1. Sports  
2. Athletes  
3. Weight-lifting  
4. Hard working  
5. House-hold  
6. others
Food habits: 1. Vegetarian  2. Non-vegetarian

Lifestyle:
  a) Alcoholic: 1. Yes  2. No
     If Yes, 1. peck/ml  2. Once in a week  3. Occasionally
  b) Smoking: 1. Yes  2. No
     If Yes 1. Numbers per day  2. Period of smoking yrs
  c) Tobacco chewing: 1. Yes  2. No
     If yes, the details

General health history:

Previous infections/illness if any: 1. chronic  2. acute

Medical history:
  1. Cardiovascular diseases
  2. CAD
  3. CHF
  4. Myocardial infarction
  5. Ischemic heart disease
  6. LVH
  7. Renal dysfunction
  8. Diabetes  1. IDDM  2. NIDDM
  9. Pulmonary hypertension (COPD)
  10. Others

Blood Pressure level: SBP mmHg  DBP mmHg

OTHER DETAILS:

FAMILY HISTORY:

PEDIGREE DETAILS:
DECLARATION/INFORMED CONSENT:

I hereby declare that I was informed about the scientific research programme and agree to donate blood.

Volume of blood collected: ________ ml.

Signature of the volunteer