APPENDIX
INFORMED CONSENT FORM

Name of subject:

Title of the study: **HDL and Paraoxonase (PON) activity in relation to cardiovascular diseases : Role of Diet and Life style on Lipoprotein modification among Iranians.**

Name of the investigator: **Ms Shokoufeh Pourmolaei**

**Department of Biochemistry**

**University of Mysore**

I……………………………………………… have been explained by the investigator the nature of the research work where I am one of the participants in the investigation. I understand that the study will involve the following procedure:

1. I will be asked to answer one questionnaire for the study related to my personal information.
2. I will be requires to give 5ml of blood at the Biochem Diagnostic and Research Libratory Mysore for analysis of the serum.
3. The remaining blood will be used for other analysis at the Department of Biochemistry
4. I will be given the report of the blood analysis free of cost.
5. My identity will not be revealed in any form when the results the study are published.
6. I have the option of withdrawing from the study at anytime without giving any reason.
7. I understand that my involvement in the study will end this and there will be no follow up.

Hence I voluntarily give my consent to be recruited as a subject in the above study.

Signature of subject

Name:

Date:
HDL and Paraoxonase (PON) Activity in Relation to Cardiovascular Diseases: Role of Diet and Lifestyle on Lipoprotein Modification Among Iranians

QUESTIONNAIRE

Subject No:                               Date:

Name:                                     Age:

Address:                                  Phone:

Personal History:                         Desk job / involved physical exercise

Income: High / Middle / Low

Date of Birth:

Sex: M / F

Married (Whether relative or not) / Unmarried

Diet:

Veg / Nonveg if nonveg Daily / 3 times per week/ one per week

Fruits: How many per day / how many per week / how many per month

Name of fruit:

Dry fruits (Nuts): How many per day / How many per week / How many per month

Name of Dry fruits: (Nuts)

Oils: How many Litters per month:

Name of oils:

Spices used:

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Physical exercise: Walking / Gyme/ Others
Time spent: Daily If yes how many hours per day
Weekly If yes. No of times per week no. of hours

Life style:
Does your job give stress: Y / N If yes: High / moderate / low
Smoking: Never smoked / Exsmoker heavy/exsmoker light
Current Smoker: If yes/ no of cigarettes smoked per day
No of years smoking

Alcohol: Never Drank / Previous Use a. Heavy b. Occasional
/ Present Use a. Heavy b. Occasional

Blood Pressure: Diastolic Systolic

Hight cm Wt Kg

Waist circumference cm W/H ratio

Hip circumference cm BMI

Diabetes: Yes/No if yes: No of years

Complications: Retinopathy/ Nephropathy/ Neuropathy

Family History
1. Diabetes: None / Father / mother / Both / None
2. CHD: None / Father / Mother / Both / None
3. Stroke: Yes / No
4. Claudication (pain in walking)Yes / No If yes years of infraction
5. Angina: Yes/ No  If yes years of infraction
6. MI: Yes/No  If yes years of infraction
7. Pregnancies: No of babies born  Miscarriage  / Abortion  / Still Birth
8. Treatment:
   Diabetes:  Insulin: Y/ N  Dosage:  Oral drugs:
   CHD:  Aspirin: Y/ N  Dosage:  Oral drugs:

Thank you