DIABETES QUESTIONNAIRE

Interviewer ................................
Sample I.D. .................................

NAME OF THE SUBJECT: .................................................................

ADDRESS: ........................................................................................

Phone : ..............................................................

SEX: Male / Female

HEIGHT ........feet...........inch or ......................cm

WEIGHT.....................kg ...................................................

WAIST.....................................cm and Hip .......................cm

BLOOD PRESSURE: ........................................................................

Date of Birth: ...........................................................Age in years ......................

Place of Birth: ..........................................................................

Place of Birth of Parents: ..................................................  (Mother)
...............................................(Father)

What is your job? .......................................................Job grade? ....................

RELIGION ..............................................................................Living place: Urban/Rural

Are you shifted from rural place?  Yes/No

SUB CASTE:...........................................................................

Do you smoke cigarettes or bidi ?  YES / NO  If yes, about how many/day? ............

WEIGHT CHANGE IN LAST ONE YEAR:  Gained weight / Lost weight / Maintained

weight

EDUCATION: None (0) / Primary (1) / Secondary (2) / Technical diploma (3) /University
degree(4)

DO YOU DRINK ALCOHOL ?  YES / No

 If yes.................times/week , How much: 100ml/ 200ml/ 300ml/ 400ml/ 500ml

Brand Name:  Wisky / Beer / Desi

PHYSICAL ACTIVITY:  Very active/ Moderately active/ Quite inactive

Oil

EATING HABITS?  Vegetarian Or Non- Vegetarian?
If non-vegetarian, then how many days do you have non-veg per month?

DISEASE HISTORY:

1. Do you have diabetes? Yes / No
   If yes, then age of onset of diabetes: .................(years)
   Duration of diabetes: .........................(years).
   Have you ever received insulin injections? Yes / No
   Do you have a parent, brother or sister who has or had diabetes Yes / No
   Have your Uncle/Aunt been diagnosed with diabetes? Yes / No

2. Do you had high blood pressure? Yes / No
   Blood pressure medication? Yes / No
   BP medicine name

3. Chronic heart disease?: Heart attack / Blocked blood vessels of the heart/ Angiography/ Angioplasty /CABG(open heart surgery)
4. Retinopathy ?: white motia/kala motia/ loss of sight/ double vision/eye pigmentation
5. Neuropathy? Numbness in feet or fingers/ Uncontrolled urination/ Sexual dysfunctioning/ Profuse sweating at night or while eating/ loss of hearing.
6. Foot Examination?
   Foot ulcers/foot injury/skin ulcers/ foot corn/ feet infection/ Diabetic foot/ amputation
7. Nephropathy? No/ Yes/ Uncertain
8. Any other disease : .................................................................................................................

Current Medications for diabetes, BP or CHD

1........................................................................... 4.
2........................................................................... 5.
3........................................................................... 6.
**Laboratory tests:** (fasting or PP)

1. Total Cholesterol .......................... mg/dl
2. Triglycerides .............................. mg/dl
3. LDL- Cholesterol .......................... mg/dl
4. HDL- Cholesterol .......................... mg/dl
5. Glucose (sugar) ............................ mg/dl
6. Homocysteine .............................. mg/dl
7. Glycosylated hemoglobin (HbA1c) ....... %
8. Albumin urea ............................... 
9. Ketonurea .....................................
10. Creatinine .................................

**PROBAND’S CONSENT**

I am hereby giving my consent to take my blood sample for this research. I have no objection if this sample be used for the other research purposes.

(Signature of participant)

(Jasvinder Singh Bhatti)
Research Scholar

(Doctor’s signature)