

Form No: A Study ID: E

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Page 1 of 1 Initials:

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Confidential: Information on Form A should not be entered into the main database
SRI LANKA DIABETES AND CARDIOVASCULAR DISEASES STUDY .
(SLDCS)
Questionnaire

Contact Details (Please print in block capitals)

Title: Mr/Miss/Mrs/Dr/Rev (delete not applicable)

Surname with initials:
(Eg: Ranasinghe L.M.S)

Other Names:
.....

Initials (upto three):

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 (Eg. L. M. S.)
(when there are more than three initials always take first three)
(When there are less than three take the first letter of the surname as the last initial)

Permanent Address:

No
Street
City

Tel No (Res):
Tel No (Off):
Mobile No:
Email:

Corresponding address (if different from above)

No
Street
City

Tel No (Res):
Tel No (Off):
Mobile No:
Email:

Measure blood pressure - 1st reading

HISTORY

Date of interview :
District :
District code: (refer to appendix 1 to get the district code) [] []
Cluster name :
Cluster number: (refer to appendix 2 to get the cluster number) [] [] []
Sector

- : Rural 1
- Urban 2
- Estates 3

Sector (Subjective) : Rural 1
 Urban 2
 Estates 3

Date of birth :

Age : (calculate later)

Sex : Male 1
 Female 2

Ethnicity : 1 Sinhalese
 2 Sri lankan Tamil
 3 Indian Tamil
 4 Muslim
 5 Burger
 6 Other

Marital Status : 1 Unmarried
 2 Married
 3 Divorced
 4 Widowed
 5 Seperated

Fasting Status

Time at your last meal or drink (except water):
 (24 hour clock)

Time at which your blood sample was taken:
 (24 hour clock)

Socio-Economic Factors

Highest educational level achieved:

- 1 No formal education
- 2 Grade 1-5
- 3 Grade 6-11
- 4 Qualified GCE (O/L)
- 5 Qualified GCE (A/L)
- 6 Graduate/Diploma
- 7 Postgraduate
- 8 Other

dd	mm	yyyy
[] []	[] []	[] [] [] []

(1)

[] []

(2)

Cluster No
[] [] []

(3)

Sector
1
2
3

(4)

1
2
3

(5)

dd	mm	yyyy
[] []	[] []	[] [] [] []

(6)

months	years
[] []	[] []

(7)

Circle the correct response

1
2

(8)

1
2
3
4
5
6

(9)

1
2
3
4
5

(10)

Hour	e
[] []	[] []

(11)

Hour	e
[] []	[] []

(12)

Circle the correct response

1
2
3
4
5
6
7
8

(13)

Your present occupation:(If in doubt refer to annexure 2)

- 1 Senior Officials and Managers
- 2 Professionals
- 3 Technical and Associate Professionals
- 4 Clerks
- 5 Sales and Service workers
- 6 Skilled agricultural and Fishary worker
- 7 Craft and Related trades workers
- 8 Plant and machine operators and assemblers
- 9 Elementary occupations
- 10 Armed Forces
- 11 Unemployed
- 12 Other (specify).....

Circle the correct response

- 1
- 2
- 3
- 4
- 5 (14)
- 6
- 7
- 8
- 9
- 10
- 11
- 12

Duration of present occupation:

years months
 (15)

Sector of the place of employment

- 1 Rural
- 2 Urban

- 1 (16)
- 2

Monthly family income

- 1 Less than Rs 6999
- 2 Rs 7000- 12999
- 3 Rs 13000- 24999
- 4 Rs 25000- 49999
- 5 More than Rs 50000

Circle the correct response

- 1
- 2
- 3 (17)
- 4
- 5

Foreign stay

- 1 Yes
- 2 No

- 1 (18)
- 2

Duration (Months)

(19)

Smoking

- 1 Never
- 2 Ex-smoker (not for last >6 months)
- 3 1 or <1 per day
- 4 Currently <10 per a day
- 5 Currently 10 - 20 per a day
- 6 Currently >20 per a day

Circle the correct response

- 1
- 2
- 3 (20)
- 4
- 5
- 6

Alcohol- quantity (Refer to annexure 3)

How much (units of alcohol) do you drink per week on average?

- 1 Nil
- 2 Ex-drinker (not for last >6 months)
- 3 < or = 3 per week
- 4 4-7 per day
- 5 7-14 per week
- 6 15-21 per week
- 7 22 -35 per week
- 8 >36 per week

Circle the correct response

- 1
- 2
- 3 (21)
- 4
- 5
- 6
- 7
- 8

Physical Activity Level - IPAQ score (Refer to annexure 4)

Do you engage in vigorous physical activities ?

(for occupation, exercise/sports, leisure) -- please underlying the activity
 eg: carrying heavy weights fast cycling swimming digging the earth
 heavy construction work running aerobics chopping wood
 heavy manual labour exercise in a gym etc

Circle the correct response

yes	no	
1	0	(22)

If yes,

Number of days of vigorous activities per week?

<input type="text"/>	(23)
----------------------	------

Average minutes per day of vigorous activities?

<input type="text"/> <input type="text"/> <input type="text"/>	min (24)
--	----------

Met/Min per week by vigorous physical activities?

(Met/Min = 8 * mins of vigorous activities * days per week)

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Met/Min (25)
---	--------------

Do you engage in moderate physical activities ?

(for occupation, exercise/sports, leisure) -- please underlying the activity
 eg: carrying light weights slow cycling washing
 sweeping the garden and house scrubbing the floor

Circle the correct response

yes	no	
1	0	(26)

If yes,

Number of days of moderate activities per week?

<input type="text"/>	(27)
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Average minutes per day of moderate activities?

<input type="text"/> <input type="text"/> <input type="text"/>	min (28)
--	----------

Met/Min per week by moderate physical activities?

(Met/Min = 4 * mins of moderate activities * days per week)

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Met/Min (29)
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Do you walk more than 10 mins per day at a stretch ?

(for occupation, exercise/sports, leisure)

Circle the correct response

yes	no	
1	0	(30)

If yes,

Number of days of walking per week?

<input type="text"/>	(31)
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Average minutes per day of walking?

<input type="text"/> <input type="text"/> <input type="text"/>	min (32)
--	----------

Met/Min per week by walking?

(Met/Min = 3.3 * mins of walking * days per week)

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Met/Min (33)
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Physical activity level: (calculate later)

- 1 Insufficiently active (sedentary)
- 2 Moderately active
- 3 HEPA active

Circle the correct response

1	
2	(34)
3	

Do you have following symptoms?

- Polyuria.....
- Nocturia.....
- Thirst.....
- Weight loss.....
- Wound infection.....
- Cellulitis and abscess.....
- Balanitis.....
- Giddiness.....
- Sleepiness.....
- Blurring of vision.....

Yes	No	
1	0	(35)
1	0	(36)
1	0	(37)
1	0	(38)
1	0	(39)
1	0	(40)
1	0	(41)
1	0	(42)
1	0	(43)
1	0	(44)

*Ask only from females***History of gestational diabetes:**

Yes	No	
1	0	(45)

Have you delivered a baby with birth weight > 4 kg (9lbs)?

Yes	No	
1	0	(46)

Ask only from females - History of..

subfertility

Yes	N/A	No	
1	2	0	(47)

amenorrhoea/oligomenorrhoea

1	2	0	(48)
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Diagnosis of polycystic ovarian disease

1	2	0	(49)
---	---	---	------

Steroids therapy during the last year

Yes	No	
1	0	(50)

If yes,**mode of therapy**

Systemic

inhaled

Skin

Other topical forms

Circle the correct response

1

2

3

4

(51)

mm | yy

--	--	--	--

(52)

duration

Months/years

Have you ever been told by a doctor that you are suffering from any of the conditions stated below?

(clarify with the diagnosis card if available)

Definite-D

May present - M

Absent-A

D M A

Hypertension.....

1	2	0	(53)
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Ischaemic Heart Diseases.....

1	2	0	(54)
---	---	---	------

Cerebrovascular Disease.....

1	2	0	(55)
---	---	---	------

Peripheral vascular disease.....

1	2	0	(56)
---	---	---	------

Hyperlipidaemia.....

1	2	0	(57)
---	---	---	------

Obesity.....

1	2	0	(58)
---	---	---	------

Pancreatic disease.....

1	2	0	(59)
---	---	---	------

Autoimmune diseases :

(adissons, hypothyroidism, hypoparathyroidism,

alopecia areata, vitiligo)

1	2	0	(60)
---	---	---	------

Other (specify) 1

			(61)
--	--	--	------

2

			(62)
--	--	--	------

Cardiovascular Symptoms

Yes	No	
1	0	(63)

* Have you ever had any pain or discomfort or any pressure or heaviness in your chest?

1	0	(64)
---	---	------

* Do you get the pain in the centre of the chest or left arm?

1	0	(65)
---	---	------

* Do you get it when you walk at an ordinary pace on level or when walk uphill or hurry?

1	0	(66)
---	---	------

* Do you slow down if you get the pain while walking?

1	0	(67)
---	---	------

* Does the pain go away if you stand still or if you take a tablet under the tongue?

1	0	(68)
---	---	------

* Does the pain go away in less than 10 minutes?

1	0	(69)
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* Have you ever had a severe chest pain across the front of your chest lasting for half an hour or more ?

Peripheral vascular disease	Yes	No	
* Pain in the calf during walking which is relieved by stopping?	1	0	(70)
Stroke/TIA	Yes	No	
* Have you ever had any of the following: difficulty in talking, weakness of arm and/ or leg on one side of the body or numbness on one side of the body?	1	0	(71)
Neurological Symptoms (Diabetic Neuropathy Symptom Score)	Yes	No	
* Are you suffering from unsteadiness in walking? (need for visual control, increase in the dark, walk like a drunk man, lack of contact with floor)	1	0	(72)
* Do you have a burning, aching pain or tenderness at your legs or feet? (occurring at rest or at night, not related to exercise, exclude intermittent claudication)	1	0	(73)
* Do you have prickling sensations at your feet or legs? (occurring at rest or at night, distal>proximal, stocking distribution)	1	0	(74)
* Do you have places of numbness in your feet or legs?	1	0	(75)
* Have you had non-healing ulcers?	1	0	(76)
* Are you sexually active?	1	0	(77)
* Do you have any sexual problems?	1	0	(78)
If yes, check the correct answer	Yes	No	
Lack of desire	1	0	(79)
Impotence(males only)/ reduced lubrication (females)	1	0	(80)
Lack or delay of ejaculation/ lack or delay of orgasm in females	1	0	(81)
Pain during intercourse	1	0	(82)
Other:.....	1	0	(83)
Family history of diabetes:	Yes	No	
Have anyone in your immediate family ever had “ Diabetes”?	1	0	(84)
Indicate the diabetic status of the following relatives :	Yes	No	Don't know
Father	1	0	2 (85)
Mother	1	0	2 (86)
Maternal grand mother	1	0	2 (87)
Maternal grand father	1	0	2 (88)
Paternal grand mother	1	0	2 (89)
Paternal grand father	1	0	2 (90)
Age of onset of diabetes in father	[]	[]	(91)
Age of onset of diabetes in mother	[]	[]	(92)
Total number of male siblings	[]	[]	(93)
Number of male siblings with diabetes	[]	[]	(94)
Average age of onset of brothers	[]	[]	(95)
Total no of female siblings	[]	[]	(96)
Number of female siblings with diabetes	[]	[]	(97)
Average age of onset of sisters	[]	[]	(98)
Total number of male children	[]	[]	(99)
Number of male children with diabetes	[]	[]	(100)
Average age of onset in sons	[]	[]	(101)
Total no of female children	[]	[]	(102)
Number of female children with diabetes	[]	[]	(103)
Average age of onset in daughters	[]	[]	(104)

Family history of hypertension:

Has anyone in your immediate family ever had “hypertension”?

Yes	No	
1	0	(105)

Indicate the hypertension status of the following relatives :

Yes	No	Don't know	
Parents	1	0	2 (106)
Siblings	1	0	2 (107)
Grand parents	1	0	2 (108)
Children	1	0	2 (109)

Family history of ischaemic heart diseases:

Has anyone in your family ever had “ischaemic heart diseases”?

Yes	No	
1	0	(110)

Indicate the history of IHD of the following relatives :

Yes	No	Don't know	
Parents	1	0	2 (111)
Siblings	1	0	2 (112)
Grand parents	1	0	2 (113)
Children	1	0	2 (114)

Family history of strokes:

Has anyone in your family ever had “strokes”?

Yes	No	
1	0	(115)

Indicate the history of stroke of the following relatives :

Yes	No	Don't know	
Parents	1	0	2 (116)
Siblings	1	0	2 (117)
Grand parents	1	0	2 (118)
Children	1	0	2 (119)

Measure blood pressure - 2nd reading

EXAMINATION & INVESTIGATIONS

Height (cm) :		[][]	(120)
Weight (Kg) :		[][] • [][]	(121)
BMI (calculate later) :		[][] • [][]	(122)
Waist circumference – cm :		[][][]	(123)
Hip circumference – cm :		[][][]	(124)
Waist - Hip ratio :		[] • [][]	(125)
Distance from xyphisternum to umbilicus (cm) :		[][]	(126)

Blood Pressure (mmHg)		Systole	Diastole	
First reading		[][][] / [][][]	[][][] [][][]	(127)
Second reading (10 min later)		[][][] / [][][]	[][][] [][][]	(128)

Acanthosis nigricans :		Yes	No	
		1	0	(129)

Foot ulcers				
	Active			
	Healed			
	None			
		1	2	(130)
		0		

Lipoatrophy:		Yes	No	
		1	0	(131)

Features of		Yes	No	
* Hirsutism (females only)		1	0	(132)
* Dysmorphism		1	0	(133)
* Acromegaly		1	0	(134)
* Cushings syndrome		1	0	(135)
* Hyperthyroidism		1	0	(136)

***Any patient with these features needs to be shown to the PI**

To be filled when laboratory tests are available

Fasting blood glucose level at this visit - mg/dl		[][][]		(137)
2 hour post glucose blood glucose at this visit- mg/dl		[][][]		(138)
Lipid profile - mmol/l				
Total cholesterol		[][] • [][]		(139)
HDL cholesterol		[][] • [][]		(140)
LDL cholesterol		[][] • [][]		(141)
Triglycerides		[][] • [][]		(142)

ALT (iu/L)

AST (iu/L)

(143)

(144)

ECG Normal
 Ischaemic changes present
 Specify ischaemic changes

1

2

3

(145)

LVH present(voltage criteria)

Yes

No

1

0

(146)

Data completed:

1. History

2. Anthropometry

3. Fasting blood samples

4. Post glucose load blood sample

5. ECG

.....
 Signature:

To be completed by the Principal Investigator Before data entry

Completion of the questionnaire satisfactory

Yes 1
 No 2

.....
 Signature of the Principal Investigator

