

APPENDIX IV QUESTIONNAIRE

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Case no. : _____

Hospital No: _____

I. GENERAL INFORMATION

- 1) Name: _____
- 2) Date of birth: _____ 3) Age (y): _____
- 4) Sex: a) Male b) Female
- 6) Address: _____
- 7) Contact no: _____
- 9) Education: a) illiterate b) up to higher secondary c) Graduate
- 11) No. of family members: Adults _____ Children _____
- 12) Total family income: _____ 13) Per capita income _____

II. ANTHROPOMETRY

- 1) Height (cm): _____ 2) Weight (kg): _____ 3) BMI (kg/m²): _____
- 4) Waist (cm): _____ 5) Hip (cm): _____ 6) WHR: _____

III. FAMILY HISTORY

Members of family	Diabetes	Obesity	Hypertension	Dyslipidemia
Single parent				
Both parents				
Brother				
Sister				
Husband				

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IV. MEDICAL HISTORY OF THE SUBJECT

- 1) a. DM b. DM + HT c. DM + Ob d. DM+ Dyslipidemia
 e. DM + HT + Ob + Dyslipidemia f. Severe GI problems: _____
 g. Others: _____
- 2) Blood pressure measure: _____ Date: _____
- 3) T2DM: Age of diagnosis: _____ (y) Duration of disease: _____ (y)
- 4) HTN: Age of diagnosis: _____ (y) Duration of disease: _____ (y)
- 5) Dyslipidemia: Age of diagnosis: _____ (y) Duration of disease: _____ (y)
- 6) Obesity: Age of diagnosis: _____ (y) Duration of disease: _____ (y)

V. MEDICATION

Disease	Drugs	Dosage
Diabetes		
Hypertension		
CHD		
Obesity		
Others		

7) Homemade preparation for good control: a) yes b) no

8) If yes, specify:

Type	Amount	Duration	Observed effects
Methi seeds			
Methi powder			
Karela juice			
Neem juice			
Ayurvedic preparation			
Homeopathy			
others			

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VI. PERSONAL HABITS

Addiction	Yes	No
Alcohol		
Cigarette/bidi		
Tobacco powder		
Tobacco paste		
Snuff		
Any other		

VII. DIETARY PRACTICES

- 1) Are you: a) Vegetarian b) non-vegetarian c) ovo vegetarian
- 2) Number of coffee/tea per day: _____
- 3) Quality of sugar added per cup of coffee/tea: _____
- 4) Do you use artificial sweetener? a) yes b) no
- 5) If yes, name of the artificial sweetener: _____ Amount per day: _____
- 6) In the last 30 days how many times have you gone out to eat?
 - a) >12times b) 7 - 11 times c) <7 times
- 7) What is the pattern of consumption of vegetables in a day?
 - a) in all 4 meals b) 3 meals c) 2 meals d) 1 meal e) none

RECORDING OF BIOPHYSICAL, BIOCHEMICAL AND MICROBIAL DATA

Parameters	Values
BP – diastolic (mmHg)	
BP – systolic (mmHg)	
FBS (mg/dl)	
PP2BS (mg/dl)	
HbA _{1c} (%)	
GLP-1 (pmol/l)	
TC (mg/dl)	
TG (mg/dl)	
LDL-C (mg/dl)	
HDL-C (mg/dl)	
TC/HDL-C	
VLDL-C (mg/dl)	

MICROBIAL COUNTS

Parameters	Log ₁₀ counts/ml
Lactic acid counts	
Bifidobacteria counts	
Enteric pathogen counts	