

Appendix

CONTROL CLINICAL PROFORMA
Department of Biochemistry

The Maharaja Sayajirao University of Baroda, Vadodara - 390 002

Date: _____

Name: _____ Age: _____ Sex: _____
Address _____
Marital status: Married/Single
Native place: _____

ANTHROPOMETRIC PARAMETERS:

1. Weight: _____
2. Height: _____
3. Waist: _____
4. Hip: _____

BLOOD GLUCOSE LEVELS:

1. FBS: _____ PP2BS: _____

FAMILY HISTORY:

- a. 1st degree relative: Father/mother/sister/brother/daughter/son
- b. 2nd degree relative: parental grandmother/parental grandfather/ maternal grandmother
/maternal grandfather/maternal or paternal uncles or aunts
- c. 3rd degree relatives: Cousins/nephews/nieces
- d. None

PERSONAL HISTORY

a. Diet: VEG/ NONVEG/ OVOVEG

b. FOOD HABIT:

c. PHYSICAL ACTIVITY:

I, _____ have understood the
aim of this study and willing to donate 5 ml blood for this purpose.

Signature

PATIENT CLINICAL PROFORMA

Department of Biochemistry

The Maharaja Sayajirao University of Baroda, Vadodara - 390 002

Dr. _____

Date: _____

Name: _____

Age: _____

Sex: _____

Address _____

Marital status: Married/Single

Religion: _____

Occupation: _____ Income: _____

Education: _____ Native place: _____

History of illness

1. Age of onset: _____

2. Height: _____

3. Weight: _____

4. B.P/Pulse: _____

5. Duration: _____

6. Vit D: _____

7. Any secondary complications ____ Retinopathy ____ Nephropathy ____ Neuropathy

8. Use of any drugs before onset of illness

9. Treatment: yes/ no Regular/ Irregular

10. Recovery: Some/ good/poor/no response

11. Family history

A. 1st degree relatives: Father/mother/sister/brother/daughter/son

B. 2nd degree relatives: parental grandmother/parental grandfather/ maternal grandmother/maternal grandfather/maternal or paternal uncles or aunts

C. 3rd degree relatives: Cousins/nephews/nieces

12. Personal history

Diet: Veg/ nonveg/ ovoveg/ mixed Routine

food: _____

13. Habits: Smoking/ tobacco chewing/ alcoholism

I, _____ have understood the aim of this study and willing to donate 5 ml blood for this purpose.

Signature of the patient

Date: