

## Questionnaire for Diabetes Mellitus

1. Age -  2. Sex - Female   
Male

3. Height (cm) -  Weight (kg) -

4. Family History (Whether Family Members have been diagnosed with Diabetes)

No

Yes – 1<sup>st</sup> Degree Family Members (Parents, Son, Siblings)

2<sup>nd</sup> Degree Family Members (Others)

5. Frequency of Urination per Day (Polyuria)

Less frequent (0 to 4 times) -

Frequent (3 to 9 times) -

More frequent (More than 9 times) –

6. Frequency of Thirst per Day (Polydipsia)

Less frequent (0 to 4 times Per day) -

Frequent (3 to 7 times Per day) -

More frequent (6 to 14 times Per day) –

7. Frequency of hunger per Day (Polyphagia)

Less frequent (1 to 3 times Per day) -

Frequent (2 to 5 times Per day) -

More frequent (4 to 10 times Per day) –

8. Frequency of Night Urination (Nocturia)

Less frequent (0 to 2 time Per night) -

Frequent (1 to 4 times Per night) -

More frequent (More than 4 times Per night) –

9. Sleepiness Assessment (Scale between 0 to 12)

0 – Never / Not Applicable    1 – Sometimes    2 – Always

Situation	Chance of dozing
• Sitting and Reading	<input type="text"/>
• Watching TV	<input type="text"/>
• Sitting inactive in a public place	<input type="text"/>
• As a passenger	<input type="text"/>
• Sitting and talking to Someone	<input type="text"/>
• Sitting Quietly after lunch without alcohol	<input type="text"/>

Lower Normal (0-7)	<input type="text"/>
Higher Normal (6-10)	<input type="text"/>
Excessive (9-12)	<input type="text"/>

10. Tiredness Assessment (Scale between 0 to 6)

0 – Never                      1 – Always

Situation	Chance
• I am bothered by Fatigue	<input type="text"/>
• I get tired quickly	<input type="text"/>
• I don't do much during the day	<input type="text"/>
• I have problem to start things	<input type="text"/>
• Mentally, I feel exhausted	<input type="text"/>
• Physically, I feel exhausted	<input type="text"/>

Lower Normal (0-2)	<input type="text"/>
Higher Normal (1-4)	<input type="text"/>
Excessive (3-6)	<input type="text"/>

11. Giddiness (Scale between 0 to 10)

Rarely – {0-2}

Often (More than once a Month) {1-5}

More often (More than once a week) {4-10}

12. Wound Healing Period

(0-2 weeks)

(1-6 weeks)

(More than 5 weeks)