**Questionnaire for Diabetes Mellitus**

1. Age - 2. Sex - Female

Male

1. Height (cm) - Weight (kg) -
2. Family History (Whether Family Members have been diagnosed with Diabetes)

No

Yes – 1st Degree Family Members (Parents, Son, Siblings)

2nd Degree Family Members (Others)

1. Frequency of Urination per Day

Less frequent (0 to 4 times) -

Frequent (3 to 9 times) -

More frequent (More than 9 times) –

1. Frequency of Thirst per Day

Less frequent (0 to 4 times Per day) -

Frequent (3 to 7 times Per day) -

More frequent (6 to 14 times Per day) –

1. Frequency of hunger per Day

Less frequent (1 to 3 times Per day) -

Frequent (2 to 5 times Per day) -

More frequent (4 to 10 times Per day) –

1. Frequency of Night Urination

Less frequent (0 to 2 time Per night) -

Frequent (1 to 4 times Per night) -

More frequent (More than 4 times Per night) –

1. Sleepiness Assessment (Scale between 0 to 12)

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

**Situation Chance of dozing**

* Sitting and Reading
* Watching TV
* Sitting inactive in a public place
* As a passenger
* Sitting and talking to Someone
* Sitting Quietly after lunch without alcohol

Lower Normal (0-7)

Higher Normal (6-10)

Excessive (9-12)

1. Tiredness Assessment (Scale between 0 to 6)

0 – Never 1 – Always

**Situation Chance**

* I am bothered by Fatigue
* I get tired quickly
* I don’t do much during the day
* I have problem to start things
* Mentally, I feel exhausted
* Physically, I feel exhausted

Lower Normal (0-2)

Higher Normal (1-4)

Excessive (3-6)

1. 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}

1. Wound Healing Period
   1. weeks)
   2. weeks)

(More than 5 weeks)