**DRAFT INSTRUMENT OF DIABETES MELLITUS EARLY DETECTION INSTRUMENT FOR ADOLESCENTS (D'MEDIC)**

1 = Very low risk

2 = Low Risk

3 = Moderately risk

4 = High risk

5 = Very high risk

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Variabel** | **Fill-in Option** | **Score** | **Weight** | **Maximum Score** |
| 1. | Identity | Name |  |  |  |
| Address |  |  |  |
| 2. | Gender | Female | 4 | **5** | **8** |
| Male | 3 |
| 3. | Ethnic | White | 0 |
| Aboriginal | 1 |
| Other non-white | 1 |
| Black | 2 |
| East Asian | 3 |
| Southeast Asian | 4 |
|  | **Anthropometry** |  |  | **15** | **7** |
| 4. | Body Weight (Kg) | ………………………. |  |
| 5. | Body Height (m) | ………………………. |  |
| 6. | Body Mass Index (BMI) | <25 kg / m2 | 0 |
| 25–30 kg / m2 | 1 |
| >30 kg / m2 | 3 |
| 7. | Abdominal circumference (male) | <90 cm=0 | 0 |
| 90-98 cm | 3 |
| >98 cm | 4 |
| 8. | Abdominal circumference (female) | < 80 cm | 0 |
| 80-88 cm | 3 |
| >88 cm | 4 |
|  | **Lifestyle** |  |  | **25** | **10** |
| 9. | Do you eat vegetables or fruits every day?  Answer options:   1. Always (every day) 2. Frequently (3-4 times a week) 3. Rarely (1-2 times a week) 4. Never   Answers A and B: Yes  Answers C and D: No | Yes | 0 |
| No | 1 |
| 10. | Do you consume fast food such as: Fried chicken, pizza, French fries, burgers, sandwiches, hotdogs, kebabs, fried foods?  Answer options:   1. Always: every day 2. Often: 3-4 times a week 3. Rarely: 1-2 times a week 4. Not always every week consume   Answer A or B: Yes  Answer C or D: No | No | 0 |
| Yes | 2 |
| 11. | Whether to consume sugary drinks or contemporary drinks such as: the sweet, Boba, contemporary coffee, soft drinks, contemporary chocolate, contemporary flavors of drinks  Answer options  A. Always: every day  B. Often: 3-4 times a week  C. Rarely: 1-2 times a week  D. Not always every week consume  Answers A or B: Yes  Answers C or D: No | No | 0 |
| Yes | 1 |
| 12. | Do you consume alcohol? | No | 0 |
| Yes | 1 |
| 13. | Do you exercise for at least 30 minutes every day?  Answer options:   1. Always: every day 2. Often: 3-4 times a week 3. Rarely: occasional exercise, not every week exercise 4. Never exercise   Answers A or B: Yes  Answers C or D: No | Yes | 0 |
| No | 2 |
| 14. | Do you often sleep late beyond 10 pm?   1. Usually every day 2. Frequently (3-4 times every week) 3. Rarely (only occasionally when there is an interest) 4. Never   Answers A or B: Yes  Answers C or D: No | No | 0 |
| Yes | 1 |
| 15. | Are you smoking | No | 0 |
| Yes | 2 |
|  | **Health History** |  |  | **12** | **9** |
| 16. | Have you ever had a high blood glucose level? (e.g. during a medical check-up, illness) | No | 0 |
| Yes | 5 |
| 17. | Do you have a history of high blood pressure?   1. Normal (<130 / 80 mmHg) 2. Medium (130-139 / 80-89 mmHg) 3. High (>140 / 90 mmHg) | Yes | 0 |
| No | 2 |
| 18. | Was your birth weight  >4 kg?  \* This data can be asked to parents | No | 0 |
| Yes | 1 |
| 19. | Have you had frequent infections or recurrent fevers in the past month? | No | 0 |
| Yes | 1 |
|  |  |
|  | **Family History** |  |  | **15** | **5** |
| 20. | Do any close family members or other relatives have Diabetes Mellitus? | No | 0 |
| Yes, , i.e. grandfather, grandmother, uncle, aunt or cousin | 3 |
| Yes, i.e. parents, brothers/sisters, children | 5 |
|  | **Signs and Symptoms of DM in Adolescents** |  |  | **28** | **7** |
| 23. | Have you been feeling hungry and eating a lot in the past month? | No | 0 |
| Yes | 1 |
| 24. | Do you feel thirsty and drink a lot in the last 1 month? | No | 0 |
| Yes | 1 |
| 25. | Have you had frequent urination in the last 1 month, especially at night? | No | 0 |
| Yes | 1 |
| 26. | Have you experienced a drastic weight loss in the last one month for no apparent reason? | No | 0 |
| Yes | 1 |
| 27. | Do you feel exhausted without significant activity? | No | 0 |
| Yes | 1 |
| 28. | Have you had any wounds that have taken a long time to heal in the past 1 month? | No | 0 |
| Yes | 1 |
|  |  |
| 29. | Are there dark, thick folds of skin at the nape of the neck? | No | 0 |
| Yes | 1 |
|  | **Maximum Total Score** |  |  |  | **100** |
| 30. | Detection result conclusion | Low risk |  |  | <50 |
| High risk |  |  | ≥50 |
| 31. | Follow-up based on detection results | Low risk: balanced nutrition, balanced activity and rest, good stress management, re- screening 1 year later |  |  |  |
| High risk:   1. Check HbA1C. fasting blood sugar, 2 hours PP, OGTT 2. Urinalysis |  |  |  |