



Nationwide Stop Diabetes Movement







20-26 Aug 2016

TIME: 1. 6.30 AM TO 8.15 AM 2. 8.30 AM TO 9.45 AM

VENUE: Jyotsna Bhole Sabhagruha, Maharashtra Cultural Center, Udyog Bhavan Building, Hirabaug Chowk Shukrawar Peth, Next to Apsara Hotel ( Left Turn ), Opp. Vodafone Pune - 411002

## **REGISTRATION FORM**

Name:	Age:	Gender: Male Female					
Zone State	District Cam	p No. Serial No.					
Address:							
Residential Phone no.	Mobile no:	Email Id:					
Note: Mark ( ✓ ) appropriate option:-							
Diabetes - If Yes Duration Years							
On treatment If yes Duration Years Tablets Insulin							
Alternative Medicine: Yes / No	If yes Ayurveda Home	eopathy Other					
Blood Sugar check: Home (Glucometer) / Laboratory							
Blood Check-up: Regular / Irregular Frequency of check up							
Complaints of: Eye							
Legs If yes	Legs If yes Pain/Numbness Non healing ulcer						
Heart If yes Angina/ MI other problem							
Kidney	Kidney Stroke Other medical illnesses: (Specify)						
Family history: Diabetes	High BP Heart attack	Stroke					
Father							
Mother							
Brothers							
Sisters							
Paternal side							
Maternal side							
Height (in cm) Weight (in Kg) Waist circumference (in cm) BMI (Kg/m²)							
Blood Pressure (Right Arm Sitting): / mm of Hg							



## मधुमेह मुक्त भारत Nationwide Stop Diabetes Movement









Indian Diabetes Risk Score (IRDS)  Nationwide Stop Diabetes Movement  Write Score Here								
1] Age < 3	5 years = 0,	35-49 years = 2	20,	≥ 50 ye	ars = 30			
2] Waist circun	nference: Male:	<90 cm = 0,	90-99 =	10,	≥ 100 = 20			
	Femal	e: <80cm = 0,	80-89 =	10,	≥ 90 = 20			
3] Physical activity at work/exercise:								
a) Vigorous exercise or strenuous at work			0					
b) Moderate exercise at home/work		10						
c) Mild exercise at work/home		20	20					
d) No exerc	ise		30					
4] Family histo	<b>ry:</b> Two non-diab	etic parents	0					
	One parent dia	betic	10					
	Both parent dia	abetic	20					
High risk ≥ 60 Moderate risk 30-50 Low risk <30 Total Score:								
Stress	Mild	Moder	ate	Severe				
At Home			]   -					
Work Place			_					
Financial			_					
Others								
Diet: Veg Veg+Egg Veg + Non Veg Frequency of Non Veg Per week								
Major cereals: Wheat Rice Ragi Jowar/Maize Millets								
Frequency of Meal: 1/day 2/day 2 meals & 1 Snacks 2 meals & 2 snacks								
Junk food & drinks: Names: Frequency times / day or Week								
Smoking: Non Smoker Current smoker Past smoker If yes,								
Beedi /Cigarettes / Cigars: Packs per day Duration in Yrs. Other tobacco use (Specify):								
Alcohol: Never / Current / Past - If yes, Duration in yrs Quantity per day or week. Brand/Type								
Any other information:								