

DCET-PC Questionnaire

1. Date:
2. Code No.....
3. Age (in years).....
4. Sex.....
5. Completed education... Illiterate Primary level High School or Secondary level Graduation or above
6. Religion Hindu Muslim Christian Others
7. Marital Status Unmarried Married Widow Separated
8. Ethnicity SC ST OBC Others
9. No. of people living in your household (including you).....
10. Employment status- Employed Unemployed Homemaker Retired
11. On an average how many hours do you work in a day(hrs)
12. Net monthly income.. <10k 10k-20k 20k-30k >30kINR
13. Net monthly income of your householdINR
14. APL/BPL (as per ration card).....
15. Housing type Kutcha Pucca Semi Pucca
16. Place of living Urban Semi Urban Rural
17. Where have you spent major part of your adult life Urban Semi Urban Rural
18. Family history of diabetes (parents or siblings suffer from diabetes) Yes No
19. Date on which you were diagnosed with diabetes mellitus __/__/__
20. Where were you first diagnosed with diabetes Public health care facility Private health care facility
21. Presently are you taking any prescribed medicines for diabetes Yes No.
22. If yes, are you taking Oral antidiabetes pills Insulin Both
23. Are you taking any alternative medicines for diabetes Ayurvedic Homeopathic Others None

24.Co existing Conditions		Yes/ No
Arthritis	A. Have you ever been diagnosed by a doctor with <i>Arthritis</i> ?	Yes[] No[]
	In the last 12 months have you experienced <i>pain, aching, stiffness or swelling in or around the joints (like arms, hands, legs or feet)</i> which were not related to an injury and lasted for more than a month?	Yes[] No[]
	If yes, then are you taking any prescribed medications?	Yes[] No[]
Hypertension	Have you ever been diagnosed by a doctor with <i>high blood pressure</i> ?	Yes[] No[]
	If Yes, then are you taking any prescribed medicines for high blood pressure (hypertension)?	Yes[]No[]
	Not Applicable	NA
Chronic Lung Diseases(Including Asthma)	Have you ever been diagnosed with <i>Chronic Lung Disease (Emphysema, Bronchitis, Asthma, COPD)</i> ?	Yes[]No[]
	If yes, then are you taking any prescribed medications for it?	Yes[]No[]
	Not Applicable	NA
Acid Peptic Disease	Have you ever been diagnosed by a doctor with <i>Acid –Peptic Ulcer disease</i> (Gastritis) in the last 12 months ?	Yes[] No[]
	Not Applicable	NA
Chronic Back ache	In the last 12 months have you been diagnosed by a doctor with <i>chronic back pain</i> ?	Yes[] No[]
	In the last 12 months , have you had continuous Back pain for more than 3 weeks?	Yes[] No[]
Heart disease	Have you ever been diagnosed by a doctor with <i>Angina/heart attack/heart disease</i> ?	Yes[] No[]
	If yes then are you taking any prescribed medicines for it?	Yes[] No[]
	In the last 12 months have you experienced <i>any pain or discomfort</i> in your chest when you walk uphill or hurry or normal walking?	Yes[] No[]

Stroke	Have you ever been told by a health professional that you have had a Stroke ?	Yes[] No[]
	If yes, are you taking any prescribed medication for it?	Yes[] No[]
	In the last 12 months have you suffered from sudden onset of paralysis or weakness in your arms or legs on one side of your body for more than 24 hours ?	Yes[] No[]
Blindness	Have you been diagnosed by a doctor with blindness?	Yes[] No[]
	Do you have <i>difficulty with vision</i> (Answer No if you can see OK with glasses)?	Yes[] No[]
Deafness	In the last 12 months have you been diagnosed by a doctor with deafness ?	Yes[] No[]
	In the last 12 months do you have <i>Deafness or difficulty in hearing</i> for more than 3 months ?	Yes[] No[]
Cancer	Have you ever been diagnosed by a doctor with any type of cancer ?	Yes[] No[]
Chronic Kidney Diseases	Have you ever been diagnosed by a doctor with <i>long term kidney problem</i> ?	Yes[] No[]
	Have you ever been on dialysis?	Yes[] No[]
Epilepsy	Have you ever been told by a health professional that you have <i>Epilepsy</i> ?	Yes[] No[]
	If yes, are you taking any prescribed medications?	Yes[] No[]
	Have you ever suffered from <i>sudden onset of seizure while at work or at rest</i> ?	Yes[] No[]
Thyroid Disease	Have you ever been diagnosed by a doctor with <i>Thyroid diseases</i> ?	Yes[] No[]
	If yes are you taking any prescribed medication?	Yes[] No[]
Tuberculosis	Do you suffer from TB ?	Yes[] No[]
	Are you under any treatment for TB ?	Yes[] No[]
Depression	Have you ever been diagnosed by a doctor with depression ?	Yes[]No[]
	In the last twelve months have you consulted a doctor for feeling sad or depressed, worried or anxiety ?	Yes[]No[]
	If yes, are you taking any prescribed medications for depression?	Yes[]No[]
	Not Applicable	NA

25. Do you suffer from any other chronic health problems? [] Yes [] No

If yes, name them-

1.....

-Is it diagnosed by a doctor? Yes []No[]

-Are you taking any prescribed medications for it? Yes []No[]

-How much is it limiting you in your daily life? 1. Not at all 2.A little 3.Somewhat
4. Quite a bit 5. A lot

2.....

-Is it diagnosed by a doctor? YesNo

-Are you taking any prescribed medications for it? YesNo

-How much is it limiting you in your daily life? 1. Not at all 2.A little 3.Somewhat
4. Quite a bit 5. A lot

26. How much do you spend on medications per month?

1. For diabetes-.....INR

2. For other diseases.....INR

27. How much money do you spend on travel expenses for every visit to the health care facility.....INR

28. How many times in the last 6 months have you visited a health care facility?

29. How much money on an average do you spend in 6 months on laboratory investigations and tests for diabetes (blood sugar test, glycated haemoglobin estimation)?INR

-How much time do you spend on these tests?

30. How much money do you spend on laboratory tests for other chronic conditions?.....INR

-How much time do you spend for these tests?.....

31. Height.....

Weight.....

BMI.....

>25 Yes No

<25 Yes No