

Diabetes Questionnaire (Part 1: To be accomplished by Applicant)

Name:

Residence:

	Please state the full particulars in reply to each question, using an additional sheet, if necessary.
1. a. Is there any history of diabetes in your parents, brothers, or sisters? If so, please state the approximate age at onset of each case. b. If you are able to do so, please indicate age at onset of any other blood relative(s) with diabetes.	1. a. b.
2. What was the date of onset of diabetes in your case? An approximate date will suffice.	2.
3. a. Are you under regular medical supervision? b. At what intervals do you visit your physician or the clinic? c. Please state date of last visit.	3. a. b. c.
4. What treatment are you currently on? a. Insulin? b. Other oral or non-oral drugs? If so, please state designation of drug and dosage.	4. a. b.
5. a. Do you regularly test your urine for sugar? If so, at what intervals? b. State whether sugar is present regularly, often, occasionally, or never.	5. a. b.
6. a. Is your diet free or calculated? b. If calculated, please state particulars. c. How much physical activity do you have: i. At work? ii. At leisure, including sport?	6. a. b. c. i. ii.
7. Have you ever suffered from any of the following conditions? If so, please state, in each case, the nature of the treatment and whether recovery was complete; if necessary, a separate should be attached. a. Diabetic coma? b. Infections, such as boils, abscessed teeth, tonsillitis? c. Eye trouble? d. Heart trouble? e. High blood pressure? f. Urinary bladder or kidney trouble? g. Pain or burning sensation in leg or feet?	7. a. b. c. d. e. f. g.
8. a. Had you ever undergone chest radiographic examination? If so, please state last X-ray, result, name of physician, clinic or center, and where the plate can be obtained for inspection. b. Has an electrocardiographic(ECG) examination been carried out? If so, please state most recent date, name of physician, and where the record can be obtained for examination.	8. a. b.

I hereby declare that the above particulars and answers are complete and true.

Dated at _____ this _____ day of _____, 20_____.

Applicant's Signature