

**Diabetes Mellitus Type II
IDGN-DM-A01**

I. INCLUSION AND EXCLUSION CRITERIA

INCLUSION CRITERIA

Yes

No

1. Subject is diagnosed with **Type II** Diabetes Mellitus according to the etiologic classification of Diabetes Mellitus proposed by the International Expert Committee under the sponsorship of the American Diabetes Association on May 1997.

2. All 4 grandparents are of Ashkenazi ethnic origin as declared by the subject.

3. Subject or Subject's legal representative has signed the informed consent form.

EXCLUSION CRITERIA

Yes

No

1. Subject is diagnosed with non- **Type II** Diabetes Mellitus.

2. Subject is a known carrier of a blood transmitted infectious disease.

3. Conditions in which phlebotomy is contra-indicated.

**Subject is eligible for the study, if all INCLUSION criteria are YES
and all exclusion criteria are NO.**

INVESTIGATOR'S STATEMENT

I have verified the data entered in the Case Report Form and have determined that it is complete, accurate and compatible with the source documents.

Investigator's name (printed)

Investigator's signature

/ /

Day

Month

Year

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III. FAMILY HISTORY	
1. Mother	2. Father
Country of birth	Country of birth
1.1 Mother: _____	2.1 Father: _____
1.2 Grandfather: _____	2.2 Grandfather: _____
1.3 Grandmother: _____	2.3 Grandmother: _____
1.4 Mother suffers from DM Type II : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2.4 Father suffers from DM Type II : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Blood relatives:	
3.1 Number of brothers and sisters: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
3.2 How many of them suffer from DM Type II ? <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
4.1 Number of uncles and aunts: * <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
4.2 How many of them suffer from DM Type II ? * <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
5.1 Number of first degree cousins: * <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
5.2 How many of them suffer from DM Type II ? * <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
6.1 Approximate age at onset for the 5 closest blood relatives with DM Type II . *	
Age at onset: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
* If exact number is unknown, give approximate number.	

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IV. MEDICAL HISTORY			
1. Age at diagnosis of Diabetes Mellitus type II: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>			
2. Diabetes Mellitus complications:			
	Yes	No	Unknown
a. Acute metabolic complication:			
a.1. Hyperosmolar coma:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.2. Diabetic ketoacidosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Circulatory abnormalities:			
b.1. Peripheral vascular disease	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
*If yes, specify: Patient's complaints/Diminished pulses		<input type="checkbox"/> Doppler/Imaging	<input type="checkbox"/>
b.2. Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.3. Coronary artery disease	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
*If yes, select one or more: E.K.G changes	<input type="checkbox"/>		<input type="checkbox"/> Stress/Imaging test
	<input type="checkbox"/> PTCA/PCI	<input type="checkbox"/> MI	<input type="checkbox"/> CABG
c. Retinopathy:			
*If yes, specify: Background type	<input type="checkbox"/> *		<input type="checkbox"/> Proliferative type
d. Neuropathy:	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
*(Yes if suffers from peripheral polyneuropathy, mononeuropathy or autonomic dysfunction.)			
e. Nephropathy:			
*(If yes, select one or more.) Microproteinuria	<input type="checkbox"/> *		<input type="checkbox"/> Macroproteinuria
	<input type="checkbox"/> Nephrotic range proteinuria		<input type="checkbox"/> Renal failure
f. Erectile dysfunction:			
	<input type="checkbox"/>	<input type="checkbox"/>	
g. Diabetic foot ulcer/s:			
	<input type="checkbox"/>	<input type="checkbox"/>	

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h. Dyslipidemia, Latest blood results:

	Normal	Borderline	Abnormal
HDL-Cholesterol	<input type="checkbox"/> >60 mg/dL (>1.55 mmol/L)	<input type="checkbox"/> 35-60 mg/dL (0.9-1.55 mmol/L)	<input type="checkbox"/> <35 mg/dL (<0.9 mmol/L)
LDL-Cholesterol	<input type="checkbox"/> <130 mg/dL (<3.36 mmol/L)	<input type="checkbox"/> 130-160 mg/dL (3.36-4.11 mmol/L)	<input type="checkbox"/> >160 mg/dL (>4.11 mmol/L)
Total Cholesterol	<input type="checkbox"/> <200 mg/dL (<5.2 mmol/L)	<input type="checkbox"/> 200-240 mg/dL (5.2-6.18 mmol/L)	<input type="checkbox"/> >240 mg/dL (>6.18 mmol/L)
Triglycerides	<input type="checkbox"/> <160 mg/dL (<1.8 mmol/L)	<input type="checkbox"/> 160-200 mg/dL (1.8-2.25 mmol/L)	<input type="checkbox"/> >200 mg/dL (>2.25 mmol/L)

Was the patient under treatment when these results were obtained? Yes No

j. Other complications: Yes * No

*If yes, specify: _____

5. Hb A_{1c}, last 4 results:

1.	<input type="text"/> <input type="text"/> . <input type="text"/> gr %	2.	<input type="text"/> <input type="text"/> . <input type="text"/> gr %
3.	<input type="text"/> <input type="text"/> . <input type="text"/> gr %	4.	<input type="text"/> <input type="text"/> . <input type="text"/> gr %

6. Co-morbidity:

a. Hypertension: Yes * No

*Is the patient under treatment for hypertension? Yes No

b. Smoking:
 Currently Quit within past 5 years Quit prior to 5 years Never

7. Other chronic diseases: No Yes *

* Specify: a. _____
 b. _____
 c. _____
 d. _____

