

**Initial Questionnaire HYT-Diabetes****Dinah Rodrigues 2014**

Name.....
 Age weight [kg] height [] Phone numberDate....
 Address:.....City:.....
 State zip code:Email:
 Profession:..... yoga teacher?.....

Are there diabetics in your family?

Diabetes?.... NIDDM [] or IDDM...[] since what age?

NIDDM - Do you control with diet only [] or diet and medication?.. []

IDDM insulin dependent ... Do you take insulin? ...[]

Average how much a day [] How many times a day?

Do you use oral medication? how much a day?

Do you use other medications?

Have you had diabetes crises needing hospitalisation? how many times?

Is it auto immune ?.....

Do you have neurologic problems?[] which?.....

Circulation problems? ... [] Healing problems []

Problems in the cervicals [] Slipped disc..... []

Scoliosis [] Lordosis..... []

Sight problemsWhich ?

Rinitis..... [] High cholesterol []

Hypothyroidism. [] Tendinitis []

Frequent diarrhoea [] Hypertension..... []

Osteoporosis [] Osteopeny []

Exams for evaluation:

Fasting glicemy

Glicemy after a meal... (12h after a meal)

Glicose hemoglobin

Colesterol and fractions

Triglicerides

Creatinin

Do you have diabetic retinopathy?

Diabetic nefropathy ..?

Any other health problems?.....

Please inform if you have any of these symptoms evaluating its intensity as 0, 1, 2 or 3

Irritability [] Emotional instability []

Insomnia..... [] Anguish..... []

Anxiety..... [] Panic syndrome []

Tiredness [] Decreased libido []

Discourage [] Decreased vitality []

Depression..... [] Headache..... []

Palpitations [] Joint pain []

Migraine [] Impotence []

Kidneys malfunction [] Slow reasoning []

Hearing problems [] Decreased smelling []

Bad memory [] Slow healing.....[]
Hair loss [] Dry skin []
Eye problems [] Cold feet []

Glicemy daily variation.... [High.....Low.....]

If these information are used in research, the identity of the student will be preserved.

Signature: