

QUESTIONNAIRE B

1. Patient personal details

Insurance number:

Name:

Date of birth:

Gender: Female/Male

Race: Caucasian / Black / Asian / Indian/ Other:

Date of questioning:

Institute:

Doctor:

Blood sample code:

Date of blood sampling:

1. Medical history

Alcohol consumption YES / NO

If yes: daily /weekly/ monthly/ occasionally

Smoking: YES / NO

If yes: pocket

..... years

If no: .. earlier? YES/NO

If yes: pocket

..... years

Diabetes mellitus (2): since.....

Hypertension: YES since:.....

NO

2. Physical examination

Height: cm

Body weight:.....kg

BMI:kg/m²

Blood pressure:..... Hgmm

Heart rate:..... bpm

Blood sugar: mmol/l

3. Treatment

Oral antidiabetic treatment

NAME	Active substance	Dose (number only)	Unit (g/mg/IU)	Dosage (time/day)	Oral/subcutan	Since when?

Insulin treatment

NAME	Active substance	Total daily dose	Since when?

4. Blood sample - routine laboratory examination

Glycaemic controll	
Fasting plasma glucose (mmol/l)	
Hemoglobin A1c (%)	
Plasma insulin (pmol/l??)- only in OAD treated patients	
Inflammatory markers	
CRP (mg/l)	
Erythrocyte sedimentation rate (mm/h)	
Blood	
White blood cell count (G/l)	
Neurophils (%)	
Red blood cell count (T/l)	
Hemoglobin (g/l)	
Hematokrit (%)	
MCV (fl)	
Platelet count (G/l)	
Ions	
Sodium (mmol/l)	
Potassium (mmol/l)	

Renal function	
Urea nitrogen (mmol/l)	
Creatinine (umol/l)	
eGFR (ml/min/m ²)	
Liver functions	
Total bilirubin (umol/l)	
Aspartate aminotransferase (ASAT/GOT – U/l)	
Alanine aminotransferase (ALAT/GPT – U/l)	
Alkaline phosphatase (ALP – U/l)	
Lactate dehydrogenase (LDH – U/l)	
Gamma glutamyl transferase (GGT – U/l)	
Prothrombin (%)	
INR	
Total protein (g/l)	
Albumin (g/l)	
Lipids	
Total cholesterol (mmol/l)	
Low-density lipoprotein (LDL – mmol/l)	
High-density lipoprotein (HDL – mmol/l)	
Triglyceride (mmol/l)	
TSH (mU/l)	
Iron status	
Iron (umol/l)	
Transferrin (g/l)	
Transferrin saturation (%)	
Ferritin (ug/l)	
Thrombocyte aggregation....????	

5. Spot urine analysis

Albumin/creatinine ratio (ACR, mg/g):

Fractional excretion of amino acids	

6. Oxidative stress markers – blood sample

Ortho-thyrozine level	
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Meta-thyrozine level	
Para-thyrozine level	

7. **Heat shock proteins – blood sample**

Yes no

8. **Cardiovascular measurements**

24 h ambulatory blood pressure monitor	
Mean systolic blood pressure (Hgmm)	
Mean diastolic blood pressure (Hgmm)	
Diurnal index (%)	
- Dipper (10-20%)	YES NO
- Non-dipper (<10%)	YES NO
- Extreme dipper (>20%)	YES NO
- Inversed diurnality	YES NO
Percent time elevation index (or hypertensive time index, %)	
Pulse pressure (Hgmm)	

Arterial pulse wave velocity:

Overnight pulzoxymeter – apnoe-hypopnoe index (AHI):

- AIH > 5: YES NO

9. **Examinations for neuropathy**

		Neurometer							
		<u>Left</u>	<u>Nervus medianus</u>	<u>Right</u>	<u>Normal range (Hz)</u>	<u>Left</u>	<u>Nervus peroneus</u>	<u>Right</u>	<u>Normal range (Hz)</u>
			2000 Hz		<u>120-289</u>		2000 Hz		<u>187-516</u>
<u>Abnormal: 1</u> <u>Normal: 0</u>									
			250 Hz		<u>22-180</u>		250 Hz		<u>44-190</u>
<u>Abnormal: 1</u> <u>Normal: 0</u>									



		5 Hz		16-100			5 Hz		18-170
Abnormal: 1									
Normal: 0									

128-Hz tuning fork		
	Right radius:	Left radius:
Abnormal: 1, Normal: 0		
	Right hallux:	Left hallux:
Abnormal: 1, Normal: 0		

<u>Symptoms of neuropathy</u>		
	Score	Abnormal: 1 Normal: 0
DN4 Questionnaire		
Neuropathy Total Symptom Score-6		

Neurotest: PINK MIXED BLUE
0 1 1

10. Adverse events: YES/NO

	During the intervention	Immediately after the intervention (< 10 min)	Within 24 hours
Severe blood pressure decrease (hypotension)			
Dizziness			
Syncope			

Hypotension:..... Hgmm ----- Heart rate:/min

Dizziness (last):min

Syncope (last):.....min