Appendix-A-

Personal information :			
Name		No.	
Sex	□Male □Female	Age	
Occupation		Education level	
Height	_____ m	Weight	_____Kg
Address	□Rafah □Khan Younis □Mid of Gaza □Gaza □North of Gaza		
Marital status	□ Single □Married □Separated □Widowed		

Patient History:	
Do you have diabetes mellitus disease?	
What type of diabetes do you have?	
What is the duration of your diabetes ?	
Do any of your family members have diabetes ?	
If you answered yes to the previous item, how are they related to you?	
Do you have hypertension ?	
Do any of your family members have hypertension?	
If you answered yes to the previous item, how are they related to you?	
Are you exposed to thrombosis ?	
Other Health Problems :	
• Kidney :	□Yes □No
• Nerves :	□Yes □No

• Heart :	□Yes □No
• Others :	……
Do you have nephropathy?	□Yes □No
If you answered yes to the previous item, do you have dialysis?	□Yes □No
If you answered yes to the previous item, how many times per week do you have dialysis?	
Are you a smoker or exposed to smoking in closed places for long periods?	□Yes □No
The rate of your physical activities?	□Low □Moderate □High
Do you follow a diet for your diabetes?	□Sometimes□Often□Always
What is the name of diabetic drug you take?	
Have you changed drugs?	□Yes □No
If you answered yes to the previous item, how many times have you changed drugs?	

Thanks a lot for your help in completing this questionnaire.