



AMA RESEARCH FOUNDATION

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DIABETES SURVEY PROFORMA

PRELIMINARY DATA

Name:

Age: Sex:

Address:

Mobile No.:

1. Are you in habit of any of the following?

HABIT	YES/ NO	HABIT	YES/NO
Over food		Lack of exercise	
Over use of Sweet food		Sedentary life style	
Over use of Non Veg. food		Work in Hot Climate	
Untimely food		Use of Steroid type medicine	
Intake of excess milk			
Intake of excess ghee			

2. Did you notice any of the following symptoms during last few weeks?

Premonitory Symptoms	Yes/No	Premonitory Symptoms	Yes/No
General fatigue		Coating over eyes, tongue & nails	
Increased thirst		Increased growth rate of hair & nails	
Increased perspiration		Desire for cold	
Bad smell of body		Dryness of throat & palate	
Looseness of body parts		Burning sensation of palms & soles	
Always feeling to take rest as like sitting or sleeping		Sweet taste in mouth	



3.Are you already diagnosed with Diabetes mellitus? Yes/ No

If yes, FBS:

PPBS:

HbA1C :

Duration of illness :

Symptoms	Yes/ No	Symptoms	Yes/ No
Excessive thirst		Increased fatigue	
Excessive hunger		Diminished eye sight	
Excessive sweat			
Foul smell of body			
Excessive urine		More time to heal wound	
Increased turbidity of urine		Sexual weakness	

3.How diabetes is controlled by you?

	✓ Mark if yes		✓ Mark if yes
Restriction of Food		Homeo Medicine	
Exercise		Allopathy Medicine	
Ayurveda Medicine		Insulin	

3. Medicine consuming with dose:

4. When you started consuming medicine for diabetes?

5. How do you feel now?



6. Have you observed any food item is increasing your problem?
7. Have you observed any specific life style is reducing your problem?
8. Are you using of any of these herbs daily? As Uluva, Venga katal, Nellikka, Kaipakka etc.

9. What is your food timings & Habit

Activity	Time	Activity	Time	Activity	Time
Wake up		Breakfast		Light Food	
Bath 1 st		Light food		Dinner	
Bath 2 nd		Lunch		Sleep	

10. Do you have any complication of Diabetes?

Symptoms	Yes/No	Symptom	Yes/No
Numbness		Retinopathy	
Weakness of body		Neuropathy	
Loss of libido		Rashes in the body	
Tuberculosis		Sepsis	
Coronary artery disease		Stroke	
Peripheral vascular disease		Others	



11. Do you have any other chronic conditions?

Conditions	Yes/ No
Hypertension	
Dyslipidemia	
Heart disease (Specify)	
Lung disease (Specify)	
Liver disease (Specify)	
Others (Specify)	

Signature of the patient:

Date of submitting proforma:

Prepared by

Doctor :

Address :

Phone No :

- ❖ For any clarification please contact Dr.G.Vinod Kumar Ph:9446417288
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