



_	OFFICE USE ONLY	

AusDiab: The Australian Diabetes, Obesity and Lifestyle Study

Name:						
Participant record / re	esults form	Today's Date / / /				
1. Age	2. DOB					
3. Sex ○ Male ○ Fen	nale					
4. How many hours has it been since you last had any food or drink (except water)?						
5. Have you ever been told by a doctor or nurse that you have diabetes? Yes O No O						
6. What treatment are you currently receiving?						
Diet only O	ı					
Insulin O	ı					
Tablets 0	ı					
Insulin and tablets O						
Other 0	ı					
7. Are you pregnant?	Yes O N	No ○ Don't Know ○				
. GLUCOSE LOAD RE	EQUIRED	YES NO				
(not required for people with diabetes on insulin, drugs, or both, or if pregnant)						
9. Urine sample collecte	dYes○ No ○					
10. Fasting sample taker	n Yes⊖ No ⊖					
11. Glucose load given	Yes○ No ○	Time .				
12. 2 hour sample taken	Yes○ No ○	Time .				



13. Waist and Hip	Observer ID					
1.Waist (cm)	3.Waist (cm)					
14. Height (cm) 15. Weight (Kg)						
16. Bio-impedance measurement						
Weight (Kg)	Observer ID					
Impedance						
Fat %						
Fat mass (kg)						
Lean body mass .						
Total body water						
17. Blood Pressure	Observer ID					
Pulse rate (30 seconds)						
1. Systolic (mmHg)						
Diastolic 5th (mmHg)						
2. Systolic (mmHg)						
Diastolic 5th (mmHg)						
3. Systolic (mmHg)						
Diastolic 5th (mmHg)						
18. ECG performed Yes O No O						
19. Questionnaires Observer ID						
General health and well-being questionnaire completed	Yes O No O					
General medical questionnaire completed	Yes O No O					
Health knowledge and attitudes questionnaire completed	Yes O No O					
Dietary Questionnaire completed	Yes O No O					