

**CAMEROON BURDEN OF DIABETES (CAMBoD)**

**SETTING A NATIONAL SENTINEL SURVEILLANCE SYSTEM FOR DIABETES  
AND ITS RISK FACTORS**

**BASELINE SURVEY**

PHYSICAL AND BIOCHEMICAL EXAMINATION:

**Identification Information: (SECTION I)**

Examiner's Name: -----.

I 1	Sentinel site code:	<input type="text"/>
I 2	Province (Name)	<input type="text"/>
M 3	Health District (Name)	<input type="text"/>
I 4	Health area (Name)	<input type="text"/>
I 5	Village, Quarter or bloc (name):	<input type="text"/>
I 6	Village, Quarter or bloc (code):	<input type="text"/> <input type="text"/>
I 7	Date of completion of the questionnaire	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day                      Month                      Year

I 10	Time of physical and biochemical examination (24 hour clock)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>									
I 11	Family Name	<input type="text"/>									
I 12	First Name	<input type="text"/>									
I 13	Subject Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
I 14	Contact phone number where possible	<input type="text"/>									
I 15	Specify whose phone	<table> <tr> <td>Work</td> <td>1</td> <td rowspan="4"><input type="checkbox"/></td> </tr> <tr> <td>Home</td> <td>2</td> </tr> <tr> <td>Neighbor</td> <td>3</td> </tr> <tr> <td>Mobile</td> <td>4</td> </tr> </table>	Work	1	<input type="checkbox"/>	Home	2	Neighbor	3	Mobile	4
Work	1	<input type="checkbox"/>									
Home	2										
Neighbor	3										
Mobile	4										

Physical Examination (Section M)			
Height and weight		Record measures	Data Entry
M 1	Technician ID Code		<input type="text"/> <input type="text"/> <input type="text"/>
M 2a	Device for height ID code		<input type="text"/> <input type="text"/> <input type="text"/>
M 2b	Device for weight ID code		<input type="text"/> <input type="text"/> <input type="text"/>
M 3a	Height in Centimeters 1:	--- cm	<input type="text"/> <input type="text"/> <input type="text"/> cm
M 3b	Height in Centimeters 2:	--- cm	<input type="text"/> <input type="text"/> <input type="text"/> cm
M 3c	Height in Centimeters 3:	--- cm	<input type="text"/> <input type="text"/> <input type="text"/> cm
M 3d	Height in Centimeters (average)	--- cm	<input type="text"/> <input type="text"/> <input type="text"/> cm
M 4a	Weight in Kilograms (to one decimal place) 1	--- kg	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
M 4b	Weight in Kilograms (to one decimal place) 2	--- kg	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
M 4c	Weight in Kilograms (to one decimal place) 3	--- kg	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
M 4d	Weight in Kilograms (to one decimal place) average	--- kg	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
M 5	Body mass index (to be calculated using averages of weight and height)	----- kg/m <sup>2</sup>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Waist / Hip</b>			
M 6	Participant currently pregnant, to be answered by women only.	Yes No Uncertain	1 If yes, 2 Skip 3 Waist and go hip <input type="checkbox"/>
M 7a	Waist circumference in Centimeters 1:	--- cm	<input type="text"/> <input type="text"/> <input type="text"/> cm
M 7b	Waist circumference in Centimeters 2:	--- cm	<input type="text"/> <input type="text"/> <input type="text"/> cm
M 7c	Waist circumference in Centimeters 3:	--- cm	<input type="text"/> <input type="text"/> <input type="text"/> cm
M 7d	Waist circumference in Centimeters (average):	--- cm	<input type="text"/> <input type="text"/> <input type="text"/> cm
M8a	Hip Circumference in Centimeters:	--- cm	<input type="text"/> <input type="text"/> <input type="text"/> cm
M8b	Hip Circumference in Centimeters:	--- cm	<input type="text"/> <input type="text"/> <input type="text"/> cm

<b>M8c</b>	Hip Circumference in Centimeters:	___ cm	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cm
<b>M8d</b>	Hip Circumference in Centimeters (average):	___ cm	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cm
<b>M9</b>	Waist / hip ratio (use averages)	___ cm	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cm

Pulse Rate (reading taken from blood pressure device)				
<b>M 10a</b>	Reading 1	Bpm: ___		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 10b</b>	Reading 2	Bpm: ___		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 10c</b>	Reading 3	Bpm: ___		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 10d</b>	Average reading (to be calculated)	Bpm: ___		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Blood Pressure				
<b>M 11</b>	Device ID			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M.12</b>	Mid Upper arm circumference (in cm)	_____ cm		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cm
<b>M 13</b>	Cuff size used	small      1 normal     2 large       3		<input type="text"/>
<b>M 14a</b>	Reading 1	Systolic BP	mmHg: ___	Systolic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 14b</b>		Diastolic BP	mmHg: ___	Diastolic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 15a</b>	Reading 2	Systolic BP	mmHg: ___	Systolic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 15b</b>		Diastolic BP	mmHg: ___	Diastolic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 16a</b>	Reading 3	Systolic BP	mmHg: ___	Systolic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 16b</b>		Diastolic BP	mmHg: ___	Diastolic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 17a</b>	Average reading (calculate)	Systolic BP	mmHg: ___	Systolic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 17b</b>		Diastolic BP	mmHg: ___	Diastolic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Biochemical measurements (Section B)				
Blood glucose			Data entry	
<b>B 1</b>	During the last 12 hours have you had anything to eat or drink, other than water or unsweetened black tea or coffee?	Yes      1 No        2		<input type="text"/>
<b>B 2</b>	Technician ID Code			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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B 3	Device ID code		□□□
B 4	Time of the day FBG done (24 hour clock)	--:--	□□:□□ hours          minutes
B 5	Fasting Blood glucose (FBG)	--. -- mmol/l	□□.□
B 6	OGTT (done if FBG is greater than or equal to 110 mg/dl. (6.1mmol/l))	--. -- mmol/l	□□.□