





**C. Concurrent illness -**

A. Diabetes    No    Yes                      Age of diagnosis                      (yrs)

B. Auto immune disease- (Tick against) Bronchial asthma, Allergy, Thyroiditis,  
Collagen vascular Disease, other (specify)

**D. Past History of infections** (Tick against)- Don't remember

Remember - Measles, Mumps, Chicken Pox, TB, other

**E. Vaccinations** –Don't remember

Remember - Measles, Mumps, Rubella, DPT, Polio, TB, Hepatitis

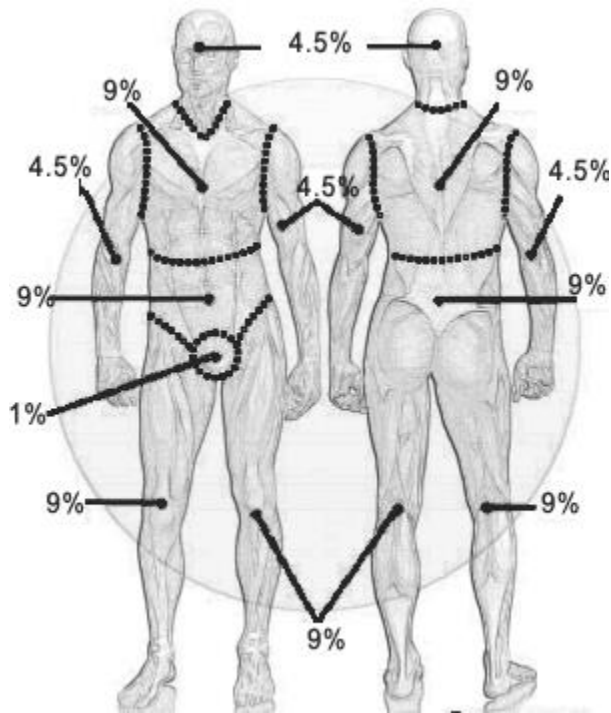
**F. Family history-**

a) MS-

b) Other Neurological disorder (Name of disease and relative affected)

Mother	Father	Sibling	Other Relative	
			Maternal Relation	Paternal Relation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sib#, ----- <input type="checkbox"/> Sib#, -----	<input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather

## G. Sun Exposure Information



Dress code		Morning (8.00 am to 1.00 pm)	Afternoon (1.00 pm to 5.00 pm)	Evening (5.00 pm to 6.00 pm)	Total Hours of Sun Exposure	Percentage of Sun Exposure
	Ages 6 to 12					
	Ages 13 to 15					
	Ages 16 to 18					
	Ages 19 to 21					
	22 years and up					
					Mean=	Mean=

## Healthy control

**Name**

**Age/ Sex**

**Address**

**Contact Number**

Weight (kg)

Height (mts)

BMI

Relation to patient - Spouse , Friend, Medical personnel, Patient volunteer, other

Primary diagnosis (for patient volunteer)

**Religion**

**Caste**

**Language**

**Educational Status:** Illiterate, Primary, High School, PUC, Graduate

**Area of living** - Rural Urban Slum

**Diet:** Veg Non veg

**Monthly Income :** Low (<Rs4000/m) , Lower Middle ( 4000-15,000/m),

Upper Middle ( Rs 15,000- 55000/m) , high (> 55000/m)

**History of** 1. Diabetes 2. Asthma 3. Allergies 4. Thyroiditis 5. Other Automimmune disease (specify)

**Past Infections :** Don't remember

Remember - Measles, Mumps, Chicken Pox, TB, other

**Past vaccinations** – Don't remember

Remember - Measles, Mumps, Rubella, DPT, Polio, TB, Hepatitis

**Smoking** – Has the control ever smoked cigarettes?

No / Yes If yes, age of smoking onset: (yrs)

Number of cigarettes per week:

If the control no longer smokes, age at stopping (yrs)

Has anyone in the controls household smoked while living with him/her?

No / Yes If yes, how many people smoke?

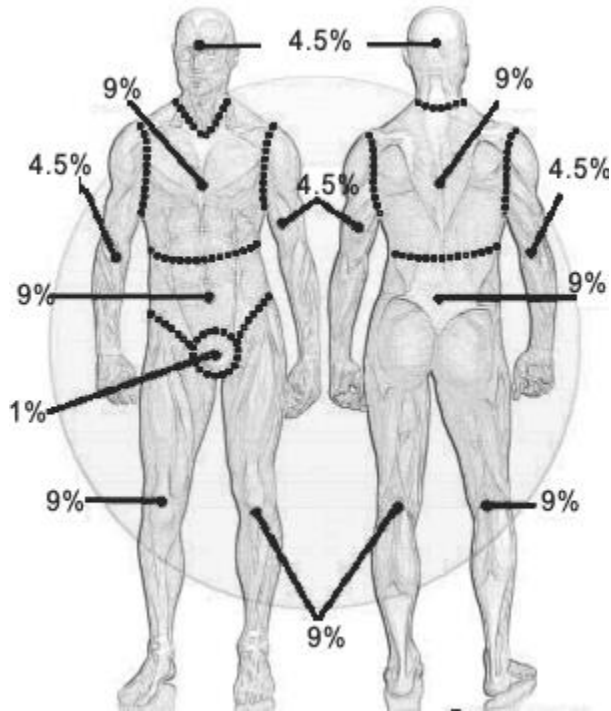
How old was the control when exposed to second-hand smoke  
in the home? ( yrs )

How many cigarettes per day are/ were consumed (on average) in the  
controls household?

If no-one in the home smokes now, age of control when smoking stopped:

<b>Other habits</b>	<b>Yes</b>	<b>No</b>	<b>duration</b>
Betel nut	-		
Tobacco chewing	-		
Snuff	-		

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