

Questionnaire in English

Cardio Metabolic Risk

Date: /__ /__ /__ /__ /

Diabetes: yes no

if yes T2D : yes no

Diabetes vintage: /_____/ year

Demographic Parameters

Number: /_____/

Group: /___/ (Case =1; Control = 0) (case = History of CAD or Stroke)

Gender: Male Female (1=M; 2=F)

Birth date: /__ /__ /__ /__ /

Place of birth: _____

ZIP code of residence: _____

History related to cardiovascular and arterial diseases.

Family history

Fam hist for hypertension: yes no

Fam hist for diabetes: yes no

Personal

Hypertension: yes no

Stroke: yes no

CAD: yes no

Myocardial Infarction : yes no

Angina: yes no

Lower limbs arteriopathy: yes no

if yes, Amputation : yes no

Mode de vie

Tobacco: yes no (yes = current smoker or stop for less than 10 years, no = others)

Alcohol: yes no

If yes: wine yes no; rum: yes no; nbr glasses / day / __ /

Sports: yes no; if yes nbr hours weekly / __ /

Current treatment

Antihypertensive: yes no

ACE: yes no Calcium blocker : yes no

Beta blocker: yes no other Tt : yes no if yes : _____

Anti-diabetic Tt: yes no

If yes OAD Insulin both

Hypolipemic Tt: yes no

Antiplatelet agents: yes no

Clinical data

Weight: /_____/kg Height: /_____/m Waist circumference /_____/ cm

Electrocardiogram

ECG: normal abnormalities

If abnormal: ischemic yes no

Biological data

C-RP: /___/ mg/L

Hemoglobin: /___/ g/dl Hématocrite: /___/ %

Creatinine: /___/ μmol/L

Total Cholesterol: /___/ mmol/L

HDL-Cholesterol: /___/ mmol/L

LDL-Cholesterol: /___/ mmol/L

Triglycerides: /___/ mmol/L

FBG: /___/ mmol/L