**Title: -** **- Estimation of prevalence of risk factor of Type 2 Diabetes in population from (Age group 30-50 years) (Wardha District).**

**Objective:**

* To assess the prevalence of risk factors associated with Type 2 Diabetes.
* To state the occurrence of risk factors of Diabetes.

**Methodology: -**

The risk factor checklist for diabetes has been prepared and will be filled by the participant enrolled in the study**.**

**Research Design:** Observational study (cross sectional study).

**Duration of Study:** 4 Months

**Subject selection:**

**Inclusion: -**

* Age group between 30 – 50 years.
* HbA1c above 8% (HbA1c is called Glycosylated haemoglobin and it measures long terms sugar levels).
* Equal number of Men and Women.
* Family history of diabetes.
* BMI over 25 kg/m2.

**Exclusion: -**

* Must not have any cardio-vascular events such as stroke, myocardial infarction.
* Subjects above 50 years.
* Pregnant women.
* Local Resident less than 3 years.
* Should not be Hypertensive.
* Should not have Hypo and Hyperthyroid.
* Should not undergo any surgery.
* Should not take any other medicines other than for diabetes.

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to your participation as a trial subject, that you have been fully informed about all the aspects of the trial by the investigator or designee and that you have been given sufficient time to decide whether to participate in the study. You are free to withdraw from the study at any time without affecting your health care.

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| S. No | Consent | Please Initial Box (Subject) |
|  | I confirm that I have real and understood the information sheet dated­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the above Clinical Investigation and have had the opportunity to ask questions. |  |
|  | I understand that my participation in the Clinical Investigation is voluntary. |  |
|  | I understand that my identity will not be revealed in any information released to third parties or published |  |
|  | I agree to take part in the above Study. |  |

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| --- | --- |
| Investigator |  |
| Institution Name and address |  |
| Subject's Name |  |
| Subject ID |  |
| Subject Initials |  |
| Subject's age in Subject's Date of Birth years | DD MMM YYYY |
| Address of Subject |  |
| Qualification |  |
| Occupation (Tick as appropriate): | Student Self-employed Service Housewife Others |
| Annual Income of the Subject (INR) |  |
| **Nominee Details (for the purpose of the compensation in case of trial related death)** | |
| Name of Nominee |  |
| Relation of Nominee with the Subject |  |
| Address of the Nominee |  |

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| **Impartial Witness (IW)** | | |
| Tick if not applicable | | |
|  |  |  |
| Name | Signature | Date |

**(Impartial witness is required if the Subject/LAR is unable to read the consent)**

|  |  |  |
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| **Legally Acceptable Representative (LAR)** | | |
| Tick if not applicable | | |
| **Relation of LAR to the Subject:** | | |
|  |  |  |
| Name | Signature/Thumb Impression | Date |

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| --- | --- | --- |
| **Participant** | | |
|  |  |  |
| Name | Signature | Date |