

PROFORMA

	Serial no.	Date: (DD.MM.YYYY)	
1.	Name of patient (optional): W/O:		
2.	Age in years or date of birth:		
3.	Age at marriage/ duration:		
5.	Husband's occupation:		
6.	Address: 1. Karachi East 2. West 3. Central 4. South 5. Malir 6. Interior Sindh 7. Balouch 8. KPK 9. Punjab 10. Other: _____		
7.	Ethnicity: 1. Urdu speaking 2. Punjabi 3. Sindhi 4. Balouchi 5. Pushto 6. Gujrati 7. Memon 8. Hindco 9. Sariki 10. Others: _____		
8.	Education: 0. Uneducated 1. Deeni Taleem 2. Madrasa 3. Primary (up to class 5) 4. Secondary (6 to 9) 5. Matric 6. Inter/ FA/FSC 7. Graduate 8. Master 9. Others _____		
9.	Occupation: 1. Housewife 2. Working If working specify: _____		
10.	Last menstrual period:		
11.	Weight before pregnancy (kg/ lb):		
12.	Height:		
13.	Body fat:		
14.	Waist- hip ratio:		
15.	Week of Gestation:		
16.	Parity: 1. Primipara 2. Multiparous		
17.	Past medical history of Gestational diabetes mellitus: 1. Yes 2. No		

18.	Past medical history: 1. Type 2 diabetes mellitus 2. Hypertension 3. Others: _____	
19.	Past gestational history: 1. Still birth 2. Macrocosmic baby 3. Preterm labour 4. Small for gestational age	
20.	Family history of diabetes: 1. _____ Yes _____ 2. _____ No specify: _____	
21.	Rapid weight gain during pregnancy: 1. Yes 2. No 3. Don't know	
22.	Personal history: 1. Tobacco (1.1 Smoking 1.2 Pan with tobacco 1.3 Naswar) 2. Alcohol 3. Areca nut 4. Multani mitti others: _____	
23.	Blood Parameters: 1. NRG4(ng/ml): _____ 2. Insulin(μ IU/ml): _____ 3. FBS(mg/dl): _____ 4. GCT(mg/dl): _____ 5. HOMA IR: _____ 6. Cholesterol(mg/dl): _____ 7. TG(mg/dl): _____ 8. HDL(mg/dl): _____ 9. LDL (mg/dl) _____ 10. VLDL(mg/dl): _____	