**Klinika za endokrinologiju, dijabetes i bolesti metabolizma**

**Univerzitetski klinički centar Srbije**

**Clinic for Endocrinology, Diabetes and Metabolic Diseases**

**University Clinical Center of Serbia**

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**UPITNIK NA POČETKU STUDIJE**

**QUESTIONNAIRE AT THE BEGINNING OF THE STUDY**

**Klinička studija: Efekat suplementacije sulforafanom na hematološke i serumske parametre povezane sa feroptozom kod pacijenata sa dijabetesom tipa 1**

**Clinical trial: Effects of sulforaphane supplementation on hematologic and serum parameters associated with ferroptosis in patients with type 1 diabetes**

Verzija 1.0/Version 1.0

***Deo I: Socio-demografski podaci / Part I: socio-demographic data***

|  |  |
| --- | --- |
| **Ime**/First name |  |
| **Prezime**/Surname |  |
| **Datum rođenja**/Date of birth |  |
| **Telefon**/Phone |  |
| **E-mail**/E-mail |  |
| **Telesna visina**/Height (cm) |  |
| **Obim struka**/waist (cm) |  |
| **Obim kukova**/hip (cm) |  |
| **Nacionalnost**/Ethnicity |  |
| **Bračni status/**Marital status:*(molimo zaokružite/please select)* | * Oženjen/Married
* Neoženjen/Unmarried
* Ne želim da se izjasnim/Prefer not to answer
 |
| **Obrazovanje**/Education:*(molimo zaokružite please select)* | * Osnovna škola/Elementary
* Srednja škola/Secondary
* Više ili visoko obrazovanje/University
* Student/ University student
 |
| **Zaposlen**/Employed*(molimo zaokružite please select)* | * Da/Yes
* Ne/No
 |

***Deo II: Klinički podaci - dijabetes / Part II: Clinical data - diabetes***

|  |  |
| --- | --- |
| **Pre koliko godina je ustanovljeno da imate dijabetes tip 1?**/Since when have you diagnosed with type 1 diabetes? |  |
| **Koliko dugo ste na terapiji insulinom?**/For how long you use insulin therapy? |  |
| **Navedite tip insulina koji** **koristite.**/How long have you been taking insulin therapy? |  |
| **Ukoliko koristite pumpu za insulin, molimo Vas da navedete:**/If you currently use an insulin pump, please fill in the following fields | Naziv proizvodjača / Brand: |
| Koliko dugo koristite pumpu za insulin / How long have you been using a pump? - |
| **Da li imate neko od sledećih oboljenja/stanja uzrokovanih dijabetesom?**/Have you been diagnosed with any of the following diabetes comorbidities?*(Molimo zaokružite, i ako je odgovor DA, takođe zaokružite o kom oboljenju je reč i po potrebi dopunite/Please select, and if your answer is YES, select or add the comorbidities)* | * Ne / No
* Da / Yes:
* Oštećenje bubrega / Kidney damage (nephropathy)
* Oštećenje oka / Eye damage (retinopathy)
* Oštećenje nerava / Nerve damage (neuropathy)
* Oštećenje stopala (dijabetičko stopalo) / Foot ulcerations (diabetic foot)
* povišen krvni pritisak/Hypertension
* Drugo/Other:

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| **Da li trenutno koristite neke druge lekove i koji je razlog?**/Are you currently taking any other medication and what is the purpose?*(Molimo zaokružite i, ako je odgovor DA, dopunite/Please select, and if your answer is YES, fill in the fields)* | * Ne / No
* Da, koristim sledeće lekove zbog: / Yes, I use the following medications for:

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| **Da li trenutno koristite neke dodatke ishrani (suplemente)?/** Are you currently taking any dietary supplements?*(Molimo zaokružite i, ako je odgovor DA, dopunite/Please select, and if your answer is YES, fill in the fields)* | * Ne / No
* Da, koristim sledeće dodatke ishrani / Yes, I use the following supplements

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***Deo III: Klinički podaci - životne navike /Part III: Clinical data - lifestyle***

|  |  |
| --- | --- |
| Da li konzumirate cigarete (ili druge nikotinske proizvode) ili ste ih nekada konzumirali? / Do you smoke or have you smoked in the past?*(Molimo zaokružite/Please select)* | * Ne, nikada / No, never
* Ne, ali konzumirao sam ih u prethodnih 10 godina / Smoked in the last 10 years
* Da, konzumiram trenutno / Currently, yes
 |
| Da li ste trenutno na nekom specifičnom režimu ishrane? / Are you currently on a special diet?*(Ako je odgovor DA, navedite na kom)* | * Ne / No
* Da / Yes:

- |
| Koliko često konzumirate alkohol?/How often do you drink alcohol?*(Molimo zaokružite/ Please select)* | * Nikada / Never
* Nekoliko puta dnevno / Several times a day
* Jednom dnevno (čašica žestokog pića, ili čaša vina/piva) / One dose daily
* 1-2 sedmično / 1-2 times per week
* 1-2 puta mesečno/1-2 times per month
 |
| Koliko dana u sedmici jedete sledeće namirnice: brokoli, kelj, karfiol, sirov kupus, sirov beli i/ili crni luk? /How many days a week do you eat broccoli, cauliflower, raw savoy cabbage, raw garlic and/or onions?*(Ako ih konzumirate, navedite koje namirnice od navedenih / If yes, please specify which of the listed vegetables)* | * Nikada / Never
* Retko / Rarely
* 1-2 puta nedeljno jedem (navedite): / 1-2 times per week I eat:

---* Svaki dan konzumiram (navedite): / I eat every day:

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| Da li postoji jedna ili više supstanci na koju ste, u poslednjih godinu dana, imali alergijsku reakciju ili reakciju intolerancije? / Were there one or more substances to which you had an allergic reaction or intolerance in the last year?*(Molimo zaokružite, i ako je odgovor DA, navedite koje/ Please select, and if your answer is YES, fill in the fields)* | * Ne / No
* Da, na: / Yes, the following:

----* Ne znam / I don't know
 |
| Koliko ste puta sedmično fizički aktivni (šetnja, sport, fizički rad...)? / How often per week are you physically active (walks, sport, gardening, shopping…)?*(Molimo zaokružite/ Please select)* | * Retko, jednom sedmično / Rarely, 1 per week
* 2-3 puta sedmično / 2-5 times per week
* 6-7 puta sedmično / 6-7 times per week
 |
| Koliko često vežbate više od 30 minuta? / How often per week do you exercise intensively for more than 30 minutes?*(Molimo zaokružite/ Please select)* | * Retko, skoro nikada (do 2 puta mesečno) / Rarely, almost never (max. twice a month)
* 1-2 puta sedmično / 1-2 times per week
* Minimalno 2 puta sedmično / Minimum twice per week
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