



SAVE THE FEET, KEEP WALKING 2.0

Registry of people with Diabetic Foot Ulcers in India

Socio-Demographic Information

Full Name: _____ Age _____

Gender : Male Female Other

Locality : Urban Rural

Village / Town / City _____ State _____ PIN Code _____

Education:

Illiterate Primary Secondary Higher secondary Graduate Post graduate

Occupation : _____

Marital Status : Single Married Separated Widow/widower

Subjective Socio-economic status (SES)

Rate yourself and give a score in the SES ladder from 1 - 10 (low to high)

1	2	3	4	5	6	7	8	9	10
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Total Family Members: _____

No. of dependent family members: _____

Health Facility Details (Prefilled in the link) :

Name of the Facility : _____ Location of Health Facility : _____

Type of Facility: Primary Secondary Tertiary

Email Address: _____

Medical History:

Type of Diabetes : Type 1 Type 2 Other

Duration of Diabetes (in years) : _____

Treatment :

Oral hypoglycemic agents Oral hypoglycemic agents + Insulin Only Insulin

History of Ulcer:

Leg/Foot Ulcer: Yes No

Amputation: No Minor Major

Lower Limb Angioplasty/Stent/Bypass: Yes No

Other Diabetic Complications / Co morbidities:

Renal (dialysis/transplant) : Yes No Duration _____ years

Retinal (visual impairment) : Yes No Duration _____ years

Cardiovascular disease : Yes No Duration _____ years

Heart Failure : Yes No Duration _____ years

Cerebrovascular disease : Yes No Duration _____ years

Lower Limb Ischaemia : Yes No Duration _____ years

Hypertension : Yes No Duration _____ years

Lifestyle Factors:

Smoking Habit No Yes, Current Smoker Ex-Smoker

Alcohol Consumption No Yes, Current Consumer Ex-Consumer

Tobacco Chewing No Yes, Current Consumer Ex-Consumer

Foot Care Habits

Do you wear footwear? Indoor Outdoor Both No

Do you examine your feet at home regularly? Yes No

Do you walk on sand/mud/clay for work? Yes No

Do you wash your feet when you come back home from outside? Yes No

Biochemical Investigation (reports within 4 months)

Fasting Glucose (mg/dl)	
Post Prandial Glucose (mg/dl)	
HbA1c %	
T. Cholesterol (mg/dl)	
Triglycerides (mg/dl)	
HDL (mg/dl)	
LDL (mg/dl)	
VLDL (mg/dl)	
Serum Creatinine (mg/dl)	

Date of assessment (dd/mm/yy) _____

Assessment of Wound

Site

- Leg Right leg Left leg Both Not applicable
 Foot Right foot Left foot Both Not Applicable

Right Foot

- Fore foot Dorsal Fore foot Plantar Nil
 Mid foot Dorsal Mid foot Plantar Nil
 Hind foot Dorsal Hind Foot Plantar Nil

Left Foot

- Fore foot Dorsal Fore foot Plantar Nil
 Mid foot Dorsal Mid foot Plantar Nil
 Hind foot Dorsal Hind Foot Plantar Nil

Image of wound on the date of assessment (if available, please upload the image)

- Yes No

Ulcer/wound size (cm²) _____ **Duration of wound (days)** _____

Infection Details:

Infection	Yes	No
Local swelling or induration	Yes	No
Erythema around the ulcer	Yes	No
Local tenderness or pain	Yes	No
Is there any warmth/swelling/redness in the foot which is suggestive of cellulitis	Yes	No
Purulent discharge (thick, opaque to white or sanguineous secretion)	Yes	No
Culture report (if available, please upload the report)	Yes	No
Probe to Bone	+ve	-ve
Osteomyelitis in x-ray foot X-ray not available	Yes	No
Fever or other signs of sepsis	Yes	No
Presence of arterial stenosis/occlusions (documented by DSA/arterial color doppler/ABI/MRI, if needed)	Yes	No
Necrosis of soft tissue	Yes	No
Gangrene	Yes	No
	Wet	Dry

Treatment Details:

Antibiotics given:

- No
 Yes, Oral
 Yes, IV

Surgical Procedure

- Callus excision
 Sequestectomy
 Incision and drainage
 Wound debridement
 Others

Amputation:

- No
 Minor
 Major

Which dressing material was used

Offloading device

Other Treatment details, if any

- Yes No

If yes, details

Presence of Symptoms:

- Do you have burning or tingling sensation in feet or leg? Yes No
 Does your leg or foot pain while walking? Yes No
 Are there changes in skin color or skin lesions? Yes No
 Is there any loss of lower extremity sensation in the leg/foot? Yes No


Dermatologic Exam

- Does the patient have discolored, ingrown, or elongated nails? Yes No
 Are there signs of fungal infection especially in between the toes? Yes No
 Does the patient have discolored and/or hypertrophic skin lesions, calluses, or corns? Yes No
 Does the patient have open cracks or heel fissure? Yes No


Neurologic Exam

Is the patient responsive to 10g monofilament?

Right Foot			
A	Yes	No	Not tested due to ulcer
B	Yes	No	Not tested due to ulcer
C	Yes	No	Not tested due to ulcer



Left Foot			
A	Yes	No	Not tested due to ulcer
B	Yes	No	Not tested due to ulcer
C	Yes	No	Not tested due to ulcer



Is the patient responsive to 128 Hz Tuning Fork?

Right Foot			
Big Toe	Yes	No	Not tested
Medial Malleolus	Yes	No	Not tested
Lateral Malleolus	Yes	No	Not tested

Left Foot			
Big Toe	Yes	No	Not tested
Medial Malleolus	Yes	No	Not tested
Lateral Malleolus	Yes	No	Not tested

Musculoskeletal Exam

- Does the patient have obvious deformities in the feet?
 No Minor Major

Vascular Exam

- Is there hair loss on the lower limb?
 Yes No
 Are the dorsalis pedis and posterior tibial pulses palpable?
 Yes No
 Is the temperature of the skin cold/warm/normal?
 Cold Warm Normal