Study Title:
Herbal Formula in the Management of Type 2 Diabetes Mellitus: A Three-Arm, Open-Label, Non-Inferiority Randomized Controlled Trial

Medical History Questionnaire

Participant Code: _____

Purpose: This section of the questionnaire is designed to gather detailed information about your medical history, particularly focusing on your experience with diabetes and other related health conditions. Your responses will provide valuable insights into your health status and help us tailor the study to better meet the needs of all participants.

Instructions: Please answer each question to the best of your ability. If you are unsure about any information, feel free to note that in your response. All information you provide will be kept confidential and used only for research purposes.

1. **Duration of Diabetes:**
   - How long have you been diagnosed with Type 2 Diabetes Mellitus?
     - Less than 1 year
     - 1-5 years
     - 6-10 years
     - More than 10 years
2. **Current Medications for Diabetes:**
   - Which medications are you currently taking to manage your diabetes? (Please check all that apply)
     - Metformin
     - Insulin
     - Sulfonylureas
     - DPP-4 inhibitors
     - GLP-1 receptor agonists
     - SGLT2 inhibitors
     - Other (Please specify): _____
     - Not applicable
3. **History of Diabetes-Related Complications:**
   - Have you experienced any complications related to your diabetes? (Please check all that apply)
     - Neuropathy (nerve damage)
     - Retinopathy (eye problems)
     - Nephropathy (kidney problems)
     - Cardiovascular issues (heart disease, stroke)
     - Foot ulcers or infections
     - Other (Please specify): _____
     - No complications
4. **Other Medical Conditions:**
   - Do you have any other medical conditions or health concerns? (Please check all that apply)
     - Hypertension (high blood pressure)
     - Hyperlipidemia (high cholesterol)
     - Thyroid disorders
     - Asthma or other respiratory conditions
     - Gastrointestinal disorders
     - Arthritis or joint problems
     - Mental health conditions (e.g., anxiety, depression)
     - Other (Please specify): _____
     - None
5. **Previous Surgeries or Hospitalizations:**
   - Have you had any surgeries or been hospitalized in the past? (Please provide details if applicable)
     - Yes (Please specify): _____
     - No
6. **Allergies:**
   - Do you have any known allergies? (Please check all that apply)
     - Medications (Please specify): _____
     - Food (Please specify): _____
     - Environmental (Please specify): _____
     - Other (Please specify): _____
     - No known allergies