CHRONIC RESPIRATORY SYMPTOMS QUESTIONNAIRE

Area information

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<th>B. Interviewer: ___</th>
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<td>C. Air Quality Monitoring Station:</td>
<td>D. Distance from the station</td>
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Part – 1. IDENTIFICATION DATA

01. Identification Number (4 Digits): ___
02. Name: 
03. Name of the father/spouse: 
04. Name of the Head of the family 
05. Age: 
06. Sex: (Male - 1, Female - 2) 
07. Address: 

Part – 2. GENERAL INFORMATION ON HOUSEHOLD AND FAMILY

08. Distance from the main road: 
09. Any local sources of outdoor pollution: (eg. Factory etc): 
10. Floor of residence: 
11. Number of rooms: 
12. Number of household members: 
13. Type of fuel used: (encircle the response, one or more) 
   a. Gas - 1 
   b. Kerosene - 2 
   c. Wood - 3 
   d. Cowdung cakes - 4 
   e. Coal - 5 
14. Is there a separate kitchen? Yes (1) / No (2) 
15. Do you use mosquito coils/liquid repellants? Yes (1) / No (2)
16. Total family income per month per capita (divide total by number of persons & encircle the response):
   a. Below Rs 1000 - 1
   b. Rs 1000 - 3000 - 2
   c. Rs 3000 - 5000 - 3
   d. Rs 5000 - 10,000 - 4
   e. Rs 10,000 and above - 5

Part – 3. PERSONAL INFORMATION

17. Marital status: (encircle the response)
   a. Unmarried - 1
   b. Married - 2
   c. Divorced - 3
   d. Widowed - 4

18. Number of years staying at this address: _____

19. Where did you live before this? ____________________________
   and for how long? _____

20. Educational status (encircle the response):
   a. Primary/middle school - 1
   b. High school - 2
   c. Graduate - 3
   d. Post graduate/ Professional - 4
   e. Illiterate - 5

21. Occupational status: (encircle the response)
   a. Employed - 1
   b. Student - 2
   c. Housewife - 3
   d. Unemployed - 4
   e. Previously employed but now unemployed - 5

   If the response is = 1, continue with the following questions
   If the response is = 2, continue with question number 25
   If the response is = 3,4 or 5, continue with question number 28

22. What is your occupation? ______________________
23. Do you work indoors?  
   Yes (1) / No (2)  
   If "Yes", where? (encircle the response)  
   a. Shop - 1  
   b. Office - 2  
   c. Factory - 3  
   d. Other - 1 (Please specify) ____________

24. Do you work outdoors?  
   Yes (1) / No (2)  
   If "Yes", where? (encircle the response)  
   a. At one place - 1  
   b. Moving from one place to another - 2  
   c. Other - 3 (Please specify) ____________

25. How do you usually get to work/school/college? (encircle one or more)  
   a. Bus - 1  
   b. Train - 2  
   c. Car - 3  
   d. Three-wheeler - 4  
   e. Scooter/Motor cycle - 5  
   f. Bicycle - 6  
   g. On foot - 7

26. What are your work/school/college timings?  
   From ________ to ________

27. Where is your place of work/study located (address)? ________________

28. Are you regularly exposed to any kind of irritant such as dust,  
   smoke or fumes at work/study/home?  
   Yes (1) / No (2)

29. If you had another job earlier, did you have a similar exposure in your previous job? (only if applicable)  
   Yes (1) / No (2)

30. How much time do you spend in the kitchen? (if cooking, actual time spent) ______

31. Smoking status:
   a. Never smoked - 1  
   b. Ex-smoker - 2  
   c. Current smoker - 3  

   If ex-smoker or current smoker, continue with the following questions
   If nonsmoker, go to question no. 36.

32. What do you or did you smoke?  
   a. Bidis - 1  
   b. Cigarettes - 2  
   c. Hukka - 3  
   d. Others - 4 (please specify) ____________
33. At what age did you start smoking? _____
34. How many bidis cigarettes etc do you smoke or used to smoke every day? (maximum no. ever) _____
35. If ex-smoker, reason for stopping: ________________
36. If a nonsmoker, does anybody smoke in your presence at home or at work? Yes (1) / No (2)

Additional Information

37. Height:
38. Weight:
39. Overall socioeconomic status: (impression of the interviewer)
   Low = 1, Medium = 2, High = 3
A. COUGH
1. Do you frequently get a cough? (exclude clearing of throat) Yes (1) / No (2)
2. Do you usually cough when you get up in the morning? Yes (1) / No (2)
3. Do you usually cough at other times during the day or night? Yes (1) / No (2)
   If “No” to (1, 2, or 3), go to “C”
   If “Yes” to (1, 2 or 3), ask the following questions:
4. Do you cough like this on most days for 3 months or more during the year? Yes (1) / No (2)

B. PHLEGM
5. Do you frequently bring up phlegm or sputum from your chest? Yes (1) / No (2)
6. Do you usually bring up phlegm or sputum from your chest when you get up in the morning Yes (1) / No (2)
7. Do you usually bring up phlegm or sputum from your chest at other times during the day or night? Yes (1) / No (2)
8. Do you usually bring up phlegm or sputum from your chest on most days for as much as 3 months in a year? Yes (1) / No (2)

C. SHORTNESS OF BREATH
9. Do you get short of breath when you hurry (walk fast) on level ground or walk up a slight incline? (Distinguish from fatigue) Yes (1) / No (2)
10. Do you get short of breath walking with other people of your age on level ground? Yes (1) / No (2)
11. Do you have to stop or reduce your pace to catch breath? Yes (1) / No (2)

D. WHEEZING
12. Do you ever get breathing difficulty with wheezing of whistling sound in your breathing? Yes (1) / No (2)
   If “No” to (14), go to “E”
   If “Yes” to (14), ask the following questions:
13. Did you ever get wheezing or whistling sound in your breathing during the: (encircle the response)
   a. last week – 1
   b. last month – 2
   c. last 3 months – 3
   d. last 6 months – 4
   e. last 1 year - 5
14. Does this wheezing or whistling sound occur: (encircle the response)
   a. after a "cold"?  Yes (1) / No (2)
   b. after running or exercise or playing?  Yes (1) / No (2)
   c. when you are exposed to dust/ smoke/ strong fumes/ smells?  Yes (1) / No (2)
   d. when the weather or season changes?  Yes (1) / No (2)
   e. at night, waking you up from sleep?  Yes (1) / No (2)

15. If you have a breathing problem, has your doctor diagnosed it as asthma?  Yes (1) / No (2)

16. If you have a breathing problem, have you ever taken a medicine that makes breathing easier?  Yes (1) / No (2)

E. CHEST ILLNESSES

17. During the past 2 years have you had any chest illnesses that have kept you off work, indoors at home or in bed?  Yes (1) / No (2)

18. Have you ever had or do you currently have any chronic Heart or Chest disease Yes (1) / No (2) (Chronic means disease of long duration)
   If yes, is it tuberculosis?  Yes (1) / No (2)
   If not tuberculosis, do you know what is it?  Yes (1) / No (2)

19. Have you ever got a chest X ray taken?  Yes (1) / No (2)
    If yes, was it abnormal?  Yes (1) / No (2)

F. QUESTIONS ON SKIN ALLERGY, RHINITIS AND CONJUNCTIVITIS

20. Do you often have itching or a rash?  Yes (1) / No (2)
21. Do you often have sneezing, runny or blocked nose?  Yes (1) / No (2)
22. Do you often have watering and itching in the eyes?  Yes (1) / No (2)

Signatures of interviewer

Signatures of supervisor