### STUDY QUESTIONNAIRE

#### IDENTIFICATION AND DEMOGRAPHIC DATA

1. Centre code
2. Serial Number
3. Date of survey
4. Current residence
5. Address and phone
6. Name
7. Date of birth
8. Age (in years)
9. Sex
10. What has been your usual residence, where you have lived >75% of your life?
11. For how many years have you received education?
12. What is the occupation of the head of household?
   - (1) Unemployed or retired
   - (2) Housewife
   - (3) Unskilled labourer
   - (4) Skilled labourer
   - (5) Business / Self employed professional
   - (6) Agriculturist
   - (7) Worker in a government or private service
   - (8) Supervisor in a government or private service
   - (9) Officer in a government or private service
13. What is your occupation?
   - (1) Unemployed or retired
   - (2) Housewife
   - (3) Unskilled labourer
   - (4) Skilled labourer
   - (5) Business / Self employed professional
   - (6) Agriculturist
   - (7) Worker in a government or private service
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   - (9) Officer in a government or private service

#### RESPIRATORY SYMPTOMS

Please answer Yes or No. If Yes, specify duration of symptoms (years)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes / No</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheezing and Tightness in the chest</td>
<td></td>
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</tr>
<tr>
<td>14. Have you ever had wheezing or whistling sound from your chest during the last 12 months?</td>
<td>Yes / No</td>
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<tr>
<td>15. Have you ever woken up in the morning with a feeling of tightness in the chest or of breathlessness?</td>
<td>Yes / No</td>
<td></td>
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</tbody>
</table>
SHORTNESS OF BREATH
16. Have you ever felt shortness of breath after finishing exercises, sports Yes / No or other heavy exertion during the last 12 months?
17. Have you ever felt shortness of breath when you were not doing some strenuous work during the last 12 months?
18. Have you ever had to get up at night because of breathlessness during the last 12 months?

COUGH AND PHLEGM
19. Have you ever had to get up at night because of cough during the last Yes / No 12 months?
20. Do you usually cough first thing in the morning?
21. Do you usually bring out phlegm from your chest first thing in the morning?
22. Do you usually bring up phlegm from your chest most of the morning for at least 3 consecutive months during the year?

BREATHING
23. Select the most appropriate out of the following
   (a) I hardly experience shortness of breath.
   (b) I usually get short of breath but always get well
   (c) My breathing is never completely satisfactory

DUST, FEATHERS AND PETS
24. When you are exposed to dusty areas, or pets like dog, cat or horse, Yes / No or feathers or quilts or pillows, etc., do you
   (a) Feel tightness in chest?
   (b) Feel shortness of breath?

ASTHMA
25. Have you ever suffered from asthma?
26. Have you ever had an attack of asthma during the last 12 months?
27. Are you taking any inhaler, pump, rotahaler or nebulizer or other Yes / No medicines for treatment of breathlessness?

ATOPY AND FAMILY HISTORY
28. Do you often develop skin rash (such as urticaria or eczema) which Yes / No come and go off and on?
29. Do you often develop sneezing or running nose?
30. Do you often develop itchiness in eyes?
31. Do any of your family members have any of the above three symptoms?
32. If yes, who?
   Grandparents / parents / brother / sister / children / others
33. Do any of your family members suffer from asthma?
34. If yes, who?
   Grandparents / parents / brother / sister / children / others
TOBACCO SMOKING AND CONSUMPTION

35. Have you ever smoked for one year or more than that?
   If answer to Question 35 is 'Yes', go to next question, else to Question 41.

36. What form of tobacco do/did you predominantly smoke?
   (1) Cigarette (2) Bidi (3) Hookah (4) Cigar (5) Pipe (6) Others

37. How many cigarettes, bidis, cigar, pipe, hookah or chillum do you/did
you usually smoke in 24 hours?

38. At what age did you start smoking?

39. Select only one depending on what is applicable to you
   (a) I still smoke
   (b) I have left smoking for less than a year
   (c) I have left smoking for more than a year
   If answer to Question 39 is (c), go to Question 40, else go to Question 41

40. Specify the number of years for which left smoking

41. Do you consume any type of tobacco product other than smoking?
   If answer to Question 41 is 'Yes', go to Question 42, else to Question 45.

42. What tobacco product do you consume?
   (1) Cigarette (2) Bidi (3) Hookah (4) Cigar (5) Pipe (6) Others (specify)

43. For how many years have you been consuming these products?

44. How often do you consume this product each day?

45. Do/did any of your family members (i.e. people residing in the same
   household) regularly smoke in your presence?
   If 'Yes', go to Question 46, else go to Question 47

46. Who all in the family are/were regular smokers during childhood and adulthood?

<table>
<thead>
<tr>
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<th>Product</th>
<th>Hours/day</th>
<th>Years</th>
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<td>Grandfather</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
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ENVIRONMENTAL TOBACCO SMOKE EXPOSURE

45. Do/did any of your family members (i.e. people residing in the same
household) regularly smoke in your presence?
If 'Yes', go to Question 46, else go to Question 47

46. Who all in the family are/were regular smokers during childhood and adulthood?

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Product: (1) Cigarette (2) Bidi (3) Hookah (4) Cigar (5) Pipe (6) Others
COOKING FUEL
47. Do you regularly cook now or have you regularly cooked in the past?
   1) Regularly cook now
   2) Cooked regularly in the past
   3) Never cooked regularly

   If answer to Question 47 is '3', go to Question 55, else to Question 48.

48. At what age did you start cooking regularly
49. At what age did you stop cooking (if already stopped)

50. How often do you cook?
   1. Daily
   2. [ ] days in a month

51. Does your house have a separate kitchen?
52. Does the kitchen have windows/openings?

53. How many hours do you daily spend in the kitchen?

54. What cooking fuel do you predominantly use for cooking?
   1) Electricity
   2) LPG
   3) Kerosene
   4) Coal
   5) Wood
   6) Dung cake
   7) Crop residue
   8) Others

TO BE FILLED BY THE INTERVIEWER
55. What, in your perception, is the overall socio-economic status of the individual?
   1. Low  2. Middle  3. High

Form filled by

Data verifier by

Data entered into computer by