Appendix I

ROLE OF ENVIRONMENTAL CHEMICALS IN HUMAN MALE REPRODUCTIVE SYSTEM

NATIONAL INSTITUTE OF OCCUPATIONAL HEALTH
Meghaninagar, Ahmedabad - 380016

Consent of the subject: I agree to participate in this investigation

Signature of participant

OPD/IKD Case Number: □ □ □

Abstinence________________
Role of Environmental Chemicals in Human Male reproductive system

Sr. No

Date □ □  □ □  □ □

Personal information:

Name _______________________________

Address _______________________________

Area: 1) Rural  2) Semi-urban  3) Urban □

Age (completed years):

Date of birth (if known): □□ □□ □□ □□ □□ □□ □□ □□ □

Educational Qualification: _________________

Marital Status: 1) Married  2) Unmarried □

Total income(per month): Rs □□□□□□□□

No. of family members: □□

Occupation (Present):

1) Manual Labour  2) Office Worker

3) Industrial worker (Exposed to dust or Chemicals)

4) Farmer  5) Other, specify________________________ □

Duration in Years: □□

If industrial worker, which type of industry _______________
Are you exposed to any chemical/dust/fumes/vapours?

a. Yes    b. No □

If exposed to organic/inorganic chemicals, which chemical?

1. Metals
2. Pesticide
3. Acids/Vapours
4. Organic Solvents
5. Heat
6. Air Pollution
7. Others
If others, pl. specify ______________________________

Duration in Years: □□

Occupation (Past):

1) Physical labour  2) Office Worker
3) Industrial worker (Exposed to dust or Chemicals)
4) Farmer
5) Other, specify__________

Duration in Years □□

Were you exposed to any chemical/dust/fumes/vapours?

a. Yes    b. No □

If exposed to organic/inorganic chemicals, which chemical?

1. Metals
2. Pesticide
3. Acids/Vapours
4. Organic Solvents
5. Heat
6. Air Pollution
7. Others
If others, pl. specify ______________________________

Dietary habits  1) Vegetarian  2) Mixed □

If mixed, specify ______________________________

How many times do you eat non-vegetarian food in a week? □□
if 'yes' give details. (at what age?) __________________________

3 Hydrocoele  1) No  2) Yes  □

4 Testicular hernia  1) No  2) Yes  □

5. History (treatment) for undescended testicles?
   1) No  2) Yes  □

6. History (treatment) for hypospadia (urethral opening under the penis)?
   1) No  2) Yes  □

7. History of Miscarriage in the family
   □

8. History of Miscarriage in the family
   □

9. Any contraceptive used in order to delay the 1st pregnancy?
   1) No  2) Yes  □

10. Any neonatal mortality (below 28 days)  1) No  2) Yes  □

   If 'yes', please specify how many? ________________

Status of the child at time of birth

<table>
<thead>
<tr>
<th>No</th>
<th>Full-term/Preterm Delivery (in months)</th>
<th>Type of Delivery</th>
<th>Period of birth of child After marriage</th>
<th>Sex of the child</th>
<th>Birth Weight (in lb)</th>
<th>Any Congenital Deformity</th>
<th>Present Age of the Child (in years)</th>
<th>Antenatal Exposure to environmental toxicants</th>
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<tr>
<td>1st</td>
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**Smoking history**

1) Non Smoker 2) Smoker 3) Past Smoker □

For Smoker/Ex-Smoker

- Frequency (no per day) □ □
- Duration (in years) □ □

**Chewing history**

1) Non-Chewer 2) Chewer 3) Past Chewer □

If Chewer/Ex-Chewer

- What do/did you chew? □ □
- Frequency □ □
- Duration (in years) □ □

**Alcohol habits**

- Do you take alcohol? 1) Yes 2) No □
- Frequency (per week) □ □
- Duration (in years) □ □

**Any other habit**

1) Yes 2) No □

- Please specify ____________________________
- Duration in years □ □

**Physical Examination:**

- Height (cms): □□□□□
- Weight (kg) □□□□□

**General condition:**

1. Good 2. Fair 3. Poor □

If abnormal, describe:

________________________________________________________________________
MEDICAL HISTORY

History of present medical complaints. 1) Yes 2) No
(With special reference to reproduction)
If yes, describe

<table>
<thead>
<tr>
<th>COMPLAINTS</th>
<th>DURATION</th>
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Have you been diagnosed for any specific uro-genital complications?

1) Yes 2) No
If yes, please specify______________________________________

History of past major illness 1) Yes 2) No
(Last two years)
If yes, describe

<table>
<thead>
<tr>
<th>ILLNESS</th>
<th>DURATION</th>
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</table>

Are you on medication for any ailment? If yes, please specify

__________________________________________________________

REPRODUCTIVE HISTORY

1. Age at marriage (years).

2. History of trauma or swelling of testis 1) No 2)Yes
If 'yes' give details. (at what age?) _______________________

3. Hydrocoele  
   1) No  
   2) Yes

4. Testicular hernia  
   1) No  
   2) Yes

5. History (treatment) for undescended testicles?  
   1) No  
   2) Yes

6. History (treatment) for hypospadia (urethral opening under the penis)?  
   1) No  
   2) Yes

7. History of Miscarriage in the family

8. Any contraceptive used in order to delay the 1st pregnancy?  
   1) No  
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   1) No  
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   If 'yes', please specify how many? ____________

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</table>
Children:
Any major illness in children
1) No. 2) Yes □
If 'yes' please specify ______________
Physical growth of children 1) Normal 2) Retarded □
If retarded, please specify _____________
Any mental deficit 1) No 2) Yes □
If 'yes' please specify ______________

HISTORY OF PARTNER

1. Name ________________________________
2. Age (in years) □□
3. Age at marriage □□
4. Age at Menarche □□
5. Menstrual cycle: I) Regular II) Irregular III) Stopped □
If irregular, please give details________________________
6. Family History of Miscarriage □
7. History of infertility 1) Yes 2) No □
(More than one year without contraceptives)
8. H/O of abortion (< 28 weeks) 1) Yes 2) No □
9. If yes, how many abortions? □□
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induced abortion (Medical termination of pregnancy)</td>
<td>a.</td>
<td>b.</td>
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<tr>
<td>Spontaneous abortion</td>
<td>a.</td>
<td>b.</td>
</tr>
<tr>
<td>History of prematurity (28-36 weeks)</td>
<td>1)</td>
<td>2)</td>
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<tr>
<td>If yes, did the child survive?</td>
<td>1)</td>
<td>2)</td>
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<tr>
<td>If yes, which child?</td>
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<td>Any antenatal complication (infection/disease during pregnancy)</td>
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<td>- Swelling on the body</td>
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<tr>
<td>- Antenatal bleeding</td>
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<td>Any other problem, specify</td>
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<td>Any other major abnormal finding</td>
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