CONFIDENTIAL

FOR RESEARCH PURPOSE ONLY

CENTER FOR RHEUMATIC DISEASES, PUNE

THE BONE AND JOINT DECADE 2000 - 2010

POPULATION BASED MULTIREGIONAL URBAN SURVEY (2003-2004) FOR RHEUMATIC AND OTHER MUSCULOSKELETAL DISORDERS BASED ON THE WHO-ILAR COPCORD BHIGWAN MODEL

Date :_____

PHASE – I

Ward No. _____ Sr. No. : _____ ID No. : _____Electoral No. :_____

Instructions : Tick the correct entry in the box with ✓mark. For some questions multiple entries may be used.

1. PERSONAL DATA

Last Name_____First Name_____Middle Initial_____

Age : _____Years **Sex :** ☐ Male ☐ Female **Family Size :**_____ **Diet :** ☐ Veg ☐ Non-veg

Address : House No. : _____Road_____

2. RELIGION : ☐ Hindu ☐ Muslim ☐ Christian ☐ Buddhist ☐ Others, Specify_____

3. MARITAL STATUS : ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

4. LITERACY : ☐ Read only ☐ Read & Write ☐ None; Years in school_____ ☐ Graduate

5. ADDICTIONS : a) ☐ Past; ☐ Smoking ☐ Tobacco / Mishri ☐ Alcohol ☐ Drugs ☐ Others_____

b) ☐ Current ; ☐ Smoking ☐ Tobacco / Mishri ☐ Alcohol ☐ Drugs ☐ Others _____

6. CURRENT OCCUPATIONS : ☐ Student ☐ Housework ☐ Housemaid ☐ Service - Desk job ☐ Service - Field work ☐ Shop/Business ☐ Professionals _____ ☐ Farm work ☐ Retired ☐ Unemployed ☐ Other _____

7. **NATURE OF WORK :** ☐ Light ☐ Moderate ☐ Heavy _____

8. A) **Have you stopped work due to any illness?**

☐ NO ☐ YES, If YES (a) Name illness_____ (b) When stopped _____

B) **Have you changed work due to any illness?**

☐ NO ☐ YES, If YES (a) Name illness_____ (b) When changed _____

9. **MONTHLY FAMILY INCOME :**_____

10. CHRONIC MEDICAL DISEASES

PAST	PRESENT	DURATION OF ILLNESS
☐ Body aches & pain	☐ Body aches & pain	_____
☐ Joint pain	☐ Joint Pain	_____
☐ High BP	☐ High BP	_____
☐ Diabetes	☐ Diabetes	_____
☐ Heart Problems, Specify_____	☐ Heart Problems, Specify_____	_____
☐ Stomach, Specify_____	☐ Stomach, Specify_____	_____
☐ Urinary, Specify_____	☐ Urinary, Specify_____	_____
☐ Paralysis, Specify_____	☐ Paralysis, Specify_____	_____
☐ Cancer, Specify_____	☐ Cancer, Specify_____	_____
☐ TB, Specify_____	☐ TB, Specify_____	_____
☐ Skin disease, Specify_____	☐ Skin disease, Specify_____	_____
☐ Others, Specify_____	☐ Others, Specify_____	_____
☐ Others, Specify_____	☐ Others, Specify_____	_____

RAMARKS_____

NAME OF HEALTH WORKER : _____

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POPULATION BASED MULTIREGIONAL URBAN SURVEY (2003-2004) FOR RHEUMATIC AND OTHER MUSCULOSKELETAL DISORDERS BASED ON THE WHO-ILAR COPCORD BHIGWAN MODEL
PHASE – II

Electoral No : _____ **ID No. :** _____ **Date** _____

Last Name_____ Name _____ Middle Name_____

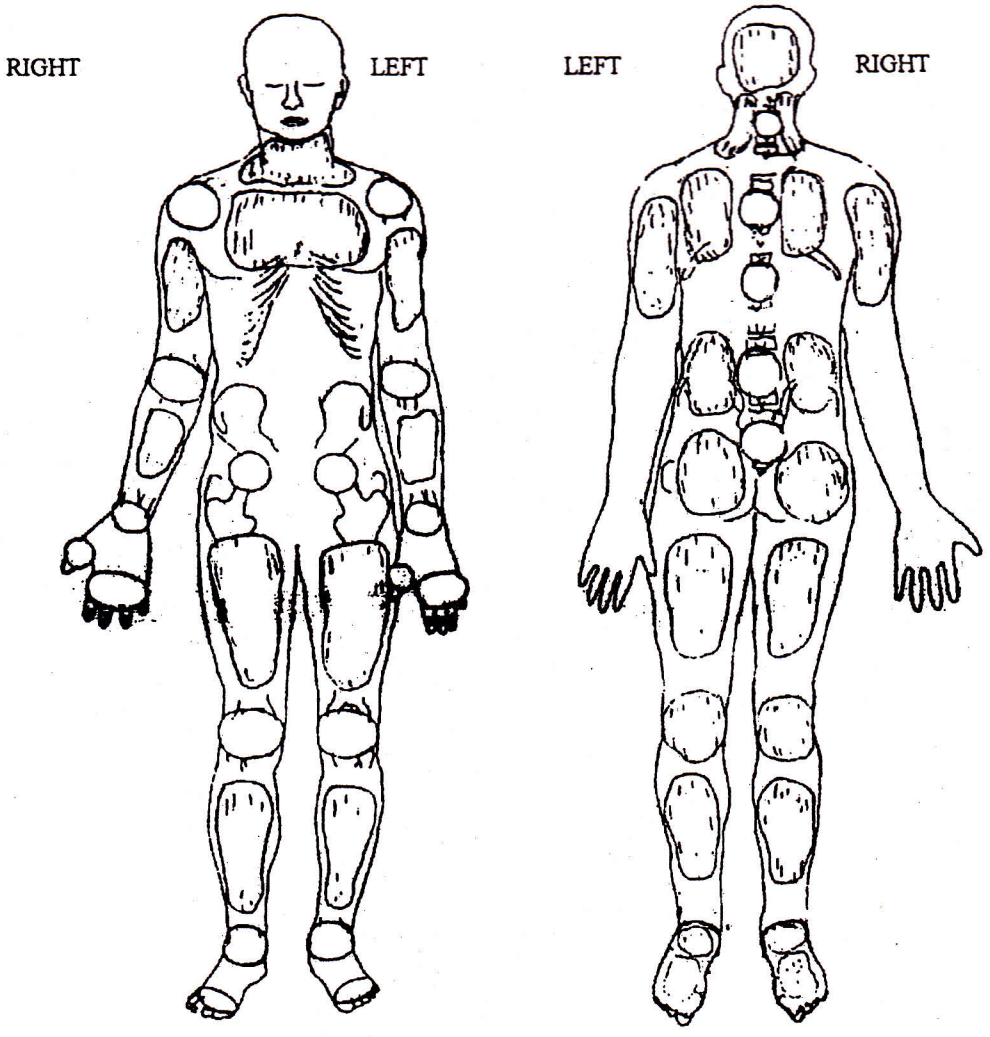
Explanation of study and instructions : Rheumatic or musculoskeletal diseases affect a large portion of our population-both in the rural and urban sector. This COPCORD community project was designed by World Health Organisation / International League against Rheumatism to find out the 'extent' of these diseases / problems in different parts of the World. A similar model is being used in this project to study your problem. Subsequently, better health services can be planned & provided to the community. All information provided by you will be treated as confidential, and not affect your ongoing medical care in any way. The entire information collected will be analysed and used for purposes of medical research, health education and planning of health services.

Instruction : Please tick the correct entry in the box or on human manikin (see figure below) with " ✓" mark. You may mark more than one corrct entry or sites (of pain in the human manikin)

SECTION 'A' : JOINT PAIN, MUSCLE PAIN, SWELLING, STIFFNESS

A1. Do you have joint pain, muscle pain, swelling, and stiffness in joints in the last 7 days?

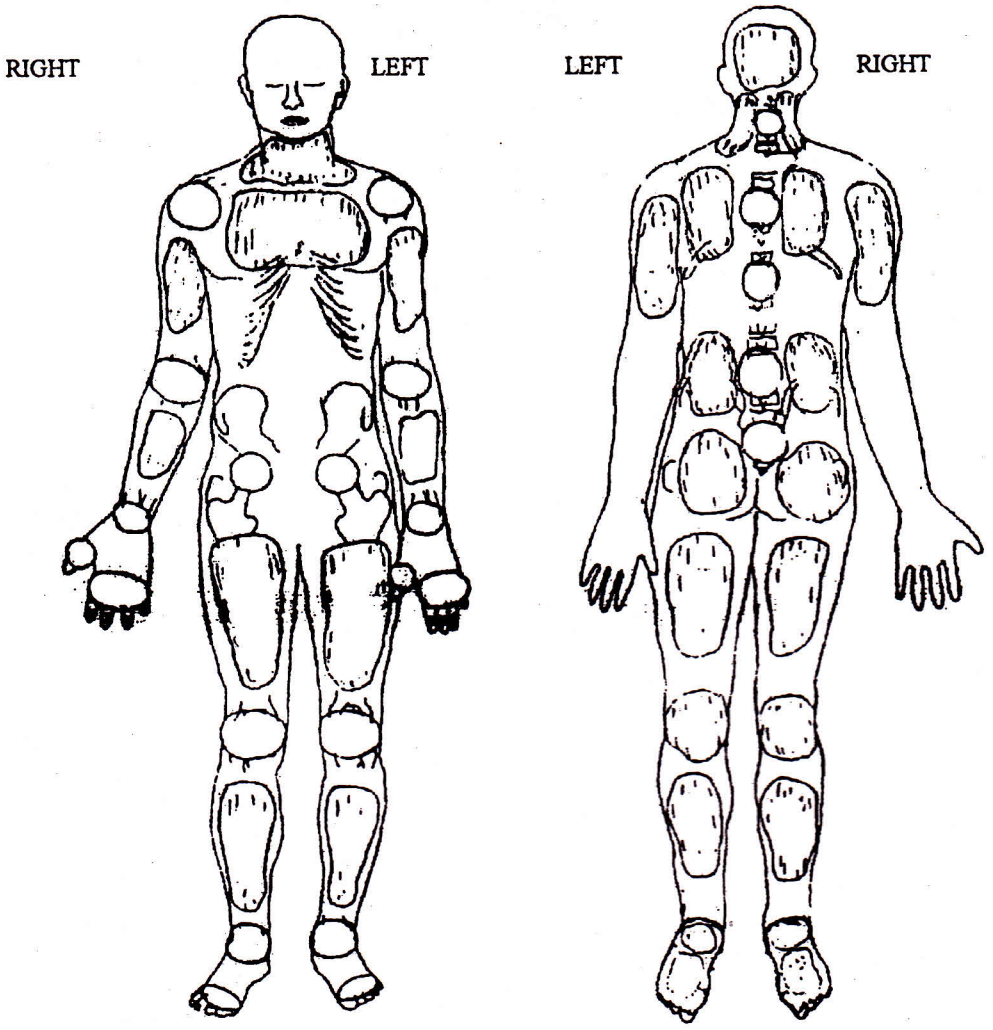
☐ NO ☐ YES, If YES, indicate your pain sites in he figure below.



e / Sites of maximum current pain : _____

A2. Do you have any jont pain, muscle pain, swelling, and stiffness in joints in past?

☐ NO ☐ YES, If YES, indicate your pain sites in he figure below.



Total duration of symptoms : _____ ☐ DAYS ☐ WEEKS ☐ MONTHS ☐ YEARS

A3. Intensity of your pain ?

IN THE PAST

☐ NIL ☐ MILD ☐ MODERATE ☐ SEVERE ☐ VERY SEVERE

CURRENT (PAST 7 DAYS)

☐ NIL ☐ MILD ☐ MODERATE ☐ SEVERE ☐ VERY SEVERE

A4. Any Surgical intervention in the past :_____

A5. (i) Did you have an accident / injury ? ☐ No ☐ Yes

(ii) IF YES, how did the injury occur ?

a) Vehicle Accident - ☐ Inside which vehicle ☐ Pedestrain.

b) Fall - ☐ Tree / Building ☐ On ground

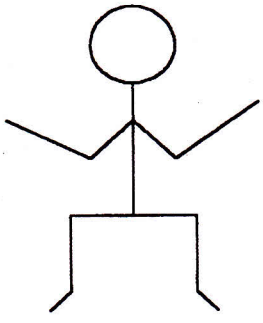
c) Industrial Accident - ☐ Agricultural ☐ Machinery

(iii) IF YES, Identify part of the body injured (Put a cirecle 0 on the figure)

(iv) Nature of Injury

a) Fracture - ☐ (open) with wound ☐ No wound b) ☐ Sprain

c) ☐ Paralysis d) ☐ Others, specify_____



Front View

(v) Who treated you ?

a) ☐ Bone setter b) Hospital - i) ☐ Govt. ☐ Private

(vi) What is the result of Injury ?

a) ☐ Cured b) ☐ Disability i) ☐ Pain ii) ☐ Stiffness iii) ☐ Deformity

(vii) Duration of disability _____ Yr. _____ Months

(viii) Total Cost of treatment _____

(ix) REMARK _____

_____

SECTION 'B' FUNCTIONAL DISABILITY (optional)

B1. What is the effect if any of pain / disability on your life activities as outlined below ?

(NOTE : Strike out (—) any activity that is not applicable or of interest.)

	NONE	MILD	MODERATE	SEVERE
FAMILY RELATIONS	☐	☐	☐	☐
SOCIAL RELATIONS	☐	☐	☐	☐
MARITAL RELATIONS (including sexual activities)	☐	☐	☐	☐
FINANCIAL POSITION	☐	☐	☐	☐
BUSINESS	☐	☐	☐	☐
ABILITY TO WORK	☐	☐	☐	☐
ABILITY TO ATTEND SCHOOL / COLLEGE	☐	☐	☐	☐
HOBBY	☐	☐	☐	☐
GAMES	☐	☐	☐	☐
OTHERS, SPECIFY,	☐	☐	☐	☐

B2. (i) Have you stopped work due to pain / disability ?

☐ NO ☐ YES, If YES, please specify reason : _____

(ii) Have you altered / changed your work / job due to pain / disability ?

☐ NO ☐ YES, If YES, please specify : _____

B3. Has your 'illness" affected your sleep ? ☐ NO ☐ YES

If YES ☐ MILD ☐ MODERATELY DISTURBED ☐ SEVERE, ALMOST INSOMNIA

B4. Are you depressed easily? ☐ NO ☐ YES , If yes, is it due to this illness _____

_____

SECTION 'C' : DIFFICULTY PERFORMING SPECIFIC TASKS

(HEALTH ASSESSMENT QUESTIONNAIER) ☐ SELF REPORTED ☐ INTERVIEW

ARE YOU ABLE TO	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO	NA	SCORE
I) DRESSING 1. Dress yourself plus doing button ? 2. Wash your hair ? 3. Comb your hair ?	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	_____
II) RISING 4. Stand up straight from a chair ? 5. Get in & out of bed ? 6. Sit cross-legged on floor & get up ?	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	_____
III) EATING 7. Cut vegetable ? 8. Lift a full cup or glass to your mouth ? 9. Break chappati with one hand ?	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	_____
IV) WALKING 10. Walk outdoors on flat gound ? 11. Climb up five steps ?	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	_____
V) HYGIENE 12. Take a bath ? 13. Wash & dry your body ? 14. Get on & off the toilet ? *Toilet* : ☐ Indian ☐ WC / Raised Seat *Mode* : ☐ Sit with support ☐ Stand ☐ Stand with support	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	_____
VI) REACHING 15) Reach & get down a 2 kg. object (such as bag of sugar) from just above your head ? 16. Bend down to pick up clothing from the floor.	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	_____
VII) GRIP 17. Open a bottle previously opend ? 18. Turn taps on and off ? 19. Open door latches ?	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	_____
VIII) ACTIVITIES / OCCUPATION 20. Work in office / house ? 21. Run errands and shop ? 22. Get in & out of a bus ? 23. Get in & out of a car / Auto rickshaw ? 24. Able to cycle ?	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	_____

Total Score _____

Please check any **AIDS** or **DEVICES** that you usually use for any of these activities :
☐ Cane ☐ Walker ☐ Crutches ☐ Wheelchair ☐ Special Built Up Chair ☐ Raised Toilet Seat

Categories for which you need HELP FROM ANOTHER PERSONS :
☐ Dressing & Grooming ☐ Eating ☐ Arising ☐ Walking ☐ Hygiene ☐ Reach ☐ Grip ☐ Errands

Developed at Centre Rheumatic Diseases Pune, 2003

SECTION 'D' : TREATMENT (optional)

D1. WHAT DO YOU EXPECT FROM YOUR DOCTOR ?

- ☐ RELIEF OF PAIN
- ☐ RELIEF OF SWELLING
- ☐ SYMPATHY
- ☐ MORE TIME
- ☐ CURE OF ILLNESS
- ☐ INFORMATION ON DISEASE
- ☐ PROPER MEDICINE / TREATMENT
- ☐ _____
- ☐ _____

D2. WHICH TYPE OF TREATMENTS HAVE YOU TAKEN IN THE PAST :

- ☐ ALLOPATHY
- ☐ AYURVEDA
  - ☐ ORAL ☐ PANCHKARMA
  - ☐ LEP / EXTERNAL APPLICATION
  - ☐ OTHERS, SPECIFY _____
- ☐ HOMEOPATHY
- ☐ ACCUPRESSURE
- ☐ ACCPUNCTURE
- ☐ PHYSIOTHERAPY
- ☐ MASSAGE
- ☐ REIKI
- ☐ YOGA
- ☐ MEDITATION
- ☐ MAGNET THERAPY
- ☐ UNKNOWN _____
- ☐ OTHER _____
- ☐ OTHER _____
- ☐ OTEHR _____

D3. Are you suffering from any type of allergy ? ☐ No ☐ Yes, If YES, ☐ FOOD ☐ DRUGS

NAME SUBSTANCES CAUSING ALLERYGY _____

D4. Does any food / diet increase your rheumatic / joint pain ? ☐ NO ☐ Yes, If YES, Specify _____

_____

Any further information from patient ?

_____

_____

_____

THANK YOU FOR YOUR CO-OPERATION & ASSISTANCE

NAME OF HEALTH WORKER :_____

TIME : _____

DATE : _____

Developed at Centre Rheumatic Diseases Pune, 2003

ADDITIONAL QUESTIONNAIRE

Part I : Nutritional Lifestyle

1. a) Milk Intake ☐ Daily ☐ 2-3 times/week ☐ Weekly ☐ Monthly ☐ Occasionally

   b) Amount of Milk [2] cups

   c) Type of Milk ☐ Cow Milk ☐ Packaged Milk

2. a) Fruit Intake ☐ Daily ☐ 2-3 times/week ☐ Weekly ☐ Monthly ☐ Occasionally

   b) Specify the fruit commonly eaten _____

3. Exposure to sunlight ☐ Yes if yes, [ ] hrs/day ☐ No

4. a) Exercise (other than regular activities) ☐ Daily if Daily, [ ] hrs/day ☐ 2-3 times/week ☐ Weekly ☐ Never

   b) Type of Exercise ☐ Jogging ☐ Swimming ☐ Cycling Others, sepcify _____

Part II : Knowledge Attitude and Practice (MSK health)

1. Do you think your daily work is sufficient for your health and you need not require any additional exercise? ☐ Yes ☐ No
2. Do you think regular milk intake is necessary? ☐ Yes ☐ No
3. Do you think regular fruit intake is necessary? ☐ Yes ☐ No
4. Do you think sun exposure is beneficial for your bones? ☐ Yes ☐ No