COPCORD BHIGWAN PROJECT 2022 QUESTIONNAIRE

STAGE I – PHASE I

ID No._____ Ward No._____ House No._____Date_____

Electoral No. _____ ☐ **Bhigwan Residence Since_____** ☐ Self Completed ☐ Interview Based

Name of Family Head:_____ Relation with Head_____

Name: Last_____ First_____ Middle /Initial_____

Address _____ Phone_____

Tick the correct entry in the box with ✓ mark. For some questions multiple entries may be used. Use 'Remark' space below to add anything else that you may find important for this survey; **Indicates Data required from each person*

*1. **PERSONAL**: **Age:** _____ Years; **Sex:** ☐ Male ☐ Female; **Family**: ☐ Single ☐ Joint, **Family size** (e.g. 4)_____

2. Diet: ☐ **Veg** ☐ Milk daily ☐ Milk >4 times a week ☐ Milk Sometimes ☐ Fruits at least thrice weekly

☐ **Non-veg** ☐ Fish ☐ Meat ☐ Chicken ☐ egg ☐ Non-veg > 2 times a week ☐ Remark_____

3. RELIGION: ☐ Hindu ☐ Islam ☐ Christian ☐ Buddhist ☐ Jain ☐ Others _____

4. MARITAL STATUS: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

*5. **LITERACY:** ☐ None ☐ Read only ☐ Read & write

Education: ☐ Primary ☐ Middle ☐ High school (Years in school_____) ☐ Intermediate or post high school Diploma

☐ Graduate ☐ Postgraduate ☐ Professional Degree ☐ Others_____

*6. **HABIT:**

6.1 TOBACCO: ☐ **No** ☐ **Yes;** ☐ Misri ☐ Ghutka ☐ Others_____

☐ **Present:** ☐Daily ☐ Intermediate; Frequency _____ Duration ☐ 0-1 year ☐ 1-5 years ☐ 5-10 years ☐ >10 years

☐ **Past:** When stopped _____ Frequency _____; Duration ☐ 0-5 years ☐ 5-10 years ☐ >10 years

6.2 SMOKING: ☐ **No** ☐ **Yes**

☐ **Present:** ☐Daily ☐ Intermediate; Frequency _____; Duration ☐ 0-1 year ☐ 1-5 years ☐ 5-10 years ☐ >10 years

☐ **Past:** When stopped _____ Frequency _____ Duration ☐ 0-5 years ☐ 5-10 years ☐ >10 years

6.3 ALCOHOL: ☐ **No** ☐ **Yes**

☐ **Present:** ☐ More than 3 times a week ☐ Daily; Daily Intake _____

☐ **Past:** When stopped _____; Duration of consumption: ☐ 0-5 years ☐ 5-10 years ☐ >10 years

*7. **CURRENT OCCUPATION (*Multiple occupations may be marked*)**

☐ Student ☐ Service – Desk job ☐ Service – Field work ☐ Military ☐ Shop/Business ☐ Housemaid ☐ Farm work

☐ Housework ☐ Unemployed ☐ Retired ☐ Professional_____ ☐ Other_____

*8. **NATURE OF WORK** (as per individual thinking): ☐ Light ☐ Moderate ☐ Heavy, ☐ Other_____

*9. **MONTHLY FAMILY INCOME**: _____

*10. Have you ☐ **Stopped work /** ☐ **Changed work** due to any illness? ☐ **No** ☐ **Yes**

If Yes, ☐ Rheumatic musculoskeletal disorder ☐ Non-Accident Injury ☐ Accident Injury ☐ Other Illness_____

If Yes, Since _____ Any other Information_____

***11. Trauma**: ☐ **No** ☐ **Yes**; if Yes ☐ Soft Tissue ☐ Facture ☐ Site_____When _____

☐ Residual Disability_____ Remark:_____

***12. a) CHRONIC MEDICAL ILLNESS/ DISORDERS**: ☐ **No** ☐ **Yes**; if Yes

	PRESENT (within 7 days)		**PAST (Prior 7 days)**	
	ONSET	**DURATION**	**ONSET**	**DURATION**
☐ **Body aches & pain**				
☐ **Joint pain**				
☐ **Body Stiffness**				
☐ **Deformity**				

b) Co-morbidity ☐ **No** ☐ **Yes**; if Yes

☐ Hypertension (BP) ☐ Diabetes ☐ Thyroid ☐ Cardiac ☐ Paralysis ☐ Kidney Stone ☐ Asthma ☐ Chronic Skin Problem

☐ Acidity ☐ Chronic Digestive Problem ☐ Piles ☐ Cancer ☐ Any other _____

☐ Malaria ☐ Dengue ☐ Typhoid ☐ Other Infection_____

☐ TB (If yes, include site ☐ Lung ☐ Stomach ☐ Brain ☐ Bone ☐ Other _____)

13. Did you have an episode of Chikungunya ☐ **No** ☐ **Yes**

If Yes, When_____, ☐ High Fever ☐ Severe body pains ☐ Joint pains ☐ Skin Rash ☐ Other _____

Duration Joint pain ☐ < 1 month ☐ 1-3 months ☐ 3-6 months ☐ More than 6 months ☐ Continuous till date _____

14. Did you have an episode of COVID-19 ☐ **No** ☐ **Yes**

If Yes, ☐ Home ☐ Quarantine center ☐ Hospital; ☐ Recovery days _____

☐ Body ache & pains ☐ Joint pain ☐ Joint Swelling ☐ Low back ☐ Breathless ☐ Low Oxygen ☐ Fatigue ☐ Other_____

15. Did anyone die of COVID in your family in Bhigwan region? ☐ **No** ☐ **Yes**

☐ **Name _____** ☐ Relationship_____

16. COVID-19 Vaccination ☐ **No** ☐ **Yes;** ☐ **First _____** ☐ **Second_____** ☐ **BOOSTER _____**

17. Did you participate in COPCORD Bhigwan Survey in 1996? ☐ **No** ☐ **Yes, If Yes,**

In 1996 survey were you ☐ **Healthy,** ☐ **Did you suffer from Arthritis joint pain**

CONSENT

I volunteer to participate in COPCORD BHIGWAN SURVEY & Follow-up program 2022-2027 and all related activities including investigations. I permit use of my data from this survey in an anonymous manner for all research & other events of academic, social, health education, health policy interest.

Date: _____ **Signature / Thumb Impression_____**

Thank you for your cooperation.

NAME OF HEALTH WORKER: _____

* Core Questionnaire