

PROPOSED WHO-ILAR COPCORD QUESTIONNAIRE 2006

STAGE I – PHASE I

VILLAGE/TOWN/REGION: _____ CENTER: _____

ID No. : _____ House No _____ Self Completed Interview Based : Date: _____

INSTRUCTIONS: *This is a self filled form to be completed in the presence of the Health Worker. The Health Worker may be required to provide explanations BUT should not influence the individual in any manner to obtain an answer. However, if the survey is interview based, the Health Worker must ensure that the answer volunteered by an individual is correctly entered.*

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 DATA**

Last name _____ First name _____ Middle Name/Initial _____

Age: ____ Years; **Sex :** Male Female; **Family:** Single Joint, Size (e.g. 4) ____; **Diet:** Veg Non-veg, _____

Address: _____ **Tel (O):** _____ (R) _____

2. RELIGION: Hindu Islam Christian Buddhist Others, Specify _____

3. MARITAL STATUS: Single Married Widowed Divorced Separated Others _____

*4. LITERACY: Read only Read & Write None; Years in school _____ Graduate, Others _____

*5. HABIT: a) **PAST;** Smoking (begun _____, stopped _____) Tobacco (begun _____ stopped _____)
 Alcohol (begun _____ stopped _____) Drugs (begun _____ stopped _____) Others _____
 b) **CURRENT;** Smoking (begun _____) Tobacco (begun _____) Alcohol (begun _____)
 Drugs (begun _____) Others _____

*6. CURRENT OCCUPATION (*Multiple occupations may be marked*): Student Farm work Service – Desk job
 Service – Field work Shop/Business Housework Housemaid Professionals _____
 Military Retired, _____ Unemployed _____ Other _____

*7. NATURE OF WORK (as per individual thinking): Light Moderate Heavy, Other _____

*8. A) Have you **stopped work** due to any illness? NO YES, If YES: Rheumatic musculoskeletal disorder Non-Accident Injury Accident Injury Other Illness; Stopped since _____ Any other Information _____

B) Have you **changed work** due to any illness? NO YES, If YES Rheumatic musculoskeletal disorder Non-Accident Injury Accident Injury Other Illness; stopped since _____ Any other Information _____

*9. MONTHLY FAMILY INCOME : _____

*10. CHRONIC MEDICAL ILLNESS/ DISORDERS: (Name the illness (e.g. hypertension) if known or else state disorder (e.g. high blood pressure). *Ask for ‘trauma’ from every person, and if present complete the reverse sheet*

	PAST (Prior 7 days)		PRESENT (within 7 days)	
	ONSET	DURATION	ONSET	DURATION
<input type="checkbox"/> Body aches & pain				
<input type="checkbox"/> Joint pain				
<input type="checkbox"/> Trauma, Specify				
<input type="checkbox"/> High BP				
<input type="checkbox"/> Diabetes				
<input type="checkbox"/> Others, Specify				
<input type="checkbox"/> Others, Specify				

REMARK (You may add questions to obtain more information e.g. dietary habits/ survey, parity in lieu of family size, individual member income, height and weight [may be more suitable in the case record form], etc)

***11. TRAUMA** (*You may fill data on multiple injuries; fill extra information under remarks*)

(1) What did you suffer? Accident No Yes; Injury No Yes Others _____

(2) IF YES, how did the injury occur? Indicate year of onset in bracket e.g. Accident (1994)

a) Accident (Year _____) Vehicle Agriculture / Field Industrial Others _____

(i) If Vehicle, specify Driving Passenger Pedestrian Others _____

(ii) If Agriculture, specify Farming Tractor Others _____

(iii) If Industrial, specify Machinery Work site Others _____

b) Fall (Year _____) Ground Level (e.g. slip) From Height (Tree Building Stair Others, _____

(3) IF YES, Identify part of the body injured by placing a cross 'X' on the adjoining figure

(4) Nature of Injury: a) Fracture - (open) with wound

No wound, Number Single Multiple, Indicate Sites

b) Sprain c) Paralysis d) others, specify _____

(5) Who treated you? a) Bone setter b) Hospital, Period

admitted _____ days weeks months c) Treatment

Setting Govt Private d) Others, specify _____

(6) What is the result of Injury? a) Cured b) Disability i) Nature Pain Stiffness Deformity Others,

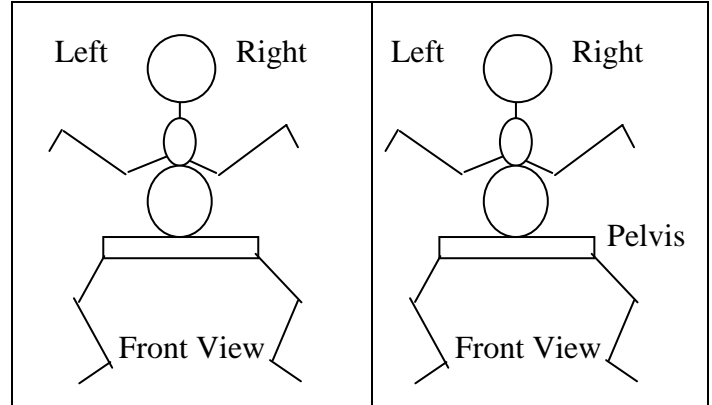
specify _____

(ii) Duration of disability : weeks months years, _____

c) Loss of job No Yes, _____ d) Change of job No Yes, _____

(7) Approximate Cost of Treatment (you may use different cost heads eg doctor fees, hospital bill, investigations, etc or give the approximate Total: _____

(8) REMARK



Thank you for your cooperation.

NAME OF HEALTH WORKER: _____

Qualification of Health Worker Completed School Graduate Post –Graduate, Others _____; Occupation Trained Health Worker

Volunteer Health Worker Nurse Others, specify _____ Residential Village/ Town : _____ TIME : _____ DATE :

Background:

COPCORD was launched by WHO (World Health Organization) and ILAR (International League of Associations for Rheumatology). The earlier versions of COPCORD Core Questionnaire (CCQ) were based on ILAR experience [HA Valkenburg (The Netheland), Richard Wigley (New Zealand), KD Muirden (Australia), & others). The CCQ was later modified and developed [APLAR COPCORD Workshop Korea, 1991, Prof S. van der Linden (The Netherlands), J Darmawan (Indonesia), and others). Maintaining basic framework, CCQ was modified and further developed by the fast track COPCORD Bhigwan (India) model and published (APLAR J Rheumatol 1997; 1: 145-154). The current proposed CCQ is based on the latter experience, review at the WHO-ILAR BJD Meeting Vienna, Austria 2005 (Clin Rheumatol 2007; 26: 1217-1227), inputs from several COPCORD investigators and experts, and discussions in the APLAR 2006 (Kuala Lumpur) COPCORD Session (Arvind Chopra, India, and others).

The WHO & UN supported 'The Bone & Joint Decade (BJD) 2000 – 2010 (www.bjdonline.org) has included 'trauma' along with arthritis & osteoporosis amongst the disease target conditions. The BJD program aims to create awareness and empower patients. It will measure the burden of rheumatic and other musculoskeletal disorders and reduce it in time through various community and medical programs.

The investigator is advised not to change the basic CCQ framework template and questions so to ensure standardization and comparability with other similar surveys. Modifications and Additions may be dictated by regional requirements and need investigator discretion. Translations should be carefully made into the local language/ dialect, and further back translated into 'English' by an independent expert to ensure the most appropriate meaning and interpretation before actual use in population survey. The investigator is encouraged to initially test both the Phase I and II questionnaires in a small sample pilot study.