**PROPOSED WHO-ILAR COPCCORD 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; Specify ____________________________

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, Others________________________ [ ] 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*

<table>
<thead>
<tr>
<th></th>
<th>PAST (Prior 7 days)</th>
<th>PRESENT (within 7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ONSET</td>
<td>DURATION</td>
</tr>
<tr>
<td></td>
<td>Body aches &amp; pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Joint pain-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma, Specify</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High BP</td>
<td></td>
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<tr>
<td></td>
<td>Diabetes</td>
<td></td>
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<tr>
<td></td>
<td>Others, Specify</td>
<td></td>
</tr>
</tbody>
</table>

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________________________

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* Core Questionnaire
(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 _______________________________________
   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 ☐ 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: ______________________

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 Netherland), 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), & 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.

Proposed WHO-ILAR Questionnaire 2006, CHOPRA
* Core Questionnaire