EPIDEMIOLOGICAL RESEARCH CENTER
KG COLONY CHENNAI – 10, TAMIL NADU, INDIA
PROSPECTIVE STUDY ON TOBACCO IN CHENNAI

Zone No . ☐☐ Project ID No. : ☐☐☐☐☐

Division No . ☐☐☐ Result of Visit : ☐

PART I - IDENTIFICATION DETAILS

1 . Name of the head of the family .(HF) : _____
If male, Father's name / if female, husband's name: _____
2. Name of the respondent : _____
Relationship to head : _____
3. Whether ration card holder : Yes No
If yes, Ration card number : _____
4. Present residential address : _____
2nd address(if any in Chennai)

_____ _____
_____ _____
_____ _____

5. Religion _____ 6. Mother tongue _____
7. Profile of persons in the family :

No.	Name	Age	Sex	Ms	Edu	Relationship to Head of the Family	Habits		Habits		Occu.
							Y/N	Yes	Age started	Age stopped	
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

MS - Marital Status (U-Unmarried, M-Married, W-Widowed, D-Divorced, S-separated) Edu-Education; Habits : SM-Smoking, CH-Chewing, SF-Snuffing, AL-Alcohol, If habits Yes P-Past, C-Current

8. Socio-Economic Status

a. Type of house living in (1. Individual 2. Flat 3. Portion 4. Hut 5. Others) ☐
b. No. of rooms ☐☐
c. Is there a separate bathroom(0. No 1. Yes) ☐
d. Fuel used for cooking 1. Gas 2. Wood 3. Kerosene ☐
e. Vehicle (0. None 1. Car 2. Two wheeler 3. Cycle 4. Others- specify) ☐
f. Refrigerator (0. No 1. Yes) ☐
g. House (0. Owner 1. Tenant) ☐
h. Television (0. No 1. B/W 2. Colour) ☐
i. Wet Grinder (0. No 1. Yes) ☐

PART II - MALE

1. Name _____S/o. _____
   Wife's Name _____
2. Age _____ Date of birth _____dd _____ mm_____yy Place of birth_____
3. Height_____(cms) Weight_____(kgs) Waist_____(cms)
4. Blood pressure(1st reading) SBP_____DBP_____ 5. Peak expiratory flow ___ ____ ____ 1/min
6. Occupation

No.	Occupation	Company/Office Name	Chemical Exposure If any specify	Age started	Age stopped
1.					
2.					

7. Diet : Veg ☐ Non-Veg ☐ Veg+Egg ☐ Brahmin_____Non-brahmin_____

8. Major disease if any

Type of disease	Treatment (Yes/No)	Duration	Type of disease	Treatment (Yes/No)	Duration
Hypertension			Cancer		
Asthma			Paralysis/Stroke		
Diabetes			Other(specify)		
Tuberculosis					

9. Habits

Smoking Type	Nonuser(0) Past(1) Current(2)	Freq/Day	Age started	Age stopped	Duration
Bidi					
Cigarette					
Cigar					
Chutta/Cheroot					
Pipe					
Hookah					
Others(specify)					

Where do you smoke ?(1. House, 2. Toilet, 3. Office, 4. Bus Stop, 5. Rly Stn. 6. Street, 7. Other)
Duration_____(minutes) Money spent per month for smoking Rs._____

Chewing Type					
Arecanut alone(AN)					
Tobacco alone					
AN+betal leaf(BL)					
AN + Tobacco					
AN + BL + Tobacco					
Pan with Tobacco					
Pan without Tobacco					
Snuffing					

Alcohol Type	Nonuser(0) Past (1) Current (2)	Freq/Day	Age started	Age Stopped	Duration	Quantity consumed
Indian toddy						
Arrack						
Whisky						
Beer						
Brandy						
Others(specify)						

10. Blood pressure (2nd reading) SBP_____ DBP_____

PART III - FEMALE

1. Name_____ W/o._____
2. Age_____Date of birth_____dd_____mm_____yy Place of birth_____
3. Height_____(cms) Weight_____(kgs)
4. Blood pressure(1st reading) SBP_____DBP _____
5. Peak expiratory flow _____ _____ _____ 1/min

6. Occupation

No.	Occupation	Company/Office Name	Chemical Exposure If any specify	Age started	Age stopped
1.					
2.					

7. Diet : Veg ☐ Non-Veg ☐ Veg + Egg ☐ Brahmin_____ Non-brahmin_____

8. Major disease if any

Type of disease	Treatment (Yes/No)	Duration	Type of disease	Treatment (Yes/No)	Duration
Hypertension			Cancer		
Asthma			Paralysis/Stroke		
Diabetes			Others(specify)		
Tuberculosis					

9. Habits

Smoking Type	Nonuser (0) Past (1) Current (2)	Freq / Day	Age Started	Age Stopped	Duration
Bidi					
Cigarette					
Others(Specify)					
Chewing type					
Arecanut alone(AN)					
Tobacco alone					
AN+betal leaf (BL)					
AN + Tobacco					
AN + BL + Tabacco					
Pan with Tobacco					
Pan without Tobacco					
Snuffing					
Alcohol (specify type)					

10. Blood pressure (2nd reading) SBP_____ DBP_____

11. PART IV:

RESULT OF VISIT ☐

1. Fully completed 2. Partly completed
3. No adult was available / house locked etc
4. Interview refused. Reason_____

No. of Visits undertaken to complete the questionnaire ☐☐

Date of visits 1._____ 2. _____ 3. _____

CANCER IN THE FAMILY : Yes_____No_____ If yes Alive_____Dead_____

a. Name_____ b. Age_____ in years c. Sex : Male_____Female_____
d. When was it diagnosed : Year _____
e. Site of cancer_____ f. Relationship of HF:_____
g. Resident of Chennai (yes/no)_____if yes
Area_____

Interviewed By : _____