

Appendix 9.11

Health Household Survey Questionnaire

ERC
ESIA FOR THE HYDRO-CRACKING COMPLEX AT MOSTOROD
SOCIAL APPENDICES

8.					
9. Household appliances:	9.1. Refrigerator 9.2. Color TV 9.3. Electric Heater 9.4. Air Conditioner				
10. Sanitary disposal:	10.1. Public system		10.2. Tank		
11. Natural gas supply:	11.1. Yes		11.2. No		
12. Use of household pesticides:	12.1. Yes		12.2. No		
If Yes, (specify):					

ERC
ESIA FOR THE HYDRO-CRACKING COMPLEX AT MOSTOROD
SOCIAL APPENDICES

	9.2.2. ()	
	9.2.3. ()	
9.3. Number of stillbirths ()		
9.4. Number of abortions ()		
9.5 Consanguinity? 9.5.1. Yes 9.5.2. No		
If yes, specify:		
9.6. (In case of possibility of presence of several married females in the same household, repeat question number 9, and write down the answer at the back of the page indicating the presence of relevant data).		
10. Presence of congenital anomalies in any live or stillbirth (Accurate detailed description)		
10.1.		
10.2.		
10.3.		
11. (For the RESPONDENT only): What were the items of the following meals (including bread & beverages):		
11.1. Today's Breakfast: (to be post-coded)		
11.2. Last lunch: (to be post-coded)		
11.3. Last dinner: (to be post-coded)		
11.4. Between meals food intake for the last 24 hours: (to be post-coded)		
12. (For RESPONDENT only): number of daily hours of sleep (including siesta/nap): () hours		
13. Where there any last household death (N.B: should have been living with household before death)		
13.1. Name:		
13.2. Age at death: () years old 13.3. Date:		
13.4. Cause of death (only if occurred during the last 5 years): ()		

Section D (to be answered by the respondent for ALL household members) (indicate household member serial number in front of the relevant case)	
1. Did a doctor inform any household member that s/he has got:	
1.1. Hypertension	
1.2. Diabetes	
1.3. Arthritis	
1.4. Heart disease (specify):	
1.4.1. Congenital 1.4.2 Heart Failure 1.4.3. Angina 1.4.4. Other(specify):	
1.5. Bronchial asthma or emphysema	
1.6. Gout	
1.7. Tumours (specify):	
1.8. Peptic ulcer	
1.9. Liver diseases (specify):	
1.10. Urinary stones	
1.11. Vision problems (specify):	
1.12. Hearing problems (specify):	
1.13. Renal failure	
1.14. Thyroid problems	
1.15. Mental retardation	

ERC
ESIA FOR THE HYDRO-CRACKING COMPLEX AT MOSTOROD
SOCIAL APPENDICES

1.16. Mental or psychiatric problems
2. Does a household member have a complain from:
2.1. Cough (most of the days)
2.2. Phlegm (most of days)
2.3. Headache (specify its type):
2.4. Sleep problems (specify):
2.5. Dermatological problems (specify):
2.6. Dyspnea at rest
2.7. Dyspnea going upstairs (specify number of stairs or floors):
3. Does a household member have a complain from:
3.1. Visual disability (specify):
3.2. Hearing disability (specify):
3.3. Locomotor disability (specify):
3.4. Mental disability (specify):
3.5. Is there a member who uses eye glasses or contact lenses?
3.5.1. Yes 3.5.2. No
3.6. Did s/he work at a noisy worksite before: 3.6.1. Yes 3.6.2 No
If Yes, specify place and duration:
4. Is there a household member who is unable to:
4.1. Put on clothes by her/himself 4.1.1. Yes 4.1.2. No
4.2. Bathe her/himself 4.2.1. Yes 4.2.2. No
4.3. Take food by her/himself 4.3.1. Yes 4.3.2. No
4.4. Go outdoors unaccompanied 4.4.1. Yes 4.4.2. No
5. Is there a household member who got sick leaves from work or school (after last Easter)?
5.1. Yes 5.2. No
5.3. If Yes, mention the cause: 5.4. number of absence days: ()
6. Is there a household member who uses medicines on regular basis?
6.1. Yes 6.2. No
If Yes, specify the cause:
6.1.1 Hypertension 6.1.2 Arthritis 6.1.3 Diabetes
6.1.4 Other (specify):
7. Is there a household member who currently smokes?
7.1. Yes 7.2. No
If Yes, 7.1.1 who is s/he:
7.1.2 Age at start: 7.1.3 Daily quantity: 7.1.4 Type:

Section E (Hepatitis C and its risk factors)
1. Has a doctor ever informed any household member that s/he got Hepatitis C?
1.1. Yes 1.2. No
If Yes, 1.1.1. who is s/he:
2. Was this diagnosis based on Lab. Test? 2.1. Yes 2.2. No
3. Has any household member ever had blood transfusion? 3.1. Yes 3.2. No
If Yes, 3.1.1. Who is s/he: 3.1.2. Through whom:
4. Has any household member ever donated blood? 4.1. Yes 4.2. No
4.1.1. Who is s/he: 4.1.2. Through whom:
5. Has any household member ever received parenteral (injection) for bilharziasis? 5.1. Yes 5.2. No

ERC
ESIA FOR THE HYDRO-CRACKING COMPLEX AT MOSTOROD
SOCIAL APPENDICES

5.11. Who is s/he:	5.1.2. Through whom:
6. Has any household member received any medicated injection during the last two weeks? 6.1. Yes 6.2. No	
6.1.1. Who is s/he:	6.1.2. Through whom:
7. Has any household member ever been tattooed? 7.1. Yes 8.2. No	
7.1.1. Who is s/he:	7.1.2. Through whom:
8. Has any household member ever used the mini-section "the hijamah"?	
8.1. Yes 8.2. No	
8.1.1. Who is s/he:	8.1.2. Through whom:

Section F (for members chosen for examination At Home)	
1. Measurement of weight: () Kgm	
2. Measurement height: () cm	
3. Measurement of waist circumference (only for adults older than 20): () cm	
Only For adults older than 20 years old:	
4. Measurement of blood pressure: (/) Hg	
5. Pulse: / minute	
6. Measurement of respiratory function (Peak flow meter findings): ()	
Household Code:	Interviewer Code:
Name:	
Age:	
Section G (for members chosen for Medical Examination)	
1. Measurement of weight: () Kgm	
2. Measurement height: () cm	
3. Measurement of waist circumference (only for adults older than 20): () cm	
Only for adults older than 20 years old:	
4. Measurement of blood pressure: (/) Hg	
5. Pulse: / minute	
6. Visual Acuity:	
6.1. Right eye (/)	6.2. Left eye (/)
6.2. With eye glasses ()	6.4. Without eye glasses ()
To be post-coded:	
7. Findings of clinical heart exam, registering the positive indicators:	
8. Findings of clinical chest exam, registering the positive indicators:	
9. Findings of clinical abdomen exam, registering the positive indicators:	
10. Findings of clinical skin exam, registering the positive indicators:	
11. Findings of oral & teeth exam, registering the positive indicators:	
12. Measurement of intelligence quotient (IQ) (for a sub-sample of children)	
13. Findings of urine test by urine strips (indicators):	
13.1. Leucocytes (LEU)	

ERC
ESIA FOR THE HYDRO-CRACKING COMPLEX AT MOSTOROD
SOCIAL APPENDICES

13.2. Nitrites (NIT)
13.3. Urobilinogen (URO)
13.4. Protein (PRO)
13.5. pH value (pH)
13.6. Blood (BL)
13.7. Specific gravity (SG)
13.8. Ketones (KET)
13.9. Bilirubin (BIL)
13.10. Glucose (GLU)
14. Audiometry findings (Only for members older than 12 years old):
15. Measurement of respiratory function (Peak flow meter findings):