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| http://www.hsc.edu.kw/ICH/Images/health-science-center_LOGO.gif | Kuwait UniversityFaculty of MedicineMPH Program |

# Risk factors associated with multiple sclerosis in Kuwait- Control

Please take a few minutes to fill out this questionnaire.

I welcome your feedback and your answers will be kept confidential. Thank you for your participation.

## Questions

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### What is your date of birth? dd|mm|yyyy

### What is your gender? [ ] 0 Male [ ] 1 Female

### What is your place of birth (city-country)? ….…………….………… - ……………………………..

### What is your nationality? [ ] 1 Kuwaiti [ ] 0 Non-Kuwaiti Specify……………………………

### What is your blood group?

###  [ ]  1 O [ ]  2 A [ ]  3 B [ ]  4 AB [ ] 5 Don’t know

1. What is your rhesus (Rh) factor? [ ] 1 Positive [ ] 2 Negative [ ] 3 Don’t know

### Are your parents related?

### [ ] 0 No

[ ] 1 First degree (cousins)

[ ] 2 Second degree (grandparents are cousins)

[ ] 3 Third degree (parents of grandparents are cousins)

1. How many members were in your family (including yourself)?

…………. Males ………….. Female

1. What is your birth order among siblings? …………………………………

### Were you in Kuwait during the Iraqi invasion 1990-1991? [ ] 1 Yes [ ] 0 No

### If yes, were you exposed to any of the following?

### Imprisonment [ ] 1 Yes [ ] 0 No

### Beating/torture [ ] 1 Yes [ ] 0 No

### Hiding [ ] 1 Yes [ ] 0 No

### Toxic fumes from burning oil wells [ ] 1 Yes [ ] 0 No

1. Were any of your family members ever diagnosed with MS? [ ] 1 Yes [ ] 0 No
2. If yes, how are they related to you? …………………………………………
3. Do you have any neurological disease? [ ] 1 Yes [ ] 0 No

### When you were………years old, what was your: Weight ……..…Kg Height ….……cm

1. When you were………years old, what was your marital status?

[ ]  1 Single [ ]  2 Married [ ]  3 Divorced

[ ]  4 Widowed

1. When you were………years old, what was your level of education?

[ ]  1 Illiterate [ ]  2 Read and write [ ]  3 Primary school

[ ]  4 Secondary school [ ]  5 High school [ ]  6 University and above

1. When you were………years old, what was your occupation?

[ ]  1 Student [ ]  2 Employed [ ]  3 Retired

[ ]  4 Housewife [ ]  5 Other ……………………………………………….

1. When you were………years old, what was your family monthly income (KD)?

[ ]  1 Up to 350 [ ]  2 351 - 600 [ ]  3 601 - 1200

[ ]  4 1201 - 2000 [ ]  5 >2000

1. When you were………years old, in which governorate did you live?

[ ]  1 Capital [ ]  2 Hawalli [ ]  3 Farwaniya

[ ]  4 Ahmadi [ ]  5 Jahra [ ]  6 Mubarak Al-Kabeer

1. List all the geographic locations where you spent more than six months (starting from birth till when you were………years old).

|  |  |  |  |
| --- | --- | --- | --- |
| **Town** | **Country** | **From year** | **To year** |
|  |  |  |  |
|  |  |  |  |
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### Before the age of ………..years old, did you regularly smoke cigarettes/ waterpipe or any other tobacco product?

###  [ ] 1 Yes [ ] 0 No (if no proceed to question 26)

### Before the age of ………..years old, on average, how many of the following products did you smoke each (day/week)?

[ ]  1 Number of manufactured cigarettes |\_\_|\_\_|\_\_| per day / week duration……………….years

[ ]  2 Number of waterpipe sessions |\_\_|\_\_|\_\_| per day / week duration………..……. years

[ ]  3 Pipes of tobacco |\_\_|\_\_|\_\_| per day / week duration………..……. years

[ ]  4 Cigar, cheroots, or cigarillos |\_\_|\_\_|\_\_| per day / week duration………..……. years

[ ]  5 No of hand rolled cigarettes |\_\_|\_\_|\_\_| per day / week duration………..……. years

[ ]  6 Any others, specify………………………………. |\_\_|\_\_|\_\_| per day / week duration…………….years

### At which age did you start smoking? ……………………….years

### If you quit smoking, at which age was that? ……………………….years

### When your mother was pregnant with you, did either of your parents smoke?

[ ]  0 No [ ]  1 Father [ ]  2 Mother [ ]  3 Don’t know

### When you were a child, did anyone regularly smoke inside your home? [ ]  1 Yes [ ]  0 No

### Before the age of……years old, as an adult, have you ever lived with anybody who smoked in your home or worked in places where people smoked around you?

[ ]  0 No [ ]  1 1-5 years [ ]  2 5-10 years

[ ]  3 11-20 years [ ]  4 More than20 years

### Before the age of……years old, how much time did you spend in public areas where people smoked around you (e.g. café, diwaniya, family gatherings)?

[ ]  0 Less than 3 hours/week [ ]  1 3-6 hours /week [ ]  2 7-9 hours/week

[ ]  3 More than 10 hours/week

### Before the age of……..years, were you exposed to incense at any of the following places: home, work or social gathering?

[ ]  0 Rarely[ ]  1 Less than once/week [ ]  2 Once/week

[ ]  3 3-5 times/week [ ]  4 Daily

1. Before the age of……..years, were you frequently exposed to solvents (paints, pesticides, herbicides)?

[ ]  1Yes [ ]  0No

### Before the age of……..years, did you have any of the following infections/diseases?

### Measles [ ]  1Yes [ ]  0 No [ ]  2 Don’t know

### Mumps [ ]  1Yes [ ]  0 No [ ]  2 Don’t know

### Chicken pox [ ]  1Yes [ ]  0 No [ ]  2 Don’t know

### Infectious mononucleosis [ ]  1Yes [ ]  0 No [ ]  2 Don’t know

### Tuberculosis [ ]  1Yes [ ]  0 No [ ]  2 Don’t know

### Head trauma [ ]  1Yes [ ]  0No

### Rheumatoid arthritis [ ]  1Yes [ ]  0 No

### Inflammatory Bowel Disease [ ]  1Yes [ ]  0 No

### Systemic Lupus Erythematosus [ ]  1Yes [ ]  0 No

### Grave's disease (Thyroid) [ ]  1Yes [ ]  0 No

### Early onset diabetes (Type 1) [ ]  1Yes [ ]  0 No

### Migraine [ ]  1Yes [ ]  0 No

### Anesthesia [ ]  1Yes [ ]  0No

### Tonsillectomy [ ]  1Yes [ ]  0No Age……….years

### Appendectomy [ ]  1Yes [ ]  0No Age……….years

### Before the age of……..years, did you receive any of the following vaccines?

### Hepatitis B [ ]  1Yes [ ]  0No [ ]  2 Don’t know

### MMR (mumps, measles, rubella) [ ]  1Yes [ ]  0No [ ]  2 Don’t know

### Influenza [ ]  1Yes [ ]  0No [ ]  2 Don’t know

### Did any of your family members have any of the following diseases?

### Rheumatoid arthritis [ ]  1Yes [ ]  0 No Relation to you…………….

### Inflammatory Bowel Disease [ ]  1Yes [ ]  0 No Relation to you…………….

### Systemic Lupus Erythematosus [ ]  1Yes [ ]  0 No Relation to you…………….

### Grave's disease (Thyroid) [ ]  1Yes [ ]  0 No Relation to you…………….

### Early onset Diabetes (Type 1) [ ]  1Yes [ ]  0 No Relation to you…………….

### Migraine [ ]  1Yes [ ]  0 No Relation to you…………….

### Before the age of……..years, how frequently did you consume dairy products (milk, cheese, yogurt, laban, labnah, ghee, and butter)?

[ ]  0 Less than once/week [ ]  1 Once/week [ ]  2 2-5 times/week

[ ]  3 Once/day [ ]  4 More than once/day

### Before the age of…....years, how frequently did you consume red meat and red meat products?

[ ]  0 Less than once/week [ ]  1 Once/week [ ]  2 2-5 times/week

[ ]  3 Once/day [ ]  4 More than once/day

### Before the age of……..years, how frequently did you consume fish and fish products?

[ ]  0 Less than once/week [ ]  1 Once/week [ ]  2 2-5 times/week

[ ]  3 Once/day [ ]  4 More than once/day

### Before the age of……..years, on average, how long were you exposed to sunshine every day during *summer*?

[ ]  0 Less than 1 hour [ ]  1 1-2 hours [ ]  2 2-3 hours

[ ]  3 More than 3 hours

### Before the age of……..years, on average, how long were you exposed to sunshine every day during *winter*?

[ ]  0 Less than 1 hour [ ]  11-2 hours [ ]  2 2-3 hours

[ ]  3 More than 3 hours

### Where you ever told by a doctor that you are vitamin D deficient? [ ]  1 Yes [ ]  0 No

**Thank you for taking the time to fill out our study questionnaire.**