|  |  |
| --- | --- |
| [http://www.hsc.edu.kw/ICH/Images/health-science-center_LOGO.gif](https://www.google.com.kw/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjola_tq9fLAhUDcRQKHZwDDNMQjRwIBw&url=http://www.hsc.edu.kw/ICH/Contact.aspx&psig=AFQjCNHxSjvIcxPUqc_WVFmhZBdLoz452g&ust=1458840855358874) | 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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

### 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### 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.**