

## PARTICIPANT'S QUESTIONNAIRE

1. Full name \_\_\_\_\_
2. Mobile phone \_\_\_\_\_
3. Date of birth (DD/MM/YYYY) \_\_\_\_\_
4. Sex: Male Female
5. Address \_\_\_\_\_
6. Your overall work duration: \_\_\_\_\_ full years
7. Provide details about your current position:

Position	Work shift duration	Number of shifts per week	Work duration (years)

8. Please list your last four positions including the one you work on now:

Position	Years

9. Do you use respiratory personal protective equipment (respirator, gasmask, etc.)?
  - No (tick and go to question 11)
  - Yes
10. How often do you use respiratory personal protective equipment (respirator, gasmask, etc.)?
  - Seldom
  - Almost half of the work time
  - Most of the work time
  - Always
11. Have you ever smoked cigarettes?
  - No (tick and go to question 16)
  - Yes
12. Do you continue to smoke at present?
  - No (tick and go to question 16)
  - Yes
13. Do you smoke daily?
  - No (tick and go to question 16)
  - Yes
14. How many cigarettes a day do you smoke? \_\_\_\_\_
15. What is your smoking duration in years? \_\_\_\_\_
16. Do other people smoke near you at home or in the workplace?
  - No
  - Yes
- 16a. Do you smoke waterpipe at present?
  - No
  - Yes
17. Do you use fossil or biomass fuel (NOT NATURAL GAS OR PROPANE) for heating at home?
  - No
  - Yes
18. Do you use fossil or biomass fuel (NOT NATURAL GAS OR PROPANE) for cooking at home?
  - No
  - Yes
19. Do you walk 6 km or make 10 thousand steps a day, including weekends?
  - No
  - Yes
20. Are you involved in any regular physical activity at least 3 times a week?
  - No
  - Yes
21. Please choose one option of four listed below which best describes your alcohol consumption:
  - I never drink
  - I drink seldom (less than once a week) in small amounts

- I drink seldom (less than once a week) in moderate amounts
- I drink at least once a week

22. The following questions relate to your respiratory symptoms (CAT questionnaire). For each item below, place a mark (X) in a box that best describes you currently. Be sure to only select one response for each question

A	I never cough	0 1 2 3 4 5	I cough all the time
B	I have no phlegm (mucus) in my chest at all	0 1 2 3 4 5	My chest is completely full of phlegm (mucus)
C	My chest does not feel tight at all	0 1 2 3 4 5	My chest feels very tight
D	When I walk up a hill or one flight of stairs I am not breathless	0 1 2 3 4 5	When I walk up a hill or one flight of stairs I am very breathless
E	I am not limited doing any activities at home	0 1 2 3 4 5	I am very limited doing activities at home
F	I am confident leaving my home despite my lung condition	0 1 2 3 4 5	I am not at all confident leaving my home because of my lung condition
G	I sleep soundly	0 1 2 3 4 5	I don't sleep soundly because of my lung condition
H	I have lots of energy	0 1 2 3 4 5	I have no energy at all

23. This question is about your breathlessness (mMRC questionnaire). Please choose only one answer that applies to you:

Question	Score
I only get breathless with strenuous exercise	0
I get short of breath when hurrying on a level or walking up a slight hill	1
I walk slower than people of the same age on the level because of breathlessness, or a I have to stop for breath when walking on my own pace on the level	2
I stop for breath after walking about 100 meters or after a few minutes on the level	3
I am too breathless to leave the house or I am breathless when dressing or undressing	4

24. Have you ever had wheezing in your chest (especially when you exhale)?

- No (tick and go to question 26)
- Yes

25. Have you ever woken up at night or on early morning because of wheezing in your chest?

- No
- Yes

26. Compared to the people of your age, are you more breathless?

- No
- Yes

27. Do you have seasonal allergy (runny nose, nasal congestion in spring, summer or early fall)?

- No
- Yes

28. Has the doctor ever told you that you have chronic bronchitis?

- No
- Yes

29. Has the doctor ever told you that you have chronic obstructive pulmonary disease?

- No
- Yes

30. Has the doctor ever told you that you have bronchial asthma?

- No
- Yes

31. Has the doctor ever told you that you have allergic rhinitis

- No
- Yes

32. How many hours have elapsed since your last waterpipe smoking?

33. How many hours have elapsed since your last cigarette smoking? \_\_\_\_\_

34. How many hours have elapsed since your last presence at the scene of fire? \_\_\_\_\_