APPENDIX
QUESTIONNAIRE
"HEALTH HAZARDS IN SILK INDUSTRY- A CASE STUDY"

Place: 
Date: 

1. Respondent's Name:

2. Age:  Sex:  Colour:

3. Education:
   Illiterate
   Primary school
   High school /PUC/Degree/Professional

4. Marital status:
   Unmarried/Married/Widowed/Separate/Divorced

5. Religion:
   Hindu/Muslim/Christian/Other....

6. No. of children:
   Male:  Female:

7. Nature of work:

8. Any chronic illness in the family:
9. Personal habits:
   - Smoking
   - Alcoholic
   - Tobacco chewing
   - Snuff
   - Others
   - Nil

10. Since how long you are working in the unit:

11. Reason for joining this work:

12. No. of family members engaged in this work:

13. No. working hours per day:

14. Health related problems encountered during the working hours:
   a) Tiredness
   b) Difficulty in breathing
   c) Body pain
   d) Difficulty in vision
   e) Skin irritation
   f) Others

15. Details of health facilities available:
   a) Primary Health centre
   b) Sub centre
   c) Private clinic
   d) Private hospital
   e) Nursing home
   f) Trained Birth attendant
   g) Any other facility
16. Preference for the type of health centre and treatment when faced with health problems:

17. Health problems faced due to this occupation:
   a) Headache
   b) Problems associated with Eyes
   c) Problems associated with Ear
   d) Problems associated with Nose
   e) Problems associated with Throat

a. Headache:
   - During morning hours only
   - Evening hours
   - Night
   - Entire day
   - Nil

b. Problems associated with eyes:
   - Watering in eyes
   - Itching
   - Swelling
   - Burning eyes
   - Others

c. Problems associated with Nose:
   - Sneezing
   - Running Nose
   - Nasal block
   - Mouth breathing
   - Others

   (Rt: Lt: Both)

d. Problems associated with Throat:
   - Soreness
   - Post nasal discharge
   - Mucous discharge in the morning
   - Colour of the mucous: (White: Yellow: Green:
18. Below mentioned health problems if any
   a) Asthma
   b) Respiratory problem
   c) Skin diseases
   d) Chest pain
   e) Nil

   a) Asthma
      Cough
      Inspiration
      Expiration
      Productive
   b) Respiratory problem
      Wheezing
      Breathing illness (while taking rest, while exertion)
   c) Dermal problem
      Itching
      Water discharge
      Rashes on itching
      Any other
   d) Chest pain

19. Are you suffering from diseases/problems as mentioned above (17 & 18)

20. Was the problem confirmed by a Doctor
    Yes/No
1. During the last 12 months have you had a skin rash, dermatitis, hives or eczema
Yes/No

2. Which parts of your body were effected?
   Scalp
   Trunk
   Face or neck
   Hands or arms
   Feet or legs

3. Did any of the following substances cause rashes on your skin?

4. About what age did the asthma start?
   ......................age in years
   ......................don't know

5. Does your chest ever sound wheezing or whistling?
   Yes/No

6. What have been the most trouble some chest symptoms?
   a) Wheezing/whistling
   b) Attack of shortness of breath
   c) Chest tightness
   d) Attack of cough
   e) Other ..............................

7. About how often have you had these symptoms?
   a) Only once
   b) Only a few days ever

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