
Appendices I-III

Questionnaire for Assessing Chronic Respiratory Symptoms among Portland cement Industry workers in Tanzania

Date of interview: ___/___/____ (day/month /year)

Part A: Socio-demographic data

1. ID Number _____
2. Name _____
3. Date of Birth ___/___/____ (day/month /year)
5. Age in years _____
6. Sex: [1] Male [2] Female
7. Marital status:
[1] Single [2] Married [3] Cohabit [4] Separated /Divorced
[5] Widowed
8. Educational level:
[1] Did not attend school
[2] Primary
[3] Secondary
[4] College
[5] University

Party B: Occupational history

9. How long have you been working in this factory? [1] Years [_____] [2] Months [_____]
10. In Which category are you working in this factory?
 - a) Department _____
 - b) Section _____
 - c) Job title _____
 - d) Duration of working in this section in: [1] Years [_____] [2] Months [_____]
11. Have you ever worked in other sections in this factory? [1] Yes [2] No

If "no" go to question 13

12. If “yes” which section(s) below and for how long?

	Years	Months
[1]Crusher	[] []	[] []
[2]Crane	[] []	[] []
[3] Raw mill	[] []	[] []
[4] Kiln	[] []	[] []
[5] Cement mill	[] []	[] []
[6] Packing	[] []	[] []
[7]Cleaning	[] []	[] []
[8]. Maintenance	[] []	[] []
[9]Quality assurance	[] []	[] []
[10]Personnel	[] []	[] []
[11] Business	[] []	[] []
[12]Accounting	[] []	[] []
[13]Others (Specify) _____	[] []	[] []

13. Have you worked in dust Industries/factory other than Cement in the past? [1] Yes [2] No

If “no” go to Part C

14. ***If “yes”*** for how long have you worked in the following dusty Industries or mines?

- [1] Foundry: [] years
- [2] Stone, mineral or quarry: [] years
- [3] Asbestos: [] years
- [4]Cotton, Coffee or Sisal: [] years
- [5] Others (Specify) _____ [] years

Part C: Respiratory symptoms

Cough

15. Do you usually cough at all on getting up, or first thing in the morning? (Clearing of throat is not applicable) [1] Yes [2] No

16. Do you usually cough at all during the rest of the day or at night? [Yes] [2] No

If yes to any of the above;

17. Do you usually cough as much as 4-6 times a day for 4 or more days out of the week? [1]Yes [2] No

18. Do you cough like this on most of days for as much as 3 consecutive months or more in a year?

[1]Yes [2] No

Cough with sputum production

19. Do you usually cough with sputum first thing in the morning?

(Clearing of throat is not applicable) [1]Yes [2] No

20. Do you usually cough with sputum during the day or at night? [1] Yes [2] No

If yes to any of questions 19 and 20;

21. Do you usually cough with sputum as much as 4-6 times a day, or 4 or more days in a week?

[1] Yes [2] No

22. Do you cough with sputum on most of days for as much as 3 consecutive months or more per year? [1] Yes [2] No

Chronic bronchitis

For cough and/ or cough with sputum production (if yes to any of the questions 15-22)

23. Have you had cough and/ or cough with sputum production for more than 3 years? [1] Yes [2] No

24. For the past 3 years have you had any periods with increased cough and/ or cough with sputum production lasting for 3 months or more? [1] Yes [2] No

Breathlessness

25. If disabled or troubled from walking by any condition other than heart or lung disease, please describe and proceed to question 32

Describe the condition (s) _____

26. Are you troubled by shortness of breath when hurrying on level ground or walking up slight hill?

[1] Yes [2] No

27. Do you have to walk slower than people of your age on level ground because of breathlessness?

[1] Yes [2] No

If "Yes" to any of the above: question 26 or 27

28. Do you ever have to stop for breath when walking at your own pace on level ground? [1] Yes [2] No

29. Do you ever have to stop for breath after walking for a few minutes at your own pace? [1] Yes [2] No

30. Do you experience breathlessness when at rest or dressing? [1] Yes [2] No

31. For how long have you had breathlessness? [_____] years

Work related shortness of breath

32. Do you usually experience chest tightness while at work or just after work? [1] Yes [2] No

33. For how long do you have this problem? [_____] years

Wheezing

34. Does your chest ever sound wheezy or whistling;

a) When you have cold? [1] Yes [2] No

b) Occasionally apart from cold? [1] Yes [2] No

c) Most days or nights? [1] Yes [2] No

35. For how long do you have this problem? [_____] years

36. Have you required medicine or treatment for this condition? [1] Yes [2] No

Part E: History of Past chest illness

Have you ever had or been treated for any of the following illnesses?

37. Injury or operation affecting your chest [1] Yes [2] No [3] Don't know

38. Heart trouble [1] Yes [2] No [3] Don't know

39. Bronchitis [1] Yes [2] No [3] Don't know

40. Pneumonia [1] Yes [2] No [3] Don't know

41. Pulmonary Tuberculosis [1] Yes [2] No [3] Don't know

42. Asthma [1] Yes [2] No [3] Don't know

43. Other(s) (specify) _____

Part F: Drug History

44. Do you currently use any drugs for treatment of your chest? [1] Yes [2] no

45. If yes which drugs do you currently use for your chest?

a) Antibiotics [1] Yes [2] no

b) Anti TB [1] Yes [2] no

c) Steroids [1] Yes [2] no

d) Others(specify) _____

Part G: Cigarette smoking

46. Have you ever smoked cigarette? [1] Yes [2] no

If No go to Part H

47. Do you now smoke cigarettes? [1] yes [2] no

If No, go to question 50

48. How old were you when you first started regular cigarette smoking? [_____] years

49. How many cigarettes do you smoke per day? [_____] number of cigarettes

50. How long ago did you give up cigarette smoking?

[1] Less than one month

[2] More than one month

[3] Less than one year

[4] More than one year

51. How many cigarettes did you normally smoke before you gave up smoking? [_____] number of cigarettes

Part H: Respiratory protective devices

52. Do you usually wear respiratory protective devices while at work?

[1] Yes ***Go to question 53***

[2] No..... ***Go to question 54***

53. Which respiratory protective device do you use daily?

[1] Mask respirator

[2] Full face piece respirator

[3] Improvise, Specify _____

54. Select the most appropriate reason for not using respiratory protective device

[1] Not available

[2] Not comfortable to wear

[3] Do not offer enough protection against the dust

[4] The dust is not harmful

[5] Other(s) (Specify) _____

Part I: Measurements

55. Nitric Oxide gas Measurement

[1] Room NO [_____] Ppb

[2] FeNO [_____] Ppb

56. Weight [_____] Kg

57. Standing height [_____] Cm

58. FEV₁ [_____]

59. FVC [_____]

60. FEV₁/FVC [_____]

THANK YOU FOR YOUR PARTICIPATION



UNIVERSITY OF BERGEN

Regional Committee for Medical and Health Research Ethics, Western-Norway

To whom it may concern

Your ref

Our ref
2010/1096

Date
25.05.10

Confirmation;

We hereby confirm that the project “Dust exposure and respiratory health among Portland cement industry workers in Tanzania” by project leader Bente Moen, Department of Public Health and Primary Health Care, University of Bergen, is reviewed and recommended/approved by the Regional Committee for Medical and Health Research Ethics, Western-Norway.

Best regards

Anne Berit Ølmheim
Higher Executive Officer

This letter is approved for electronic dispatch without signature.

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
DIRECTORATE OF RESEARCH AND PUBLICATIONS**

P.O. BOX 65001
DAR-ES-SALAAM
TANZANIA
Telefax: 2152489
Telegrams: UNIVMED



E-MAIL drp@muhas.ac.tz
TEL: (255-022)-2150302-6 Ext. 207
Direct line: 2152489

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14th April 2010

Dr. Alex Tungu,
c/o Dr. Simon Mamuya (Coordinator – NUFU Project – MUHAS)
School of Public Health and Social Sciences,
MUHAS.

RE: APPROVAL FOR PhD STUDY TITLE "DUST EXPOSURE AND RESPIRATORY HEALTH AMONG PORTLAND CEMENT INDUSTRY WORKERS IN TANZANIA" BY ALEX TUNGU

Reference is made to the above heading.

I am pleased to inform you that the Chairman has on behalf of the Senate, approved extension of ethical clearance of the above mentioned study, on recommendation of the Expedited Review Sub-Committee of the Senate Research and Publications Committee meeting held on 01st April 2010.

The validity of this ethical clearance is one year effective from **12th April 2010 to 11th March 2011**. You will therefore be required to apply for renewal of ethical clearance on a yearly basis if the study is not completed at the end of this clearance. You will be expected to provide six monthly progress reports and final report upon completion of your study.

Dr. J. R. P. Masalu
DEPUTY DIRECTOR OF RESEARCH AND PUBLICATIONS

Copy to: Vice Chancellor, MUHAS. Your letter Ref. No. MU/01/1022/098/6.
Copy to: Deputy Vice Chancellor, Academic, Research and Consultancy, MUHAS.
Copy to: Dean, School of Public Health and Social Sciences, MUHAS.