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 of 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 of after a few minutes on the level | 3     |
| I am too breathless to leave the house 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?______________

2