

Date: _____

ID: _____

We are interested in understanding the effects of incense burning on COPD patients. We are grateful for your participation in this study. Please answer the following questions.

I. House and Residential Environment

01. What direction does your house face?
1. North 2. West 3. South 4. East 5. Other 6. Unknown
02. Do your family burn incenses at home?
 1. No, we do not burn any incenses at home. (Please skip to Question 6)
 2. Yes, we burn incenses in the festival or on the first and 15th day of the lunar month.
 3. Yes, we burn incenses every day.
03. Which floor in the house do your family usually burn incenses?
 1. 1st floor 2. 2nd floor 3. 3rd floor 4. 4th floor 5. 5th floor and above
04. Who responds to burn incense at home?
 1. None 2. I 3. Spouse 4. Children 5. Relatives
05. Is your room near the floor which is used to burning incenses? 1. No 2. Yes
06. Where is your house located? 1. Downtown 2. Rural area 3. Industrial area
07. What kind of house do you live in?
 1. Single-family house 2. Townhouse 3. Apartment 4. Villa
 5. Courtyard house (included siheyuan) 6. Other
08. Is your house close to the main road? 1. No 2. Yes
09. How old is your house? _____ year(s).
10. Are you used to opening the window/door or closing the window/door in daily life?
 1. I am used to opening the window/door. 2. I am used to closing the window/door.
 3. Irregularly.
11. Does your family member smoke at home? 1. No 2. Yes
12. Is it raining today? 1. No 2. Yes
13. What is the temperature today? Outdoor: _____; Indoor: _____
14. What is the humidity today? Outdoor: _____%; Indoor: _____%
15. The perception of PM (incense burning)?
 1. Not at all 2. Very slight 3. Slight

4. Slightly serious 5. Serious 6. Very serious
7. I do not know

II. General Demographics Questions

01. SPO₂: _____
02. Heart rate: _____
03. Age: _____
04. Gender: 1. male 2. female
05. Height: _____cm
06. Weight: _____kg
07. BMI: _____kg/m²
08. BMI Categories:
1. Underweight ≤ 18.5 2. Normal weight = 18.5–24.9
3. Overweight = 25–29.9 4. Mild obesity = 27–29.9
5. Moderate obesity = 30–34.9 6. Severe obesity = BMI of 35 or greater
09. Employment status:
0. Homemaker 1. Not employed 2. Part-time job (Job title: _____)
3. Retired (Job title before retired: _____) 4. Full-time job (Job title: _____)
5. Other: _____
10. Religion:
0. None 1. Kuan Tao 2. Taoism 3. Christian
4. Catholicism 5. Buddhism 6. Other
11. Do you exercise regularly? At least three times a week, and exercise for 30 minutes.
0. No 1. Yes, _____ (what exercise do you do ?)
12. What is your highest education level:
1. Uneducated 2. Literate but uneducated 3. Elementary school
4. Junior high school 5. Senior high school or equivalent 6. Junior College
7. Junior College/University 8. Master or above
13. How is your household income?
1. Sufficient income, and have money in a bank account
2. Balance 3. Make ends meet

14. Smoking status:
 1. I have never smoked. 2. I have Quitted. 3. I am a current smoker.
15. Waist: _____cm / Hip: _____cm / Waist-hip ratio(%): _____
16. How long do you have COPD since it has been diagnosed by the doctor?
 I have COPD for _____ year(s).
17. The classification of severity in COPD:
 1. Mild 2. Moderate 3. Severe 4. Very severe
18. FEV₁%: _____ (Fill in the data from the examination of the hospital).

III. 6-minute Walk Test

1. Date: _____ / Time: _____
2. Pre-test/Baseline: SPO₂= _____ / BMP= _____
3. 2 minutes: _____ m (_____ m/length; Number of laps= _____)
4. 4 minutes: _____ m (_____ m/length; Number of laps= _____)
5. 6 minutes: _____ m (_____ m/length; Number of laps= _____)
6. Total distance: _____ m
7. Post-test: SPO₂= _____ / BMP= _____

IV. Charlson Comorbidity Index (CCI)

Assess whether a patient will live long enough to benefit from a specific screening measure or medical intervention. Add the score of the condition and the score of age will refer to the CCI total scores.

Condition	Score
Myocardial infarction	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
CHF (Congestive heart failure)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
Peripheral vascular disease	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
CVA (Cerebrovascular accident) or TIA (Transient ischemic attack)	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
Dementia	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
COPD	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
Connective tissue disease	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
Peptic ulcer disease	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
Liver disease	<input type="checkbox"/> 0. None <input type="checkbox"/> 1. Yes, mild <input type="checkbox"/> 3. Yes, moderate to severe
Diabetes mellitus	<input type="checkbox"/> 0. None or diet-controlled <input type="checkbox"/> 1. Yes, uncomplicated <input type="checkbox"/> 2. End-organ damage
Hemiplegia	<input type="checkbox"/> 0. No <input type="checkbox"/> 2. Yes
Moderate to severe CKD (Chronic kidney disease)	<input type="checkbox"/> 0. No <input type="checkbox"/> 2. Yes
Solid tumor	<input type="checkbox"/> 0. No <input type="checkbox"/> 2. Yes, Localized <input type="checkbox"/> 6. Yes, metastatic
Leukemia	<input type="checkbox"/> 0. No <input type="checkbox"/> 2. Yes
Lymphoma	<input type="checkbox"/> 0. No <input type="checkbox"/> 2. Yes
AIDS	<input type="checkbox"/> 0. No <input type="checkbox"/> 6. Yes

Age	≤40 years old	41-50years old	51-60 years old	61-70 years old	≥71 years old
Score	0	1	2	3	4

CCI Total scores: _____ (Range 0-40)

V. Particulate Matters Record

1. The measurement of outdoor and indoor PM concentrations

Location	Outdoor	Living room	Kitchen	Bedroom	Worship hall/Incense_room
Time					
PM _{2.5}					
PM ₁₀					

2. The measurement of PM concentrations while burning incenses in the worship hall

Time	Baseline	10 minutes	20 minutes	30 minutes	1 hour	3 hours	5 hours
PM _{2.5}							
PM ₁₀							

VI. Lung Function

Date: _____ ID: _____

No.	BEST VALUES			lung function	Stage
		MEASURED	PRED		
1	FVC				<input type="checkbox"/> 1. Stage I: $FEV_1 \geq 80\%$ pred. <input type="checkbox"/> 2. Stage II: $50\% \leq FEV_1 < 80\%$ pred. <input type="checkbox"/> 3. Stage III: $30\% \leq FEV_1 < 50\%$ pred. <input type="checkbox"/> 4. Stage IV: $FEV_1 < 30\%$ pred.
	FEV ₁				
	PEV				
	FEV ₁ %				
2	FVC				<input type="checkbox"/> 1. Stage I: $FEV_1 \geq 80\%$ pred. <input type="checkbox"/> 2. Stage II: $50\% \leq FEV_1 < 80\%$ pred. <input type="checkbox"/> 3. Stage III: $30\% \leq FEV_1 < 50\%$ pred. <input type="checkbox"/> 4. Stage IV: $FEV_1 < 30\%$ pred.
	FEV ₁				
	PEV				
	FEV ₁ %				
3	FVC				<input type="checkbox"/> 1. Stage I: $FEV_1 \geq 80\%$ pred. <input type="checkbox"/> 2. Stage II: $50\% \leq FEV_1 < 80\%$ pred. <input type="checkbox"/> 3. Stage III: $30\% \leq FEV_1 < 50\%$ pred. <input type="checkbox"/> 4. Stage IV: $FEV_1 < 30\%$ pred.
	FEV ₁				
	PEV				
	FEV ₁ %				
4	FVC				<input type="checkbox"/> 1. Stage I: $FEV_1 \geq 80\%$ pred. <input type="checkbox"/> 2. Stage II: $50\% \leq FEV_1 < 80\%$ pred. <input type="checkbox"/> 3. Stage III: $30\% \leq FEV_1 < 50\%$ pred. <input type="checkbox"/> 4. Stage IV: $FEV_1 < 30\%$ pred.
	FEV ₁				
	PEV				
	FEV ₁ %				

5	FVC				<input type="checkbox"/> 1. Stage I: $FEV_1 \geq 80\%$ pred.	
	FEV ₁				<input type="checkbox"/> 2. Stage II: $50\% \leq FEV_1 < 80\%$ pred.	
	PEV				<input type="checkbox"/> 3. Stage III: $30\% \leq FEV_1 < 50\%$ pred.	
	FEV ₁ %				<input type="checkbox"/> 4. Stage IV: $FEV_1 < 30\%$ pred.	
6	FVC				<input type="checkbox"/> 1. Stage I: $FEV_1 \geq 80\%$ pred.	
	FEV ₁				<input type="checkbox"/> 2. Stage II: $50\% \leq FEV_1 < 80\%$ pred.	
	PEV				<input type="checkbox"/> 3. Stage III: $30\% \leq FEV_1 < 50\%$ pred.	
	FEV ₁ %				<input type="checkbox"/> 4. Stage IV: $FEV_1 < 30\%$ pred.	
7	FVC				<input type="checkbox"/> 1. Stage I: $FEV_1 \geq 80\%$ pred.	
	FEV ₁				<input type="checkbox"/> 2. Stage II: $50\% \leq FEV_1 < 80\%$ pred.	
	PEV				<input type="checkbox"/> 3. Stage III: $30\% \leq FEV_1 < 50\%$ pred.	
	FEV ₁ %				<input type="checkbox"/> 4. Stage IV: $FEV_1 < 30\%$ pred.	

VII. mMRC (Modified Medical Research Council) Scale

Please select one item which is the best description of your health condition.

Grade of dyspnea	Description
0	Breathlessness due to strenuous exercise
1	Breathlessness when hurrying or walking up a hill
2	Walks slower than people of the same age because of breathlessness or must stop for breath when walking at own pace
3	Stops for breath after walking 100 yards or after a few minutes
4	Too dyspneic to leave house or breathless when dressing

VIII. COPD Assessment Test



How is your COPD? Take the COPD Assessment Test™ (CAT)

This questionnaire will help you and your healthcare professional to measure the impact that COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers and test score can be used by you and your healthcare professional to help improve the management of your COPD and gain the greatest benefit from the treatment.

If you wish to complete the questionnaire by hand on paper, please click here and then print the questionnaire.

For each item below, place a mark (X) in the box that best describes your current situation. Please ensure that you only select one response for each question.

Example: I am very happy 0 1 2 3 4 5 I am very sad

		SCORE
I never cough	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I cough all the time
I have no phlegm (mucus) on my chest at all	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	My chest is full of phlegm (mucus)
My chest does not feel tight at all	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	My chest feels very tight
When I walk up a hill or a flight of stairs I am not out of breath	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	When I walk up a hill or a flight of stairs I am completely out of breath
I am not limited to doing any activities at home	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I am completely limited to doing all activities at home
I am confident leaving my home despite my lung condition	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I am not confident leaving my home at all because of my lung condition
I sleep soundly	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I do not sleep soundly because of my lung condition
I have lots of energy	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I have no energy at all
TOTAL SCORE		

Retrieved from the CAT website: <https://www.catestonline.org/patient-site-test-page-english.html#>

***This is the end of the questionnaire. Please confirm that you have answered all the questions. Thank you for taking the time to complete our survey.*