

JOURNAL: ENVIRONMENTAL SCIENCE AND POLLUTION RESEARCH

Title: Association of road traffic noise exposure and prevalence of coronary artery disease: a cross-sectional study in North India.

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Respected respondent

As salaam u alaykum. Hope you and your family are in good health. I am a student from NIT Srinagar, and I am currently doing my research on pollution. As we all know that pollution is bad and hazardous for human beings and tends to cause various health problems due to continuous exposure. I am currently trying to gain information about the perception of people who are exposed to various forms of pollution. As you know not everyone is affected in the same manner, so it is very important for me to know which factors affect the degree of damage that is caused by environmental pollution. This will prove very helpful for the society in the long run. In this regard please fill in this questionnaire and hand it back to the team member responsible for collecting them, after proper verification. Please fill the questionnaire to the best of your abilities. We assure you that your identity and information will be used only for the research purposes and at no point in time your identity will be revealed. If you have any doubts or require clarification please feel free to ask on the below mentioned details.

Thanking in anticipation

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SECTION 1

This section pertains to the general information about your sociodemographic characteristics

S1: Gender (Male / Female)

S2: Age in years

S3: Education level (Below high school / Upto higher secondary / more than higher secondary)

S4: For how many years have you been residing at your current address?

S5: Your weight (in Kg)

S6: Your height (in feet)

S7: Do you have a family history of coronary artery disease (Yes / No)

S8: Mumbai is the capital of India (Yes / No).

S9: Is your bedroom window oriented towards the road (Yes / No)

S10: Are you suffering from any chronic disease like diabetes / kidney ailment/ COPD/ hypertension (Yes / No)

S11: In terms of physical activity, you are (Sedentary / Active)

S12: Do you smoke (Yes/ No)

SECTION 2

Please respond to the statement given below on a scale of 1 to 6, where {1 = disagree strongly}, {2 = disagree fairly}, {3 = disagree slightly}, {4 = agree slightly}, {5 = agree fairly}, {6 = agree strongly}

S1: I am sensitive to noise {1 / 2 / 3 / 4 / 5 / 6}

S2: COVID-19 pandemic started in July, 2020 (Yes / No).

SECTION 3

This section deals with the evaluation of your stress levels (on a scale of 0 to 4) and sleep quality (on a scale of 0 to 3). Please respond to the statements after carefully reading the statements.

Statements concerning stress levels:

S1: In the last month, how often have you been upset because of something that happened unexpectedly?
0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

S2: In the last month, how often have you felt that you were unable to control the important things in your life?

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

S3: In the last month, how often have you felt nervous and “stressed”?

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

S4: In the last month, how often have you felt confident about your ability to handle your personal problems?

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

S5: In the last month, how often have you felt that things were going your way?

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

S6: In the last month, how often have you found that you could not cope with all the things that you had to do?

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

S7: In the last month, how often have you been able to control irritations in your life?

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

S8: In the last month, how often have you felt that you were on top of things?

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

S9: In the last month, how often have you been angered because of things that were outside of your control?

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

S10: In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

S11: COVID-19 pandemic emerged from USA (Yes / No).

Statements concerning sleep quality

S1. How long (in minutes) has it taken you to fall asleep each night?

S2. When have you usually gotten up in the morning?

S3. How many hours of actual sleep do you get at night? (This may be different than the number of hours you spend in bed)

S4: During the past month, how often have you had trouble sleeping because you...

a. Cannot get to sleep within 30 minutes

0): Not during the past month 1) : < once a week 2): Once or twice a week 3): ≥ 3 times a week

b. Wake up in the middle of the night or early morning

0): Not during the past month 1) : < once a week 2): Once or twice a week 3): ≥ 3 times a week

c. Have to get up to use the bathroom

0): Not during the past month 1) : < once a week 2): Once or twice a week 3): ≥ 3 times a week

d. Cannot breathe comfortably

0): Not during the past month 1) : < once a week 2): Once or twice a week 3): ≥ 3 times a week

e. Cough or snore loudly

0): Not during the past month 1) : < once a week 2): Once or twice a week 3): ≥ 3 times a week

f. Feel too cold

0): Not during the past month 1) : < once a week 2): Once or twice a week 3): ≥ 3 times a week

g. Feel too hot

0): Not during the past month 1) : < once a week 2): Once or twice a week 3): ≥ 3 times a week

h. Have bad dreams

0): Not during the past month 1) : < once a week 2): Once or twice a week 3): ≥ 3 times a week

i. Have pain

0): Not during the past month 1) : < once a week 2): Once or twice a week 3): ≥ 3 times a week

j. Other reason(s), please describe, including how often you have had trouble sleeping because of this reason(s):

0): Not during the past month 1): < once a week 2): Once or twice a week 3): ≥ 3 times a week

S5: During the past month, how often have you taken medicine (prescribed or “over the counter”) to help you sleep?

0): Not during the past month 1): < once a week 2): Once or twice a week 3): ≥ 3 times a week

S6: During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

0): Not during the past month 1): < once a week 2): Once or twice a week 3): ≥ 3 times a week

S7: During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?

0): Not during the past month 1): < once a week 2): Once or twice a week 3): ≥ 3 times a week

S8: During the past month, how would you rate your sleep quality overall?

0): Very good 1): Fairly good 2): Fairly bad 3): Very bad

THANK YOU FOR YOUR PRECIOUS TIME