

# **QUESTIONNAIRE TO ASSESS THE USAGE OF MOBILE PHONES AMONG THE MALES.**

**Questionnaire Designed by** – *Dr. B. Senthil Kumar, Head - Central Research Laboratory for Biomedical Research, Vinayaka Mission's Kirupananda Variyar Medical College & Hospital, Vinayaka Missions Research Foundation (Deemed to be University), Salem - 636308.*

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## **Brief Summary:**

Mobile phones when used for prolonged periods can cause genotoxicity. Although according to the SAR values most of the mobile phones emit radiofrequency radiation within safety limit, long-term use of mobile phones shows definite signs of DNA damage.

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## **ANNEXURE 1: PARTICIPANTS SOCIOECONOMIC AND DEMOGRAPHIC INFORMATION**

**Name of the Participant:**

**Age:**

**Sex:** Male/ Female/ Transgender

**Marital status:**

**Participant Height (cm's):**

**Participant Weight (kg's):**

**BMI:**

**Educational Qualification:**

**Work profile:** Student/ Service/ Business / others please specify –

**Salary per month / Annual income:**

**Address:**

**Participant's Mobile Number:**

**Participant E-Mail**

**PERSONAL HABITS:** *(Please tick in the appropriate answer)*

**1. Exercise**

Never     1 or 2 days     3 or 4 days     5 or more days

**2. Eating following diet**

I have a free diet     I have a strict diet     I have no diet restrictions

**3. Alcohol Consumption**

I don't drink     1 or 2 glasses/day     3 or 4 glasses/day     5 or more glasses/day

**4. Caffeine Consumption**

I don't use caffeine     1 or 2 cups/day     3 or 4 cups/day     5 or more cups/day

**5. Do you smoke?**

No     1 pack/day     2 packs/day     2 or more packs/day

**6. Tobacco chewing / Pan**

No     1 pack/day     2 packs/day     2 or more packs/day

**PAST HISTORY OF ILLNESS / TREATMENT (if any):**

**1. History of medication? if any**

**2. History of previous ailments? if any**

**3. History of previous surgery? if any**

## ANNEXURE 2: QUESTIONNAIRE ON MOBILE PHONE USAGE

(Please tick in the appropriate answer)

**1. Do you own a mobile phone?**

Yes

No

**2. Currently you own which mobile phone?**

Company	Model	Purchased in (year)	SAR Value (To find SAR value dial *#07# in your phone)
Samsung			
Oppo			
Vivo			
Moto			
Redmi			
Apple			
Nokia			
Any other then specify here			

**3. Your service provider is?**

JIO

Airtel

BSNL

Vodafone

Idea

Any other then specify here:

**4. You are into?**

Pre-paid

Post-paid

**5. What is the most important reason for purchasing the mobile?**

Convenience

Makes you easily accessible for everything you need

Communication

Entertainment

If any other?

**6. Do you have a hands-free kit?**

Yes

No

If yes please specify what type of Headset / Bluetooth -

**7. At what age did you start using mobile phone?**

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**8. When cell phone rings?**

Attend all calls

Attend selective calls

**9. Will the mobile phone be switched on all-time?(i.e at night during sleeping)**

Yes

No

If yes at what time -

If no please mention the reason -

**10. Generally you use your phone for?**

Calling / Talking

Texting

Office - related work

Surfing in social media like Facebook / Twitter/ YouTube.

Any other purpose?

**11. The most common place of your phone usage?**

At home

During travel

At work

Before sleep

**12. Your normal usage of cell phone in hours/day?**

- Texting - in hrs.
- Talking - in hrs.
- Entertainments - in hrs.
- Total usage time - in hrs.

**13. How often do you place your phone on 'silent / vibration mode'?**

- Always
- Rare
- Never

**14. Can do live without your mobile phone for a day?**

- Yes
- No

If no why?

**15. Do you carry your phone with you while exercising / driving / shopping?**

- Yes
- No

Please specify the reason

**16. Do you play games on your phone? If yes how many hours/day?**

- Yes
- No

If yes, hours/day:

**17. How often you use phone for these?**

Function	Always	Often	Sometimes	Rare	Never	Total time spent
Texting						
Gaming						
Calling						
Mails						
Social media						
Songs						
Taking pictures						

**18. Duration of mobile phone usage on work?**

**19. Use of headsets?**

Wired / not –

Bluetooth –

**20. Side mostly used to talk in phone?**

Right

Left

**21. Hand mostly used for holding the phone while talking?**

Right

Left

**22. How do you carry your mobile phone?**

Shirt Pocket

Pant Pockets

Shoulder bags / gadgets

Pouches

**23. Associated symptoms on cell phone usage for longer duration (more than 1 hour)? if any**

**1.** Visual disturbances –

**2.** Auditory disturbances –

**3.** Psychological disturbances –

**4.** Any associated symptoms on prolong usage of phones –