

## REFERENCES

- Abatement Technologies Inc. (2006). How air quality affects our health [Online]. Available from: [http://www.abatement.com/residential/air\\_quality.htm](http://www.abatement.com/residential/air_quality.htm) [2006, January 20].
- Abbey, D.E., Petersen, F., Mills, P.K., and Beeson, W.L. (1993). Longterm ambient concentrations of total suspended particulates, ozone, and sulfur dioxide and respiratory symptoms in a non-smoking population. Arch. Environ. Health. 48(1): 33-46.
- Abbey, D.E., Hwang, B.L., Burchette, R.J., Vancuren, T., and Mills, P.K. (1995a). Estimated long-term ambient concentrations of PM<sub>10</sub> and development of respiratory symptoms in a nonsmoking population. Arch. Environ. Health. 50(2): 139-150.
- Abbey, D.E., Lebowitz, M.D., Mills, P.K., Petersen, F.F., Beeson, W.L., and Burchette, R.J. (1995b). Long-term ambient concentrations of particulates and oxidants and development of chronic disease in a cohort of non-smoking California residents. Inhalat Toxicol. 7: 19-34.
- Abbey, D.E., Burchette, R.J., Knutsen, S.F., McDonnell, W.F., Lebowitz, M.D., and Enright, P.L. (1998). Long-term particulate and other air pollutants and lung function in nonsmokers. Am. J. Respir. Crit. Care Med. 158: 289-298.
- Aekplakorn, W., Loomis, D., Vichit-Vadakan, N., Shy, C., Wongtim, S., and Vitayanon, P. (2003a). Acute effect of sulphur dioxide from a power plant on pulmonary function of children, Thailand. Int. J. Epidemiol. 32: 854-861.
- Aekplakorn, W., Loomis, D., Vichit-Vadakan, N., Shy, C., and Plungchuchon, S. (2003b). Acute effects of SO<sub>2</sub> and particles from a power plant on respiratory symptoms of children, Thailand. Southeast Asian J. Trop. Med. Public Health. 34(4): 906-914.
- American Thoracic Society (ATS). (1995). Standardization of Spirometry 1994 update. Am. J. Respir. Crit. Care Med. 152: 1107-1136.
- Australia Environmental Protection Agency. (1991). Discussion Paper on Particles, Publication Number 276.
- Australian Government, Department of the Environment and Heritage. (2006). Particulate matter 10 micrometres or less in diameter fact sheet [Online].

Available from: <http://www.npi.gov.au/database/substance-info/profiles/69.html>  
[2006, January 20].

- Bascom, R., Bromberg, P., Costa, D., Devlin, R., Dockery, D., Frampton, M., Lambert, W., Samet, J., Speizer, F., and Utell, M. (1996a). State of the art: health effects of outdoor air pollution. Part 1. Am. J. Respir. Crit. Care Med. 153: 3-50.
- Bascom, R., Bromberg, P., Costa, D., Devlin, R., Dockery, D., Frampton, M., Lambert, W., Samet, J., Speizer, F., and Utell, M. (1996b). State of the art: health effects of outdoor air pollution. Part 2. Am. J. Respir. Crit. Care Med. 153: 477-498.
- Boezen, H.M., Van Der Zee S.C., Postma, D.S., Postma, D.S., Vonk, J.M., Gerritsen, J., Hoek, G., Brunekreef, B., Rijcken, B., and Schouten, J.P. (1999). Effects of ambient air pollution on upper and lower respiratory symptoms and peak expiratory flow in children. The Lancet. 353: 874-878.
- Brachman, P.S. (2006). Epidemiology [Online]. Available from: <http://www.Medmicro> Chapter 9.htm [2006, January 20].
- Braun, F.C., Vuille, J.C., Sennhauser, F.H., Neu, U., Kunzle, T., Grize, L., Gassner, M., Minder, C., Schindler, C., Varonier, H.S., and Wuthrich, B. (1997). Respiratory health and long-term exposure to air pollutants in Swiss schoolchildren. Am. J. Respir. Crit. Care Med. 155: 1042-1049.
- Canadian Centre for Occupational Health and Safety (CCOHS). (2006). How do particulates enter the respiratory system? [Online]. Available from: [http://www.ccohs.ca/oshanswers/chemicals/how\\_do.html](http://www.ccohs.ca/oshanswers/chemicals/how_do.html) [2006, January 20].
- Chavasse, R., Johnson, P., Francis, J., Balfour, I.L., Rosenthal, M., and Bush, A. (2003). To clip or not to clip? Noseclips for spirometry. Eur. Respir. J. 21: 876-878.
- Chew, F.T., Teo, J., Quak, S.H., Connett, G.J., and Lee, B.W. (1997). Presence of domestic pets and respiratory symptoms in asthmatic children. Ann. Acad. Med. Singapore. 26(3): 294-298.
- Clench-Aas, J., Bartonova, A., Gronskai, K.E., and Walker, S.E. (1999). Air pollution exposure monitoring and estimation Part IV: Urban exposure in children. J. Environ. Monit. 1(4): 333-336.

- Collier, A.M., Pimmel, R.L., Hasselblad, V., Clyde, W.A.Jr., Knelson, J.H., and Brooks, J.G. (1978). Spirometric changes in normal children with upper respiratory infections. Am. Rev. Respir. Dis. 117: 47-53.
- Creason, J., Neas, L., Walsh, D., Williams, R., Sheldon, L., Liao, D., and Shy, C. (2001). Particulate matter and heart rate variability among elderly retirees: the Baltimore 1998 PM study. J. Expo. Anal. Environ. Epidemiol. 11:116-122.
- Dassen, W., Brunekreef, B., Hoek, G., Hofschreuder, P., Staatsen, B., de Groot, H., Schouten, E., and Biersteker, K. (1986). Decline in children's pulmonary function during an air pollution episode. J. Air Pollut. Control Assoc. 36: 1223-1227.
- Dejsomritrutai, W., Nana, A., Maranetra, K.N., Chuaychoo, B., Maneechotesuwan, K., Wongsurakiat, P., Chierakul, N., Charoenratanakul, S., Tscheikuna, J., Juengprasert, W., Suthamsmai, T., and Naruman, C. (2000). Reference spirometric values for healthy lifetime nonsmokers in Thailand. J. Med. Assoc. Thai. 83: 457-466.
- Delfino, R.J., Quintana, P.J.E., Floro, J., Gastanaga, V.M., Samini, B.S., Kleinman, M.T., Liu, L.J.S., Bufalino, C., Wu, C.F., and McLaren, C.E. (2004). Association of FEV<sub>1</sub> in asthmatic children with personal and microenvironmental exposure to airborne particulate matter. Environ. Health Perspect. 112: 932-941.
- Department of Medicine, Mahidol University. (2006). The passage of air and the respiratory structures [Online]. Available from: <http://www.sirinet.net/~jgjohnso/respiratory.html> [2006, January 20].
- Department of Public Health Sciences (PHS). (2006). Cross-sectional studies [Online]. Available from: <http://www.OBSERVATIONAL STUDIES.htm> [2006, January 20].
- Dockery, D.W. and Spengler, J.D. (1981). Personal exposures to respirable particulates and sulfates. J. Air Pollut. Control Assoc. 31: 153-159.
- Dockery, D.W., Ware, J.H., Ferris, B.G. Jr., Speizer, F.E., Cook, N.R., and Herman, S.M. (1982). Change in pulmonary function in children associated with air pollution episodes. J. Air Pollut. Control Assoc. 32: 937-942.
- Dockery, D.W., Speizer, F.E., Stram, D.O., Ware, J.H., Spengler, J.D., and Ferris, B.G.Jr. (1989). Effects of inhalable particles on respiratory health of children. Am. Rev. Respir. Dis. 139(3): 587-594.

- Dockery, D.W. and Pope, C.A. III. (1994). Acute respiratory effects of particulate air pollution. Annu. Rev. Publ. Health. 15: 107-132.
- Duanping, L., Yinkang, D., Eric A.W., Zhi-jie, Z., Gerardo, H., Vernon, M.C., and Hung-Mo, L. (2004). Association of higher levels of ambient criteria pollutants with impaired cardiac autonomic control: A population-based study. Am. J. Epidemiol. 159: 768-777.
- Eigen, H., Bieler, H., Grant, D., Christoph, K., Terrill, D., Heilman, D.K., Ambrosius, W.T., and Tepper, R.S. (2001). Spirometric pulmonary function in healthy preschool children. Am. J. Respir. Crit. Care Med. 163(5): 619-623.
- Ferris, B.G. (1978). Epidemiology Standardization Project. Am. Rev. Respir. Dis. 118: 1-88.
- Gauderman, W.J., McConnell, R., Gilliland, F., London, S., Thomas, D., Avol, E., Vora, H., Berhane, K., Rappaport, E.B., Lurmann, F., Margolis, H.G., and Peters, J. (2000). Association between air pollution and lung function growth in Southern California children. Am. J. Respir. Crit. Care Med. 162: 1383-1390.
- Gauderman, W.J., Avol, E., Grilliland, F., Vora, H., Thomas, D., Berhane, K., McConnell, R., Kuenzli, N., Lurmann, F., Rappaport, E., Marolis, H., Bates, D., and Peters, J. (2004). The effect of air pollution on lung development from 10 to 18 years of age. N. Engl. J. Med. 351: 1057-1067.
- Godwin, T.A. (2006). Respiratory System [Online]. Available from: [http://www.RESPIRATORY\\_SYSTEM.htm](http://www.RESPIRATORY_SYSTEM.htm). [2006, January 20].
- Gold, D.R., Litonjua, A., Schwartz, J., Lovett, E., Larson, A., Nearing, B., Allen, G., Verrier, M., Cherry, R., and Verrier, R. (2000). Ambient pollution and heart rate variability. Circulation. 101:1267-1273.
- Goren, A., Hellmann, S., Gabbay, Y., and Brenner, S. (1999). Respiratory problems associated with exposure to airborne particles in the community. Arch. Environ. Health. 54(3): 165-171.
- Harding, R., Pinkerton, K.E., and Plopper, C.G. (2004). The lung development, aging and the environment: Effects of air pollution on lung function development and asthma occurrence. Elsevier Academic Press.
- Hoek, G. and Brunekreef, B. (1993). Acute effects of a winter air pollution episode on pulmonary function and respiratory symptoms of children. Arch. Environ. Health. 48: 328-335.

- Hoek, G. and Brunekreef, B. (1994). Effects of low level winter air pollution concentrations on respiratory health of Dutch children. Environ. Res. 64: 136-150.
- Hoek, G., Dockery, D.W., Pope, A., Neas, L., Roemer, W., and Brunekreef, B. (1998). Association between PM<sub>10</sub> and decrements peak expiratory flow rates in children: reanalysis of data from five panel studies. Eur. Respir. J. 11: 1307-1311.
- Horak, F.Jr., Studnicka, M., Gartner, C., Spengler, J.D., Tauber, E., Urbanek, R., Veiter, A., and Frischer, T. (2002). Particulate matter and lung function growth in children: a 3-yr follow-up study in Austrian schoolchildren. Eur. Respir. J. 19: 838-845.
- Hosein, H.R., Corey, P., and Robertson, J.M. (1989). The effect of domestic factors on respiratory symptoms and FEV<sub>1</sub>. Int. J. Epidemiol. 18: 390-396.
- International Agency for Research on Cancer (IARC). (1983). Polynuclear aromatic compounds, Part 1. Chemical, Environmental and Experimental Data 32.
- Jalaludin, B.B., Chey, T., O'Toole, B.I., Smith, W.T., Capon, A.G., and Leeder, S.R. (2000). Acute effects of low levels of ambient ozone on peak expiratory flow rate in a cohort of Australian children. Int. J. Epidemiol. 29: 549-557.
- Jedrychowski, W., Flak, E., and Mroz, E. (1999). The adverse effect of low levels of ambient air pollutants on lung function growth in preadolescent children. Environ. Health Perspect. 107: 669-674.
- Jinsart, W., Tamura, K., Loetkamonwit, S., Thepanondh, S., Karita, K., and Yano, E. (2002). Roadside particulate air pollution in Bangkok. J. Air Waste Manage. Assoc. 52: 1102-1110.
- Karita, K., Yano, E., Jinsart, W., Boudoung, D., and Tamura, K. (2001). Respiratory symptoms and pulmonary function among traffic policemen in Bangkok. Arch. Environ. Health. 56: 467-470.
- Karita, K., Yano, E., Tamura, K., and Jinsart, W. (2004). Effects of working and residential location areas on air pollution related respiratory symptoms in policemen and their wives in Bangkok, Thailand. Eur. J. Public Health. 14: 24-26.
- Kleinbaum, D.G., Kupper, L.L., Muller, K.E., and Nizam, A. (1998). Applied regression analysis and other multivariable methods. 3<sup>rd</sup> ed. Books/Cole Publishing Company.
- Kleinman, M.T. (2006). The health effects air pollution on children [Online]. Available from:  
[http://www.aqmd.gov/forstudents/health\\_effects\\_on\\_children.html](http://www.aqmd.gov/forstudents/health_effects_on_children.html)

[2006, January 20].

- Koren, H.S. (1995). Associations between criteria air pollutants and asthma. Environ. Health Perspect. 103(Suppl 6): 235-242.
- Lenth, F.J. van, Schrijvers, C.T.M., Droomers, M., Joung, I.M.A., Louwman, M.J., and Mackenbach, J.P. (2004). Investigating explanations of socio-economic inequalities in health. The Dutch GLOBE study. Eur. J. Public Health. 14: 63-70.
- Liao, D., Creason, J., Shy, C., Williams, R., Watts, R., and Zweidinger, R. (1999). Daily variation of particulate air pollution and poor cardiac autonomic control in the elderly. Environ. Health Perspect. 107:521-525.
- Linn, W.S., Shamoo, D.A., Anderson, K.R., Peng, R.C., Avol, E.L., Hackney, J.D., and Gong, H.Jr. (1996). Short-term air pollution exposures and responses in Los Angeles area schoolchildren. J. Expo Anal. Environ. Epidemiol. 6(4): 449-472.
- Magari, S.R., Hauser, R., Schwartz, J., Williams, P.L., Smith, T.J., and Christiani, D.C. (2001). Association of heart rate variability with occupational and environmental exposure to particulate air pollution. Circulation. 104:986-991.
- Neuberger, M., Horak jun, F., Frischer, T., Kundi, M., Puxbaum, H., Studnicka, M., Hauck, H., and Preining, O. (2002). Austrian project on health effects of particulates: First results on lung function changes in children. Pollution Atmospherique. 175: 383-386.
- Nystad, W., Samuelsen, S.O., Nafstad, P., Edvardsen, E., Stensrud, T., and Jaakkola, J.J.K. (2002). Feasibility of measuring lung function in preschool children. Thorax. 57: 1021-1027.
- Ostro, B.D., Chestnut, L.G., Vichit-Vadakan, N., and Laixuthai, A. (1999). The impact of particulate matter on daily mortality in Bangkok, Thailand. J. Air Waste Manage. Assoc. 49: 100-107.
- Osunsanya, T., Prescott, G., and Seaton, A. (2001). Acute respiratory effects of particulates: mass or number? Occup. Environ. Med. 58: 154-159.
- Pekkanen, J., Timonen, K.L., Ruuskanen, J., Reponen, A., and Mirme, A. (1997). Effects of fine and ultrafine particles in urban air on peak expiratory flow among children with asthmatic symptoms. Environ. Res. 74(1): 24-33.
- Peters, A., Wichmann, H.E., Tuch, T., Heinrich, J., and Heyder, J. (1997). Respiratory effects are associated with the number of ultrafine particles. Am. J. Respir. Crit. Care Med. 155(4): 1376-1383.

- Peters, J.M., Avol, E., Navidi, W., London, S.J., Gauderman, W.J., Lurmann, F., Linn, W.S., Margolis, H., Rappaport, E., Gong, H.Jr., and Thomas, D.C. (1999a). A study of twelve southern California communities with differing levels and types of air pollution: I. Prevalence of respiratory morbidity. Am. J. Respir. Crit. Care Med. 159: 760-767.
- Peters, J.M., Avol, E., Gauderman, W.J., Linn, W.S., Navidi, W., London, S.J., Margolis, H., Rappaport, E., Vora, H., Gong, H.Jr., and Thomas, D.C. (1999b). A study of twelve southern California communities with differing levels and types of air pollution: II. Effects on pulmonary function. Am. J. Respir. Crit. Care Med. 159: 768-775.
- Pope, C.A. III, Dockery, D.W., Spengler, J.D., Spengler, J.D., and Raizenne, M.E. (1991). Respiratory health and PM<sub>10</sub> pollution: a daily time series analysis. Am. Rev. Respir. Dis. 144: 668-674.
- Pope, C.A. III, and Dockery, D.W. (1992). Acute health effects of PM<sub>10</sub> pollution on symptomatic and asymptomatic children. Am. Rev. Respir. Dis. 145: 1123-1128.
- Pope, C.A. III, Dockery, D.W., and Schwartz, J. (1995). Review of epidemiological evidence of health effects of particulate air pollution. Inhalation Toxicology. : 1-18.
- Pope, C.A. III, Verrier, R.L., Lovett, E.G., Larson, A.C., Raizenne, M.E., Kanner, R.E., Schwartz, J., Villegas, G.M., Gold, D.R., and Dockery, D.W. (1999). Heart rate variability associated with particulate air pollution. Am. Heart J. 138:890-899.
- Radian International. (1998). Particulate Matter Abatement Strategy for the Bangkok Metropolitan Area: Final Report. Bangkok: Pollution Control Department, Ministry of Science, Technology and Environment.
- Remes, S.T., Korppi, M., Remes, K., and Pekkanen, J. (1996). Prevalence of asthma at school age: a clinical population-based study in eastern Finland. Acta. Paediatr. 85(1): 59-63.
- Roemer, W., Hoek, G., and Brunekreef, B. (1993). Effect of ambient winter air pollution on respiratory health of children with chronic respiratory symptoms. Am. Rev. Respir. Dis. 147: 118-124.
- Roemer, W., Hoek, G., Brunekreef, B., Schouten, J.P., Baldini, G., Clench-Aas, J., Englert, N., Fischer, P., Forsberg, B., Haluszka, J., Kalandidi, A., Kotesovec, F., Niepsuj, G., Pekkanen, J., Rudnai, P., Skerfving, S., Vondra, V., Wichmann, H.E., Dockery, D., and Schwartz, J. (1998a). Effect of short-term changes in urban air

- pollution on the respiratory health of children with chronic respiratory symptoms: the PEACE project: Introduction. Eur. Respir. Rev. 52: 4-11.
- Roemer, W., Hoek, G., Brunekreef, B., Haluszka, J., Kalandidi, A., and Pekkanen, J. (1998b). Daily variations in air pollution and respiratory health in a multicentre study: the PEACE project Eur. Respir. J. 12: 1354-1361.
- Romieu, I., Samet, J.M., Smith, K.R., and Bruce, N. (2002). Outdoor air pollution and acute respiratory infections among children in developing countries. J. Occup. Environ. Med. 44: 640-649.
- Saenghirunvattana, S., Thanapathomsinchai, S., Mokkhavesa, C., and Janwimaloeung, N. (2000). Carboxyhemoglobin, methemoglobin and sulfhemoglobin in Bangkok residents during the period 1995-2000. J. Environ. Med. 2: 254-256.
- Schwartz, J. (1989). Lung function and chronic exposure to air pollution: a cross-sectional analysis of NHANES II. Environ. Res. 50: 309-321.
- Schwartz, J., Dockery, D.W., Neas, L.M., Wypij, D., Ware, J.H., Spengler, J.D., Koutrakis, P., Speizer, F.E., and Ferris, B.G.Jr. (1994). Acute effects of summer air pollution on respiratory symptom reporting in children. Am. J. Respir. Crit. Care Med. 150(5 Pt 1): 1234-1242.
- Seaton, A., MacNee, W., Donaldson, K., and Godden, D. (1995). Particulate air pollution and acute health effects. Lancet. 345: 176-178.
- Tager, I. (1999). Air pollution and lung function growth. Am. J. Respir. Crit. Care Med. 160: 387-389.
- Tamura, K., Jinsart, W., Yano, E., and Boudoung, D. (2003). Particulate air pollution and chronic respiratory symptoms among traffic policemen in Bangkok. Arch. Environ. Health. 58: 201-207.
- Thailand. (2000). Pollution Control Department. State of Thailand Pollution Report 1999. Bangkok: Pollution Control Department.
- Thailand. (2001). Pollution Control Department. Thailand State of Environment The Decade of 1990s. Bangkok: Pollution Control Department.
- Thailand. (2002). Pollution Control Department. State of Thailand Pollution Report 2001. Bangkok: Pollution Control Department.
- Thailand. (2003). Pollution Control Department. State of Thailand Pollution Report 2002. Bangkok: Pollution Control Department.



- Thailand. (2004). Pollution Control Department. State of Thailand Pollution Report 2003. Bangkok: Pollution Control Department.
- Thailand. (2005). Pollution Control Department. State of Thailand Pollution Report 2004. Bangkok: Pollution Control Department.
- The Merck Manuals Online Medical Library. (2006). Respiratory tract infections [Online]. Available from:  
<http://www.merck.com/mmhe/sec23/ch273/ch273i.html> [2006, January 20].
- The Thoracic Society of Thailand. (2002). Guidelines for Spirometric Evaluation. 1<sup>st</sup> ed. Bangkok: Parbpim Ltd., Part.
- Thongsanit, P., Jinsart, W., Hooper, B., Hooper, M., and Limpaseni, W. (2003). Atmospheric particulate matter and polycyclic aromatic hydrocarbons for PM<sub>10</sub> and size-segregated samples in Bangkok. J. Air Waste Manag. Assoc. 53(12): 1490-1498.
- Tiitanen, P., Timonen, K.L., Ruskanen, J.J., Mirme, A., and Pekkanen, J. (1999). Fine particulate air pollution, resuspended road dust and respiratory health among symptomatic children. Eur. Respir. J. 13: 266-273.
- Timonen, K.L., Pekkanen, J., Korppi, M., Vahteristo, M., and Salonen, R.O. (1995). Prevalence and characteristics of children with chronic respiratory symptoms in eastern Finland. Eur. Respir. J. 8: 1155-1160.
- Timonen, K.L. and Pekkanen, J. (1997). Air pollution and respiratory health among children with asthmatic or cough symptoms. Am. J. Respir. Crit. Care Med. 156: 546-552.
- Traffic and Transportation Department. (2006). Traffic volume Report [Online]. Available from:  
[http://203.155.220.217/office/dotat/report\\_intersection/intersection/intersection2548.htm](http://203.155.220.217/office/dotat/report_intersection/intersection/intersection2548.htm) [2006, January 20].
- U.S. Environmental Protection Agency. (2006). About AQS Hazardous Air Pollutants [Online]. Available from: <http://www.EPA AirData - About AQS Hazardous Air Pollutants.htm> [2006, January 20].
- Vedal, S., Schenker, M.B., Munoz, A., Samet, J.M., Batterman, S., and Speizer, F.E. (1987). Daily air pollution effects on children's respiratory symptoms and peak expiratory flow. Am. J. Public Health. 77(6): 694-698.

- Vedal, S., Petkau, J., White, R., and Blair, J. (1998). Acute effects of ambient inhalable particles in asthmatic and nonasthmatic children. Am. J. Respir. Crit. Care Med. 157: 1034-1043.
- Wang, X., Dockery, D., Wypij, D., Gold, D.R., Speizer, F.E., Ware, J.H., and Ferris, B.G.Jr. (1993). Pulmonary function growth velocity in children 6 to 18 years of age. Am. Rev. Respir. Dis. 148(6 Pt 1): 1502-1508.
- Wangwongwatana, S. and Warapetcharayut, P. (2006). Air pollution management in Thailand [Online]. Available from: <http://www.asiainet.org/publications/11-Thailand.pdf> [2006, January 20].
- Ward, D.J. and Ayres, J.G. (2004). Particulate air pollution and panel studies in children: a systematic review. Occup. Environ. Med. 61: e13.
- Ware, J.H., Dockery, D.W., Spiro, A3rd, Speizer, F.E., and Ferris, B.G.Jr. (1984). Passive smoking, gas cooking, and respiratory health of children living in six cities. Am. Rev. Respir. Dis. 129(3): 366-374.
- Ware, J.H., Ferris, B.G. Jr., Dockery, D.W., Spengler, J.D., Stram, D.O., and Speizer, F.E. (1986). Effects of ambient sulfur oxides and suspended particles on respiratory health of preadolescent children. Am. Rev. Respir. Dis. 133(5): 834-842.
- Wayne, W.D. (1978). Biostatistics: A foundation for analysis in the health sciences. 2<sup>nd</sup> ed. New York: John Wiley & Sons, Inc.
- Wikipedia Encyclopedia. (2006). Lung volume [Online]. Available from: [http://en.wikipedia.org/wiki/Lung\\_volumes](http://en.wikipedia.org/wiki/Lung_volumes) [2006, January 20].
- Wikipedia Encyclopedia. (2006). Normal flow volume loop [Online]. Available from: <http://en.wikipedia.org/wiki/Spirometry> [2006, January 20].
- Wongsurakiat, P., Maranetra, K.N., Nana, A., Naruman, C., Aksornint, M., and Chalermpanyakorn, T. (1999). Respiratory symptoms and pulmonary function of traffic policemen in Thonburi. J. Med. Assoc. Thai. 82(5): 435-443.
- Yamane, T. (1973). Statistics: An Introductory Analysis. 3<sup>rd</sup> ed. New York: Harper & Row.
- Zhang, J., Hu, W., Wei, F., Wu, G., Korn, L.R., and Chapman, R.S. (2002). Children's respiratory morbidity prevalence in relation to air pollution in four Chinese cities. Environ. Health Perspect. 110(9): 961-967.

## APPENDICES

APPENDIX A

Respiratory Questionnaire



**For Office Use**

1. Sex of child?      1. Male.....2. Female.....      18
2. What is the racial-ethnic group of this child?      19
1. White.....
2. Black.....
3. Oriental.....
4. American Indian.....
5. Mexican-American.....
6. Other.....Specify.....
3. Date of birth.....      20-23
- (Month) (Day) (Year)
4. In what city or town was this child's mother living when this child was born?      24-26
- Please Specify.....
5. Please list all places where he or she lived for 6 months or longer, from birth to the present (and the number of years at current address)
- Birth year (....) .....
- .....
- .....
- .....
- .....
- Current Year .....
- Number of years at current address.....      27-28

**For Office Use**

6A. What type of his/her school? 29

- 1. No attend class.....
- 2. Day care or nursery school.....
- 3. Regular school.....

If *Yes* To day care or nursery school:

B. How many children are in his/her class? 30-31

.....

Number of children

If *Yes* To regular school:

C. What grade is he/she in? 32

- 1. Kindergarten school.....
- 2. Elementary school.....
- 3. Junior high school.....

7. How old of youngest children in your house? 33

- 0. < 6 month.....
- 1. 6-17 month.....
- 2. 18-29 month.....
- 3. 30 month < 5 year.....
- 4. 5-9 year.....
- 5. > 10 year.....
- 6. No youngest children.....

8A. How many people sleep with children in his/her bedroom? 34

- 1. No person.....
- 2. 1 person .....
- 3. 2 persons.....
- 4. ≥ 3 persons.....

If *Yes* To people sleep with children:

B. Does people sleep with children smoke?

1. Yes\_\_\_ 2. No\_\_\_ 35



## For Office Use

- C. Have children his/her personal mattress? 36
1. Yes \_\_\_ 2. No \_\_\_
- If *No* To 8C:
- D. How many people use mattress with children? 37
1. 1 person.....
2. 2 persons.....
3.  $\geq 3$  persons.....
- 9A. How many rooms (not counting bathrooms) are there in your house/  
apartment? 38-39
- .....
- Number of rooms
- 9B. How many people live in your home? 40-41
- .....
- Number of people
10. How is your home heated? 42
1. Steam or hot water.....
2. Warm air furnace.....
3. Floor, wall, or pipeless furnace.....
4. Built-in electric units.....
5. Other means-with flue.....
6. Other means-without flue.....
7. Not heated.....
11. What fuel is used most for cooking in your home? 43
1. Coal or coke.....
2. Wood.....
3. Utility gas.....
4. Bottled, tank or LP gas.....
5. Electricity.....
6. Fuel oil, kerosene.....



**For Office Use**

12. Do you have any air conditioner(s), humidifier(s), or air filter(s) in your home? 44

- 0. None.....
- 1. Air conditioner(s).....
- 2. Humidifier(s).....
- 3. Air filter(s).....
- 4. Air conditioner(s) + humidifier(s).....
- 5. Air conditioner(s) + air filter(s).....
- 6. Humidifier(s) + air filter(s).....
- 7. Air conditioner(s) + humidifier(s) + air filter(s)

13. Do you have a cat, dog, or bird living in your home? 45

- 0. No.....
- 1. Cat.....
- 2. Dog.....
- 3. Bird.....
- 4. Cat + dog.....
- 5. Cat + bird.....
- 6. Dog + bird.....
- 7. Cat + dog + bird.....

## For Office Use

These questions pertain mainly to your child's chest. Please answer *yes* or *no* if possible. If a question does not appear to be applicable to your child, check the *does not apply* space.

COUGH

14A. Does he/she usually have a cough with colds? 1. Yes\_\_\_ 2. No\_\_\_ 46

B. Does he/she usually have a cough apart from colds? 1. Yes\_\_\_ 2. No\_\_\_ 47

—If Yes To 14A OR 14B: —

C. Does he/she cough on most days (4 or more days per week) for as much as 3 months of the year? 1. Yes\_\_\_ 2. No\_\_\_ 48   
8. Does not apply\_\_\_

D. For how many years has he/she had this cough? \_\_\_\_\_ 49   
Number of years  
8. Does not apply\_\_\_

CONGESTION AND/OR PHLEGM

15A. Does this child usually seem congested in the chest or bring up phlegm with colds? 1. Yes\_\_\_ 2. No\_\_\_ 50

B. Does this child usually seem congested in the chest or bring up phlegm apart from colds? 1. Yes\_\_\_ 2. No\_\_\_ 51

—If Yes To 15A OR 15B: —

C. Does this child usually seem congested or bring up phlegm, sputum, or mucus from his/her chest on most days (4 or more days per week) for as much as 3 months a year? 1. Yes\_\_\_ 2. No\_\_\_ 52   
8. Does not apply\_\_\_

D. For how many years has he/she seemed congested or raised phlegm, sputum, or mucus from his/her chest? \_\_\_\_\_ 53   
Number of years  
8. Does not apply\_\_\_

## For Office Use

16A. Does this child get attacks of (increased) cough, chest congestion, or phlegm lasting for 1 week or more each year? 1. Yes\_\_\_ 2. No\_\_\_ 54

If Yes To 16A: \_\_\_\_\_

B. For how many years? \_\_\_\_\_ Number of years 55

8. Does not apply\_\_\_

C. On average, how many chest colds per year does he/she get? \_\_\_\_\_ Average number of year 56

8. Does not apply\_\_\_

WHEEZING

17. Does this child's chest ever sound wheezy or whistling:

A. When (he/she) has a cold? 1. Yes\_\_\_ 2. No\_\_\_ 57

B. Occasionally apart from colds? 1. Yes\_\_\_ 2. No\_\_\_ 58

C. Most days or nights? 1. Yes\_\_\_ 2. No\_\_\_ 59

If Yes To 17B OR 17C: \_\_\_\_\_

D. For how many years has wheezing or whistling in the chest been present? \_\_\_\_\_ Number of years 60

8. Does not apply\_\_\_

18A. Has the child ever had an attack of wheezing that has caused him/her to be short of breath? 1. Yes\_\_\_ 2. No\_\_\_ 61

If Yes To 18A: \_\_\_\_\_

B. Has he/she had 2 or more such episodes? 1. Yes\_\_\_ 2. No\_\_\_ 62

C. Has he/she ever required medicine or treatment for the(se) attack(s)? 1. Yes\_\_\_ 2. No\_\_\_ 63

D. How old was this child when he/she had his/her first such attack? \_\_\_\_\_ Age in years 64-65

8. Does not apply\_\_\_

E. Is or was his/her breathing completely normal between attacks? 1. Yes\_\_\_ 2. No\_\_\_ 66

8. Does not apply\_\_\_

**For Office Use**

19. Does this child ever get attacks of wheezing after he/she has been playing hard or exercising? 1. Yes\_\_\_ 2. No\_\_\_ 67

CHEST ILLNESS

20A. During the past 3 years has this child had any chest illness that has kept him/her from his/her usual activities for as much as 3 days? 1. Yes\_\_\_ 2. No\_\_\_ 68

If Yes To 20A:\_\_\_\_\_

B. Did he/she bring up more phlegm or seem more congested than usual with any of these illnesses?	1. Yes___ 2. No___	69	<input type="checkbox"/>
C. How many illnesses like this has he/she had in the past 3 years?	8. Does not apply___		
1. Less than 1 illness per year	_____		
2. 1 illness per year	_____	70	<input type="checkbox"/>
3. 2-5 illnesses per year	_____		
4. More than 5 illnesses per year	_____		
8. Does not apply	_____		
D. How many of these illnesses have lasted for as long as 7 days?	Number of illnesses	71	<input type="checkbox"/>
	8. Does not apply___		

21. Was he/she ever hospitalized for a severe chest illness or chest cold before the age of 2 years?

1. Yes, only once \_\_\_\_\_

2. Yes, 2 times \_\_\_\_\_ 72

3. Yes, 3 or more times \_\_\_\_\_

4. No \_\_\_\_\_

22. Did this child have any other severe chest illness or chest cold before the age of 2 years? 1. Yes\_\_\_ 2. No\_\_\_ 73

## For Office Use

OTHER ILLNESSES

23. Has this child had any of the following illnesses, and if *yes*, at what age?

	First Diagnosed		
A. Measles (Not German)	Yes___ No___ At age___	74-75	<input type="checkbox"/>
B. Sinus trouble	Yes___ No___ At age___	76-77	<input type="checkbox"/>
C. Bronchiolitis	Yes___ No___ At age___	78-79	<input type="checkbox"/>
		ID Dup 1-5	<u>2</u>
			6
D. Bronchitis	Yes___ No___ At age___	7-8	<input type="checkbox"/>
E. Asthmatic bronchitis	Yes___ No___ At age___	9-10	<input type="checkbox"/>
F. Pneumonia	Yes___ No___ At age___	11-12	<input type="checkbox"/>
G. Whooping cough	Yes___ No___ At age___	13-14	<input type="checkbox"/>
H. Croup	Yes___ No___ At age___	15-16	<input type="checkbox"/>
I. Cystic fibrosis	Yes___ No___ At age___	17-18	<input type="checkbox"/>
24. Did the doctor ever say that this child had eczema before the age of 2 years?	1. Yes___ 2. No___	19	<input type="checkbox"/>
25. Does or did this child have external ear (ear canal) infections (swimmer's ear)	1. Yes___ 2. No___	20	<input type="checkbox"/>
26. Does or did this child have frequent ear infections (middle ear):			
A. Between the age of 0 and 2?	1. Yes___ 2. No___	21	<input type="checkbox"/>
B. Between the age of 2 and 5?	1. Yes___ 2. No___	22	<input type="checkbox"/>
C. Over age 5?	1. Yes___ 2. No___	23	<input type="checkbox"/>
27. Did this child ever require tubes to be placed in his/her ears to drain them?	1. Yes___ 2. No___	24	<input type="checkbox"/>
28. Did this child ever have an operation on his/her tonsils or adenoids?	1. Yes___ 2. No___	25	<input type="checkbox"/>

## For Office Use

29. A. Has a doctor ever said that this child had asthma? 1. Yes \_\_\_ 2. No \_\_\_ 26

If Yes To 29A:

B. At what age did his/her asthma begin? \_\_\_ Age in years 27-28

C. Does he/she still have asthma? 1. Yes \_\_\_ 2. No \_\_\_ 29

D. Does he/she currently take medicine or treatment  
for asthma? 1. Yes \_\_\_ 2. No \_\_\_ 30

If no to 29C:

E. At what age did his/her asthma stop? \_\_\_ Age in years 31-32

30. Has this child ever had an operation on his/her chest? 1. Yes \_\_\_ 2. No \_\_\_ 33

If yes, specify: \_\_\_\_\_

31. Has a doctor ever said that this child ever had heart  
disease? 1. Yes \_\_\_ 2. No \_\_\_ 34

If yes, what did the doctor say it was: \_\_\_\_\_

32. When this child was born was he/she kept in the  
hospital after the mother went home? 1. Yes \_\_\_ 2. No \_\_\_ 35

If yes, specify reason: \_\_\_\_\_

### ALLERGY

33A. Has a doctor ever said that this child had an allergic reaction to food or medicine?

1. Yes, food only \_\_\_ 2. Yes, medicine only \_\_\_ 36

3. Yes, both food and medicine \_\_\_ 4. No \_\_\_

B. Has a doctor ever said that this child had an allergic  
reaction to pollen or dust? 1. Yes \_\_\_ 2. No \_\_\_ 37

C. Has a doctor ever said that this child had an allergic  
skin reaction to detergents or other chemicals? (Do  
not include poison oak or poison ivy.) 1. Yes \_\_\_ 2. No \_\_\_ 38

D. Did this child ever receive allergy shots? 1. Yes \_\_\_ 2. No \_\_\_ 39

## For Office Use

FAMILY HISTORY

We would like to obtain some information about the parents or guardians living with the child. (In single parent family, complete only A or B as appropriate.) Section C should be completed by all families.

A. MALE PARENT OR GUARDIAN

34. Please indicate whether the male adult is:
- |                   |       |    |                          |
|-------------------|-------|----|--------------------------|
| 1. Natural father | _____ | 40 | <input type="checkbox"/> |
| 2. Stepfather     | _____ |    |                          |
| 3. Other          | _____ |    |                          |

35. What is the highest grade of school he completed? \_\_\_\_\_ Total years 41-42

36. What is his parent job (title)/industry? \_\_\_\_\_ 43-44

37. Does he now smoke regularly (at least 1 cigarette per day or 1 oz tobacco per month)?

1. No \_\_\_\_\_

If yes: 2. Cigarettes \_\_\_\_\_ 45

3. Cigars \_\_\_\_\_

4. Pipe \_\_\_\_\_

5. Cigarettes plus pipe

and/or cigars \_\_\_\_\_

6. Pipe and cigar \_\_\_\_\_

7. Don't know \_\_\_\_\_

38. Has he ever smoked regularly (at least 20 packs of cigarettes while living in the home with this child)?

1. No \_\_\_\_\_

If yes: 2. Cigarettes \_\_\_\_\_ 46

3. Cigars \_\_\_\_\_

4. Pipe \_\_\_\_\_

5. Cigarettes plus pipe

and/or cigars \_\_\_\_\_

6. Pipe and cigar \_\_\_\_\_

7. Don't know \_\_\_\_\_

**For Office Use**

39. Has a doctor ever said he had:

- |                                  |                                  |    |                          |
|----------------------------------|----------------------------------|----|--------------------------|
| A. Bronchitis?                   | 1. Yes___ 2. No___ 3. Don't know | 47 | <input type="checkbox"/> |
| B. Emphysema?                    | 1. Yes___ 2. No___ 3. Don't know | 48 | <input type="checkbox"/> |
| C. Asthma?                       | 1. Yes___ 2. No___ 3. Don't know | 49 | <input type="checkbox"/> |
| D. Hay fever?                    | 1. Yes___ 2. No___ 3. Don't know | 50 | <input type="checkbox"/> |
| E. Other respiratory conditions? |                                  |    |                          |
| Please specify: _____            |                                  | 51 | <input type="checkbox"/> |

**B. FEMALE PARENT OR GUARDIAN**

- |  |                         |       |       |                          |
|--|-------------------------|-------|-------|--------------------------|
| 40. Please indicate whether the female adult is:                 | 1. Natural father       | _____ | 52    | <input type="checkbox"/> |
|  | 2. Stepfather           | _____ |       |                          |
|  | 3. Other                | _____ |       |                          |
| 41. What is the highest grade of school he completed?            | _____ Total years       |       | 53-54 | <input type="checkbox"/> |
| 42. What is her parent job (title)/industry?                     | _____                   |       | 55-56 | <input type="checkbox"/> |
| 43. Does she now smoke regularly (at least 1 cigarette per day)? |                         |       |       |                          |
|  | 1. No___                |       |       |                          |
|  | If yes: 2. Cigarettes   | _____ | 57    | <input type="checkbox"/> |
|  | 3. Cigars               | _____ |       |                          |
|  | 4. Pipe                 | _____ |       |                          |
|  | 5. Cigarettes plus pipe |       |       |                          |
|  | and/or cigars           | _____ |       |                          |
|  | 6. Pipe and cigar       | _____ |       |                          |
|  | 7. Don't know           | _____ |       |                          |



## For Office Use

44. Has she ever smoked regularly (at least 20 packs of cigarettes while living in the home with this child)?

1. No \_\_\_\_\_
- If yes: 2. Cigarettes \_\_\_\_\_ 58
3. Cigars \_\_\_\_\_
4. Pipe \_\_\_\_\_
5. Cigarettes plus pipe  
and/or cigars \_\_\_\_\_
6. Pipe and cigar \_\_\_\_\_
7. Don't know \_\_\_\_\_

45. Has a doctor ever said she had:

- A. Bronchitis? 1. Yes\_\_\_ 2. No\_\_\_ 3. Don't know 59
- B. Emphysema? 1. Yes\_\_\_ 2. No\_\_\_ 3. Don't know 60
- C. Asthma? 1. Yes\_\_\_ 2. No\_\_\_ 3. Don't know 61
- D. Hay fever? 1. Yes\_\_\_ 2. No\_\_\_ 3. Don't know 62
- E. Other respiratory conditions?  
Please specify: \_\_\_\_\_ 63

C. OTHER HOUSEHOLD MEMBERS

46. Are there other members of the household who currently smoke regularly (not counting persons mentioned above)? 1. Yes\_\_\_ 2. No\_\_\_ 64
- If yes, specify number \_\_\_\_\_ 65

เลขที่ 

1-6

## แบบสอบถามเกี่ยวกับระบบทางเดินหายใจของเด็ก (อายุ 10-15 ปี)

ขอให้ท่านกรรณกรอกแบบสอบถามนี้สำหรับบุตร (หรือเด็ก) ที่อยู่ในความดูแลของท่าน โดยตอบคำถามที่เกี่ยวข้องกับเด็กอย่างถูกต้องชัดเจนและเป็นไปได้มากที่สุด ข้อมูลที่ได้ทั้งหมดจากการศึกษานี้จะถือเป็นความลับและนำมาใช้เพื่อประโยชน์ทางการวิจัยเท่านั้น (แพทย์ประจำตัวของเด็ก จะได้ทราบผลด้วยหากท่านต้องการ)

กำลังศึกษาในระดับชั้น.....โรงเรียน.....จังหวัด.....

วันที่ทำแบบสอบถาม.....

(วัน เดือน ปี)

โปรดทำเครื่องหมาย (✓) หรือเติมข้อความสั้นๆ ลงในช่องว่างหน้าข้อความที่ท่านเห็นว่าเหมาะสมและตรงกับสภาพความเป็นจริงมากที่สุด

สำหรับเจ้าหน้าที่กรอก

ผู้ทำการกรอกแบบสอบถามมีความสัมพันธ์กับเด็ก คือเป็น

7

1. ( ) มารดา
2. ( ) บิดา
3. ( ) ผู้ดูแลหญิง เช่น ย่า ยาย ป้า ฯลฯ
4. ( ) ผู้ดูแลชาย เช่น ปู่ ตา ลุง ฯลฯ
5. ( ) พี่สาว
6. ( ) พี่ชาย



ถ้าเด็กไม่ได้เข้าเรียน ให้ตอบข้อ 7

B. ถ้าเด็กเข้าโรงเรียนอยู่โรงเรียนธรรมดา (เข้าไป เย็นกลับ)

ในชั้นเรียนของเด็กมีนักเรียนกี่คน ..... คน 23-24

C. ถ้าเรียนในโรงเรียนธรรมดา เด็กเรียนอยู่ชั้นศึกษาใด 25

1) โรงเรียนอนุบาล.....

2) โรงเรียนประถม.....

3) โรงเรียนมัธยม.....

7. ในบ้านของท่าน เด็กที่มีอายุน้อยที่สุดมีอายุเท่าใด 26

0. ( ) อายุน้อยกว่า 6 เดือน

1. ( ) 6-17 เดือน

2. ( ) 18-29 เดือน

3. ( ) 30 เดือน < 5 ปี

4. ( ) 5-9 ปี

5. ( ) มากกว่า 10 ปี

6. ( ) ไม่มีเด็กอายุน้อย

8. A. ห้องนอนของเด็กมีผู้อื่นใช้ร่วมด้วยหรือไม่? 27

1. ( ) ไม่มี

2. ( ) มี 1 คน

3. ( ) มี 2 คน

4. ( ) มี 3 คน หรือมากกว่า

ถ้ามีคนนอนกับเด็กกรุณาตอบคำถามต่อไปนี้

- B. คนที่นอนกับเด็กสูบบุหรี่หรือไม่      1) สูบ ..... 2) ไม่สูบ .....      28
- C. เด็กมีที่นอนส่วนตัวหรือไม่      29
1. ( ) มี
2. ( ) ไม่มี มีคนใช้ด้วย 1 คน
3. ( ) ไม่มี มีคนใช้ด้วย 2 คน
4. ( ) ไม่มี มีคนใช้ด้วย 3 คน หรือมากกว่า
9. A. ในบ้านของท่านมีห้องทั้งหมด ..... ห้อง (ไม่รวมห้องน้ำ)      30-31
- B. ในบ้านของท่านมีสมาชิกอาศัยอยู่ทั้งหมด ..... คน (จำนวนคน)      32-33
10. ที่บ้านของท่านมีเครื่องทำความร้อน      1) ใช่ ..... 2) ไม่ใช่ .....      34
11. ในบ้านของเด็กใช้เตาประกอบอาหารประเภทใด      35
1. ( ) แก๊ส      3. ( ) ถ่าน
2. ( ) ไฟฟ้า      4. ( ) อื่นๆ ระบุ.....
12. ในบ้านท่านมีเครื่องปรับอากาศ เครื่องดูดความชื้นหรือเครื่องฟอกอากาศหรือไม่      36
- (ถ้ามี โปรดระบุ)
0. ( ) ไม่มีเลย
1. ( ) เครื่องปรับอากาศ
2. ( ) เครื่องดูดความชื้น
3. ( ) เครื่องฟอกอากาศ
4. ( ) เครื่องปรับอากาศ + เครื่องดูดความชื้น
5. ( ) เครื่องปรับอากาศ + เครื่องฟอกอากาศ

6. ( ) เครื่องดูดความชื้น + เครื่องฟอกอากาศ

7. ( ) เครื่องปรับอากาศ + เครื่องดูดความชื้น + เครื่องฟอกอากาศ

13. ท่านมีสัตว์เลี้ยงไว้ในบ้านของท่านหรือไม่ (ถ้ามี โปรดระบุ) 37

0. ( ) ไม่มี

1. ( ) แมว

2. ( ) สุนัข

3. ( ) นก

4. ( ) แมว + สุนัข

5. ( ) แมว + นก

6. ( ) สุนัข + นก

7. ( ) แมว + สุนัข + นก

**ส่วนที่ 2** คำถามต่อไปนี้ส่วนใหญ่เกี่ยวกับระบบทางเดินหายใจของเด็ก กรุณาตอบใช่หรือไม่ใช่

อาการไอ

14. A. เด็กมักจะมีอาการไอเมื่อเป็นหวัด 1) ใช่... ..2) ไม่ใช่ ..... 38

B. เด็กมีอาการไอเนื่องจากสาเหตุอื่นที่ไม่ใช่หวัด 1) ใช่... .. 2) ไม่ใช่ ..... 39

ถ้าตอบใช่ในข้อ 14 A หรือ 14 B

C. เด็กมีอาการไอเป็นเวลานาน 1) ใช่... .. 2) ไม่ใช่ ..... 40

(มากกว่า 4 วันต่อสัปดาห์) หรือไอเป็นเวลา

มากกว่า 3 เดือนต่อปี

D. เด็กมีอาการไอเป็นเวลา .....ปี 41-42

อาการมีเสมหะ

15. A. เด็กมักจะมีอาการแน่นหน้าอกหรือมีเสมหะเนื่องจากหวัด 1) ใช่... .. 2) ไม่ใช่ ..... 43
- B. เด็กมักจะมีอาการแน่นหน้าอกหรือมีเสมหะเนื่องจากสาเหตุอื่นที่ไม่ใช่หวัด 1) ใช่... .. 2) ไม่ใช่ ..... 44
- ถ้าตอบใช่ในข้อ 15 A หรือ 15 B
- C. เด็กมีอาการอึดอัด มีเสมหะ มีเสม็ด คัดจมูกจากอาการแน่นหน้าอกหลายวัน (มากกว่า 4 วันต่อสัปดาห์) นานกว่า 3 เดือนต่อปี 1) ใช่... .. 2) ไม่ใช่ ..... 45
- D. เด็กมีอาการอึดอัดหรือเริ่มมีเสมหะ มีเสม็ดหรือมี.....ปี 46-47
- อาการคัดจมูกซึ่งมาจากอาการแน่นหน้าอกเป็นเวลา
16. A. เด็กมีอาการไอหรือแน่นหน้าอกหรือมีเสมหะ 1) ใช่... .. 2) ไม่ใช่ ..... 48
- ครั้งสุดท้ายเป็นเวลานานกว่า 1 สัปดาห์
- ถ้าตอบใช่ในข้อ 16 A
- B. เด็กมีอาการเหล่านี้เป็นเวลา .....ปี 49-50
- C. เด็กมีอาการแน่นหน้าอกเนื่องจากเป็นหวัดโดยเฉลี่ย.....ครั้ง/ ปี 51-52

อาการหายใจมีเสียง

17. เด็กมีอาการหายใจมีเสียงในเวลาใด
- A. ขณะเป็นหวัด 1) ใช่... .. 2) ไม่ใช่ ..... 53
- B. เป็นบางครั้งและไม่ได้มาจากการเป็นหวัด 1) ใช่... .. 2) ไม่ใช่ ..... 54

- C. ตลอดทั้งวันทั้งคืน 1) ใช่... .. 2) ไม่ใช่ ..... 55
- ถ้าตอบใช่ในข้อ 17B หรือ 17C
- D. เด็กมีอาการหายใจมีเสียงเป็นเวลา .....ปี 56-57
- 18.A. เด็กมีอาการหายใจมีเสียง 1) ใช่... .. 2) ไม่ใช่ ..... 58
- ซึ่งเป็นสาเหตุให้เกิดอาการหายใจช่วงสั้นๆ
- ถ้าตอบใช่ในข้อ 18A
- B. เด็กมีอาการครวระ 2 ครั้งหรือมากกว่า 1) ใช่... .. 2) ไม่ใช่ ..... 59
- C. เด็กต้องการยาหรือการบำบัดอาการนี้ 1) ใช่... .. 2) ไม่ใช่ ..... 60
- D. เด็กมีอาการนี้ครั้งแรกเมื่ออายุ .....ปี 61-62
- E. ในระหว่างการหายใจเป็นปกติมีอาการหายใจ 1) ใช่... .. 2) ไม่ใช่ ..... 63
- มีเสียงเกิดขึ้น
19. เด็กเคยเกิดอาการหายใจมีเสียงหลังจากที่ 1) ใช่... .. 2) ไม่ใช่ ..... 64
- ออกกำลังกายมากๆ
- อาการแน่นหน้าอก - -
20. A. ในช่วงระยะเวลา 3 ปีที่ผ่านมา เด็กเคย 1) ใช่... .. 2) ไม่ใช่ ..... 65
- มีอาการแน่นหน้าอกจนเป็นสาเหตุให้ต้อง
- หยุดพักถึง 3 วัน
- ถ้าตอบใช่ในข้อ 20A
- B. เด็กมีเสมหะร่วมกับอาการเจ็บหน้าอก 1) ใช่... .. 2) ไม่ใช่ ..... 66



- C. เด็กมีอาการเจ็บป่วยข้างต้นกี่ครั้งในช่วง 3 ปีที่ผ่านมา 67
1. ( ) น้อยกว่า 1 ครั้งต่อปี
  2. ( ) 1 ครั้งต่อปี
  3. ( ) 2-5 ครั้งต่อปี
  4. ( ) มากกว่า 5 ครั้งต่อปี
- D. ความเจ็บป่วยเหล่านี้เกิดขึ้นกี่ครั้งที่มีเวลา จำนวน ..... ครั้ง 68
- นานกว่า 7 วัน
21. เด็กเคยมีประวัติการป่วยทางทรวงอกก่อนอายุ 2 ปีหรือไม่ 69
1. ( ) ใช่ 1 ครั้ง
  2. ( ) ใช่ 2 ครั้ง
  3. ( ) ใช่ 3 ครั้งหรือมากกว่า
  4. ( ) ไม่เคยเลย
22. เด็กเคยมีปัญหาความเจ็บป่วย 1) ใช่... .. 2) ไม่ใช่ ..... 70
- ทางทรวงอกอื่นๆ ก่อนอายุ 2 ปี
- ความเจ็บป่วยอื่นๆ
23. เด็กเคยเจ็บป่วยด้วยโรคต่างๆ ดังต่อไปนี้หรือไม่ ถ้าเคยเกิดขึ้นเมื่ออายุ 71
- การวินิจฉัยโรคครั้งแรกจากแพทย์
- A. หัด (ยกเว้นหัดเยอรมัน) 1)ใช่ ..... 2) ไม่ใช่ ..... เมื่ออายุ ..... 71
  - B. ปัญหาไชนัส 1)ใช่ ..... 2)ไม่ใช่ ..... เมื่ออายุ ..... 72
  - C. หลอดลมอักเสบ 1)ใช่ ..... 2)ไม่ใช่ ..... เมื่ออายุ ..... 73
  - D. หลอดลมเล็กอักเสบ 1)ใช่ ..... 2)ไม่ใช่ ..... เมื่ออายุ ..... 74
  - E. หอบหืด 1)ใช่ ..... 2)ไม่ใช่ ..... เมื่ออายุ ..... 75
  - F. ปอดอักเสบ 1)ใช่ ..... 2)ไม่ใช่ ..... เมื่ออายุ ..... 76

- G. ไอกรน 1)ใช่ ..... 2)ไม่ใช่ ..... เมื่ออายุ ..... 77
- H. โรคซาง (แพ้ฝุ่นเกสรดอกไม้) 1)ใช่ ..... 2)ไม่ใช่ ..... เมื่ออายุ ..... 78
- I. โรคระบบทางเดินหายใจอื่นๆ 1)ใช่ ..... 2)ไม่ใช่ ..... เมื่ออายุ ..... 79
24. แพทย์เคยวินิจฉัยว่าเด็กเป็นโรค 1)ใช่ ..... 2)ไม่ใช่ ..... 80

ผิวหนังอักเสบก่อนอายุ 2 ปี

25. เด็กเคยมีปัญหาในเรื่องหูชั้นนอกอักเสบ 1)ใช่ ..... 2)ไม่ใช่ ..... 81
26. เด็กเคยมีปัญหาในเรื่องหูชั้นกลางอักเสบ
- A. ระหว่างอายุ 0-2 ปี 1)ใช่ ..... 2)ไม่ใช่ ..... 82
- B. ระหว่างอายุ 2-5 ปี 1)ใช่ ..... 2)ไม่ใช่ ..... 83
- C. อายุมากกว่า 5 ปี 1)ใช่ ..... 2)ไม่ใช่ ..... 84
27. เด็กเคยได้รับการรักษาทางหู 1)ใช่ ..... 2)ไม่ใช่ ..... 85
28. เด็กเคยได้รับการผ่าตัดทอนซิล 1)ใช่ ..... 2)ไม่ใช่ ..... 86
29. A. เด็กเคยได้รับการวินิจฉัยจากแพทย์ว่าเป็นหอบหืด 1)ใช่ ..... 2)ไม่ใช่ ..... 87

ถ้าตอบใช่ในข้อ 29 A.

- B. เด็กเริ่มเป็นหอบหืดเมื่ออายุ ..... ปี 88-89
- C. ในปัจจุบันเด็กยังคงเป็นหอบหืด 1)ใช่ ..... 2)ไม่ใช่ ..... 90
- D. เด็กยังคงรับการรักษาเรื่องหอบหืด 1)ใช่ ..... 2)ไม่ใช่ ..... 91

ถ้าตอบใช่ในข้อ 29 C.

- E. เด็กหายจากหอบหืดเมื่ออายุ ..... ปี 92
30. เด็กเคยได้รับการผ่าตัดทรวงอกหรือไม่ 1)ใช่ ..... 2)ไม่ใช่ ..... 93

ถ้าเคย ไปรตรวจประเภทการผ่าตัด .....

31. เด็กเคยได้รับการวินิจฉัยจากแพทย์ว่าเป็น 1)ใช่ ..... 2)ไม่ใช่ ..... 94

โรคหัวใจหรือไม่ ถ้าใช่ไปรตรวจ .....

32. เด็กหลังคลอดต้องอยู่โรงพยาบาลต่อภายหลัง 1)ใช่ ..... 2)ไม่ใช่ ..... 95

จากมารดากลับบ้านแล้วใช่หรือไม่

ถ้าใช่ แพทย์บอกว่าเด็กเป็น ..... 96

### ภูมิแพ้

33. A. เด็กเคยได้รับการตรวจจากแพทย์และบอกว่าเด็กเป็นโรคภูมิแพ้ 97

1. ( ) ใช่ แพ้อาหาร 2. ( ) ใช่ แพ้ยา

3. ( ) ใช่ แพ้ทั้งอาหารและยา 4. ( ) ไม่ใช่

B. แพทย์เคยบอกว่าเด็กแพ้ฝุ่นละออง 1)ใช่ ..... 2)ไม่ใช่ ..... 98

C. แพทย์เคยบอกว่าเด็กแพ้สารเคมี 1)ใช่ ..... 2)ไม่ใช่ ..... 99

D. เด็กเคยได้รับการทดสอบภูมิแพ้ 1)ใช่ ..... 2)ไม่ใช่ ..... 100

### ส่วนที่ 3 ประวัติครอบครัว

จากการศึกษาครั้งนี้ต้องการทราบข้อมูลจากผู้ที่อาศัยอยู่กับเด็ก (ในครอบครัวเดียวกันกรุณาเลือกตอบในข้อ A หรือ B ตามความเหมาะสม) ในส่วนของข้อ C นั้นให้ตอบทุกครอบครัว

A. ผู้ปกครองหรือผู้ที่ใกล้ชิดเป็นเพศชาย

34. ไปรตรวจความสัมพันธ์กับเด็ก 1. ( ) บิดา 101

2. ( ) บิดาบุญธรรม

3. ( ) อื่นๆ ระบุ .....

35. ระดับการศึกษาสูงสุดของท่าน ..... 102
36. ท่านประกอบอาชีพ ..... 103
37. ท่านสูบบุหรี่หรือไม่  
1. ( ) ไม่สูบบุหรี่ ..... 104   
2. ( ) สูบบุหรี่
38. ท่านเคยสูบบุหรี่ในบ้านขณะเด็กอยู่หรือไม่  
1. ( ) ไม่สูบบุหรี่ ..... 105   
2. ( ) สูบบุหรี่
39. แพทย์เคยวินิจฉัยว่าท่านเป็น
- A. หลอดลมอักเสบ 1)ใช่ ..... 2)ไม่ใช่ ..... 3) ไม่ทราบ .....106
- B. ถุงลมโป่งพอง 1)ใช่ ..... 2)ไม่ใช่ ..... 3) ไม่ทราบ .....107
- C. หอบหืด 1)ใช่ ..... 2)ไม่ใช่ ..... 3) ไม่ทราบ .....108
- D. แพ้ฝุ่นละอองเกสรดอกไม้ 1)ใช่ ..... 2)ไม่ใช่ ..... 3) ไม่ทราบ .....109
- E. โรคระบบทางเดินหายใจอื่นๆ 1)ใช่ ..... 2)ไม่ใช่ ..... 110
- ถ้าใช่ โปรดระบุ .....
- B. ผู้ปกครองหรือผู้ที่ใกล้ชิดเป็นเพศหญิง
40. โปรดระบุความสัมพันธ์กับเด็ก  
1. ( ) มารดา ..... 111   
2. ( ) มารดาบุญธรรม  
3. ( ) อื่นๆ ระบุ .....
41. ระดับการศึกษาสูงสุดของท่าน ..... 112
42. ท่านประกอบอาชีพ ..... 113

43. ท่านสูบบุหรี่หรือไม่
1. ( ) ไม่สูบบุหรี่ 114
2. ( ) สูบบุหรี่
44. ท่านเคยสูบบุหรี่ในบ้านขณะเด็กอยู่หรือไม่
1. ( ) ไม่สูบบุหรี่ 115
2. ( ) สูบบุหรี่
45. แพทย์เคยวินิจฉัยว่าท่านเป็น
- A. หลอดลมอักเสบ 1)ใช่ ..... 2)ไม่ใช่ ..... 3) ไม่ทราบ ..... 116
- B. ภาวะลมโป่งพอง 1)ใช่ ..... 2)ไม่ใช่ ..... 3) ไม่ทราบ ..... 117
- C. หอบหืด 1)ใช่ ..... 2)ไม่ใช่ ..... 3) ไม่ทราบ ..... 118
- D. แพ้ฝุ่นละอองเกสรดอกไม้ 1)ใช่ ..... 2)ไม่ใช่ ..... 3) ไม่ทราบ ..... 119
- E. โรคระบบทางเดินหายใจอื่นๆ 1)ใช่ ..... 2)ไม่ใช่ ..... 120
- ถ้าใช่ โปรดระบุ .....
- C. สมาชิกหรือบุคคลอื่นๆ
46. มีบุคคลในบ้านที่สูบบุหรี่หรือไม่
1. ( ) มี 121
- (ไม่นับรวม ผู้ตอบข้อบน)
2. ( ) ไม่มี
- ถ้ามี มีจำนวน ..... คน 122-123

## APPENDIX B

### Spirometry Parameters







34133	1.82	1.66	91.6	2.41	3.95	Restrictive	Mild		34311	1.5	1.11	87.2	1.39	2.66	Normal							
34135	1.77	1.61	91.6	2.33	3.83	Normal			34313	1.66	1.29	87.8	1.67	3.06	Normal							
34137	1.82	1.66	91.6	2.41	3.95	Normal			34317	1.72	1.35	88	1.77	3.19	Normal							
34139	1.87	1.72	91.7	2.48	4.06	Restrictive	Mild		34319	1.4	0.998	86.8	1.2	2.4	Normal							
Total=19 (N=14, RM=3, RMod=1, O=1)								34321								1.99	1.65	88.8	2.22	3.84	Normal	
34201	2.16	1.83	89.3	2.48	4.23	Normal			34323	1.71	1.55	91.6	2.25	3.71	Normal							
34203	2.4	2.07	89.9	2.82	4.76	Normal			34325	1.41	1.21	91.3	1.76	2.95	Normal							
34205	2.22	1.89	89.5	2.57	4.37	Normal			34327	1.61	1.44	91.5	2.1	3.46	Restrictive	Mild						
34207	2.34	2.01	89.7	2.74	4.63	Normal			34329	1.77	1.61	91.6	2.33	3.83	Normal							
34209	2.16	1.83	89.3	2.48	4.23	Restrictive	Mild		34331	1.36	1.15	91.3	1.68	2.82	Normal							
34211	1.61	1.23	87.6	1.58	2.93	Normal			34333	1.2	0.973	91.1	1.41	2.41	Normal							
34213	1.72	1.35	88	1.77	3.19	Normal			34335	1.41	1.21	91.3	1.76	2.95	Normal							
34215	1.77	1.41	88.2	1.86	3.32	Normal			34337	2.48	2.34	92.2	3.26	5.29	Restrictive	Moderate						
34217	1.77	1.41	88.2	1.86	3.32	Normal			34339	1.82	1.66	91.6	2.41	3.95	Normal							
34219	1.94	1.59	88.7	2.13	3.71	Normal		Total=19 (N=17, RM=1, RMod=1)														
34221	1.1	0.852	91	1.22	2.12	Normal		35201	1.94	1.59	88.7	2.13	3.71	Normal								
34223	1.82	1.66	91.6	2.41	3.95	Obstruction	Mild	35203	1.91	1.56	88.4	2.07	3.72	Normal								
34225	1.71	1.55	91.6	2.25	3.71	Normal		35205	2.79	2.45	90.4	3.32	5.67	Normal								
34227	1.97	1.82	91.8	2.62	4.29	Restrictive	Mild	35209	1.75	1.38	87.9	1.8	3.33	Normal								
34229	1.71	1.55	91.6	2.25	3.71	Restrictive	Mild	35211	2.28	1.95	89.6	2.66	4.5	Restrictive	Mild							
34231	1.82	1.66	91.6	2.41	3.95	Restrictive	Mild	35213	1.72	1.35	88	1.77	3.19	Normal								
34233	1.46	1.26	91.3	1.85	3.08	Normal		35215	2.05	1.71	89	2.31	3.97	Normal								
34235	2.02	1.88	91.8	2.69	4.4	Normal		35217	1.83	1.47	88.3	1.95	3.45	Normal								
34237	1.66	1.49	91.5	2.17	3.59	Restrictive	Mild	35219	1.7	1.32	87.7	1.71	3.2	Normal								
34239	1.97	1.82	91.8	2.62	4.29	Restrictive	Mild	35221	2.48	2.34	92.2	3.26	5.29	Normal								
Total=20 (N=13, RM=6, OM=1)								35223	1.58	1.39	91.2	2.01	3.39	Normal								
34301	1.4	0.998	86.8	1.2	2.4	Normal		35225	2.18	2.04	91.7	2.88	4.76	Restrictive	Moderate							
34303	1.61	1.23	87.6	1.58	2.93	Normal		35227	1.77	1.61	91.6	2.33	3.83	Normal								
34305	2.05	1.71	89	2.31	3.97	Normal		35229	2.79	2.62	92.2	3.55	5.84	Restrictive	Mild							
34307	1.66	1.29	87.8	1.67	3.06	Normal		35231	1.58	1.39	91.2	2.01	3.39	Normal								
34309	1.45	1.05	87	1.29	2.53	Normal		35235	2.44	2.29	91.9	3.19	5.24	Restrictive	Mild							
35237	1.58	1.39	91.2	2.01	3.039	Normal		36123	2.08	1.73	88.9	2.34	4.11	Restrictive	Mild							
Total=17 (N=13, RM=3, RMod=1)								36125	3.51	3.1	91.1	4.13	7.2	Normal								
35301	2.11	1.77	89.2	2.4	4.1	Restrictive	Mild	36127	2.24	2.09	91.5	2.94	4.9	Restrictive	Mild							
35303	1.49	1.08	87	1.33	2.68	Obstruction	Mild	36129	2.64	2.48	92.1	3.41	5.59	Restrictive	Mild							
35305	1.78	1.4	87.9	1.84	3.46	Normal		36131	2.59	2.43	92.1	3.35	5.51	Restrictive	Mild							
35309	2.66	2.33	90.2	3.17	5.41	Normal		36133	2.345	2.19	91.8	3.07	5.05	Normal								
35311	2.25	1.91	89.4	2.59	4.5	Normal		36135	2.74	2.57	91.9	3.49	5.79	Small airway obstruction								
35313	3.1	2.74	90.9	3.7	6.32	Restrictive	Mild	36137	2.09	1.93	91.4	2.74	4.59	Restrictive	Mild							
35315	2.16	1.83	89.3	2.48	4.23	Restrictive	Mild	36139	3.19	2.97	92.2	3.86	6.42	Normal								
35317	1.83	1.47	88.3	1.95	3.45	Normal		36141	2.79	2.62	91.9	3.53	5.87	Restrictive	Mild							
35319	3.18	2.81	90.8	3.78	6.56	Normal		Total=21 (N=11, RM=9, Sae=1)														
35321	2.28	2.14	91.8	3.01	4.96	Restrictive	Mild	Spirometry		6/8/2004		Nonei Wihaya										
35323	2.54	2.38	92	3.3	5.42	Small airway obstruction		Subject ID		Predictive spirometric values				Interpretation	Degree							
35325	2.54	2.38	92	3.3	5.42	Normal				FVC	FEV1	FEV1/FVC	FEF25-75%	PEF								
35327	1.36	1.15	91.3	1.68	2.82	Normal		21201	4.05	3.57	91.3	4.65	8.23	Restrictive	Mild							
35329	1.98	1.83	91.6	2.62	4.33	Normal		21203	3.12	2.75	90.7	3.71	6.43	Normal								
35331	2.49	2.34	92	3.24	5.33	Normal		21205	3.2	2.81	90.7	3.79	6.66	Normal								
35333	2.17	2.03	92	2.89	4.71	Normal		21207	3.06	2.69	90.7	3.64	6.3	Restrictive	Mild							
35335	2.39	2.24	91.9	3.13	5.15	Restrictive	Mild	21209	3.44	3.04	91	4.06	7.07	Normal								
Total=17 (N=10, RM=5, OM=1, Sae=1)								21211	3.72	3.28	91	4.32	7.69	Restrictive	Moderate							
36101	2.25	1.91	89.4	2.59	4.5	Normal		21213	3.52	3.1	90.9	4.13	7.3	Restrictive	Mild							
36103	2.19	1.85	89.2	2.51	4.37	Normal		21215	3.65	3.22	91	4.26	7.56	Restrictive	Mild							
36105	2.63	2.28	90	3.1	5.39	Normal		21217	3.51	3.1	91.1	4.13	7.2	Restrictive	Mild							
36107	2.27	1.93	89.3	2.62	4.62	Normal		21219	3.91	3.45	91.3	4.52	7.97	Normal								
36109	2.45	2.1	89.7	2.86	5.01	Normal		21221	2.57	2.22	89.9	3.02	5.27	Normal								
36111	1.97	1.62	88.6	2.16	3.85	Normal		21223	3.91	3.45	91.3	4.52	7.97	Normal								
36113	2.75	2.4	90.2	3.26	5.65	Restrictive	Mild	21225	2.79	2.62	91.9	3.53	5.87	Normal								
36115	2.87	2.52	90.4	3.41	5.91	Restrictive	Mild	21227	2.29	2.14	91.6	3	4.91	Normal								
36117	2.75	2.4	90.2	3.26	5.65	Normal		21229	2.75	2.56	91.7	3.47	5.82	Restrictive	Mild							
36119	2.02	1.67	88.8	2.25	3.98	Normal		21231	2.85	2.65	91.7	3.56	5.97	Normal								
36121	2.48	2.15	89.9	2.93	5.02	Restrictive	Mild	21233	2.99	2.79	92.1	3.71	6.16	Normal								

21235	3.04	2.83	91.9	3.72	6.26	Restrictive	Mild	21343	2.95	2.74	91.8	3.64	6.12	Normal	
21237	2.39	2.24	91.7	3.12	5.18	Restrictive	Mild	21345	2.74	2.57	91.9	3.49	5.79	Normal	
21239	2.4	2.24	91.4	3.1	5.22	Normal		21347	2.69	2.52	91.9	3.44	5.71	Restrictive	Mild
21241	2.89	2.71	92	3.62	6.02	Restrictive	Mild	21349	2.84	2.66	92	3.58	5.94	Restrictive	Mild
21243	2.74	2.57	91.9	3.49	5.79	Normal		Total=25 (N=16, RM=8, OM=1)							
21245	2.49	2.33	91.7	3.23	5.37	Normal		22405	2.91	2.53	90.2	3.43	6.13	Restrictive	Mild
21247	3.24	3.01	92.3	3.9	6.48	Normal		22407	3.92	3.45	91.1	4.51	8.07	Normal	
21249	2.44	2.29	91.7	3.17	5.28	Normal		22411	3.44	3.04	91	4.06	7.07	Restrictive	Mild
21251	2.79	2.62	91.9	3.53	5.87	Normal		22415	3.53	3.11	90.7	4.13	7.4	Normal	
Total=26 (N=16, RM=9, RMod=1)								22417	3.66	3.22	90.8	4.25	7.66	Normal	
21301	3.58	3.16	91.1	4.2	7.33	Restrictive	Mild	22419	3.34	2.93	90.6	3.93	7.02	Normal	
21303	4.41	3.86	91	4.93	8.97	Normal		22421	3.52	3.1	90.9	4.13	7.3	Restrictive	Mild
21305	3.12	2.75	90.7	3.71	6.43	Normal		22423	2.77	2.41	90.1	3.27	5.77	Normal	
21307	3.38	2.98	91	3.99	6.94	Restrictive	Mild	22425	3.46	3.05	90.9	4.06	7.17	Normal	
21309	3.39	2.99	90.8	3.99	7.05	Normal		22427	3.2	2.81	90.7	3.79	6.66	Normal	
21311	2.27	1.93	89.3	2.62	4.62	Normal		22429	2.83	2.47	90.2	3.35	5.89	Restrictive	Mild
21313	3.12	2.75	90.7	3.71	6.43	Restrictive	Mild	22431	3.52	3.1	90.9	4.13	7.3	Normal	
21315	2.81	2.46	90.3	3.34	5.78	Restrictive	Mild	22433	4.21	3.68	90.9	4.74	8.67	Obstruction	Mild
21317	3.78	3.34	91.2	4.39	7.72	Obstruction	Mild	22435	2.7	2.52	91.6	3.42	5.74	Normal	
21319	2.81	2.46	90.3	3.34	5.78	Normal		22437	2.85	2.65	91.7	3.56	5.97	Normal	
21321	2.16	1.81	89	2.45	4.36	Normal		22439	2.8	2.61	91.7	3.51	5.9	Normal	
21323	3.65	3.22	91	4.26	7.56	Normal		22441	2.8	2.61	91.7	3.51	5.9	Normal	
21325	3.21	2.82	90.5	3.79	6.77	Normal		22443	2.8	2.6	91.4	3.49	5.93	Normal	
21327	2.65	2.29	89.9	3.12	5.51	Normal		22445	2.8	2.6	91.4	3.49	5.93	Normal	
21329	3.01	2.64	90.4	3.57	6.28	Normal		22447	2.65	2.47	91.6	3.37	5.66	Restrictive	Mild
21331	3.19	2.95	92	3.83	6.45	Normal		Total=20 (N=14, RM=5, OM=1)							
21333	2.9	2.7	91.8	3.6	6.05	Normal		23501	4.14	3.62	90.9	4.68	8.54	Restrictive	Moderate
21335	2.1	1.94	91.2	2.74	4.63	Normal		23503	4.21	3.67	90.7	4.73	8.76	Normal	
21337	2.7	2.52	91.6	3.42	5.74	Restrictive	Mild	23505	4.93	4.25	90.5	5.28	9.94	Normal	
21339	3.09	2.88	92.2	3.79	6.3	Normal		23507	4.14	3.62	90.9	4.68	8.54	Normal	
21341	2.79	2.62	91.9	3.53	5.87	Restrictive	Mild	23509	4	3.51	90.9	4.56	8.29	Normal	
23511	3.73	3.28	90.8	4.32	7.78	Normal		231035	3	2.78	91.5	3.66	6.21	Normal	
23513	3.09	2.7	90.4	3.65	6.51	Restrictive	Mild	231037	3.34	3.05	91.5	3.87	6.66	Obstruction	Mild
23515	4.21	3.68	90.9	4.74	8.67	Restrictive	Mild	231039	2.9	2.69	91.5	3.58	6.07	Normal	
23517	3.61	3.16	90.6	4.19	7.62	Normal		231041	2.95	2.73	91.5	3.62	6.15	Normal	
23519	3.67	3.22	90.6	4.25	7.75	Normal		231043	3.19	2.94	91.7	3.81	6.47	Restrictive	Mild
23521	3.6	3.16	90.8	4.19	7.53	Restrictive	Mild	231047	2.95	2.73	91.5	3.62	6.15	Normal	
23523	4.21	3.68	90.9	4.74	8.67	Restrictive	Mild	Total=18 (N=11, RM=4, OM=1, O=1, Sao=1)							
23525	3.47	3.05	90.7	4.06	7.27	Normal		Spirometry		23/7/2004		Wat Verurachin			
23527	3.47	3.05	90.7	4.06	7.27	Normal		Subject ID	Predictive spirometric values					Interpretation	Degree
23529	2.85	2.64	91.2	3.51	6.03	Normal			FVC	FEV1	FEV1/FVC	FEF25-75%	PEF		
23531	3.49	3.18	91.8	3.98	6.8	Normal		54105	1.56	1.17	87.4	1.48	2.79	Normal	
23533	3.24	2.98	91.7	3.84	6.53	Normal		54107	1.61	1.44	91.5	2.1	3.46	Normal	
23537	3.09	2.86	91.6	3.74	6.35	Restrictive	Mild	54109	1.77	1.41	88.2	1.86	3.32	Normal	
23539	2.95	2.73	91.5	3.62	6.15	Obstruction	Mild	54111	1.15	0.699	85.7	0.703	1.75	Normal	
23541	3.44	3.14	91.8	3.96	6.75	Small airway obstruction		54115	1.92	1.77	91.7	2.55	4.18	Normal	
23543	2.51	2.33	91.3	3.2	5.43	Normal		54117	1.46	1.26	91.3	1.85	3.08	Normal	
23545	3.43	3.13	91.5	3.93	6.76	Restrictive	Mild	54119	1.71	1.55	91.6	2.25	3.71	Normal	
23547	2.95	2.73	91.3	3.6	6.17	Normal		54121	2.53	2.39	92.3	3.32	5.38	Restrictive	Mild
Total=23 (N=14, RM=6, RMod=1, OM=1, Sao=1)								54125	2.31	1.97	89.5	2.68	4.63	Normal	
231001	3.62	3.16	90.4	4.18	7.71	Normal		54127	1.72	1.35	88	1.77	3.19	Normal	
231003	4.42	3.83	90.4	4.87	9.21	Normal		54129	1.56	1.38	91.4	2.01	3.34	Normal	
231005	3.93	3.45	90.9	4.5	8.16	Normal		54131	1.72	1.35	88	1.77	3.19	Normal	
231007	4.07	3.56	90.9	4.62	8.42	Restrictive	Mild	54135	2.07	1.93	91.9	2.76	4.5	Normal	
231011	3.09	2.7	90.4	3.65	6.51	Normal		54137	1.56	1.17	87.4	1.48	2.79	Normal	
231015	3.8	3.53	90.9	4.38	7.91	Small airway obstruction		Total=14 (N=13, RM=1)							
231019	3.93	3.45	90.9	4.5	8.16	Normal		54205	1.77	1.61	91.6	2.33	3.83	Restrictive	Mild
231023	3.66	3.22	90.8	4.25	7.66	Restrictive	Mild	54207	1.88	1.53	88.5	2.04	3.58	Normal	
231027	3.8	3.33	90.9	4.38	7.91	Normal		54209	1.92	1.77	91.7	2.55	4.18	Restrictive	Moderate
231029	4.28	3.73	90.9	4.8	8.8	Restrictive	Mild	54211	2.22	1.89	89.5	2.57	4.37	Normal	
231031	4.21	3.68	90.9	4.74	8.67	Obstruction or mixed pattern		54213	1.77	1.41	88.2	1.86	3.32	Normal	
231033	3.8	3.33	90.9	4.38	7.91	Normal		54215	2.02	1.88	91.8	2.69	4.4	Restrictive	Mild

54217	2.31	1.97	89.5	2.68	4.63	Normal			55217	1.88	1.53	88.5	2.04	3.58	Normal		
54219	1.46	1.26	91.3	1.85	3.08	Normal			55219	2.75	2.4	90.2	3.26	5.65	Normal		
54221	1.83	1.47	88.3	1.95	3.45	Restrictive	Mild		55221	2.28	1.95	89.6	2.66	4.5	Normal		
54223	2.42	2.09	89.8	2.84	4.89	Obstruction or mixed pattern			55223	1.61	1.44	91.5	2.1	3.46	Normal		
54227	1.45	1.05	87	1.29	2.53	Normal			55225	2.53	2.39	92.3	3.32	5.38	Obstruction or mixed pattern		
54229	1.41	1.21	91.3	1.76	2.95	Normal			55227	1.61	1.44	91.5	2.1	3.46	Normal		
54231	2.73	2.58	92.4	3.53	5.72	Normal			55229	1.97	1.82	91.8	2.62	4.29	Restrictive	Mild	
54233	1.36	1.15	91.3	1.68	2.82	Normal			55231	1.83	1.47	88.3	1.95	3.45	Normal		
Total=14 (N=9, RM=3, RMod=1, O=1)									Total=14 (N=11, RM=2, O=1)								
55105	2.23	2.09	91.8	2.95	4.86	Normal			55303	2.49	2.34	92	3.24	5.33	Normal		
55107	1.78	1.61	91.4	2.33	3.88	Normal			55305	1.29	0.849	86.1	0.95	2.16	Normal		
55109	2.49	2.34	92	3.24	5.33	Restrictive	Mild		55307	2.39	2.24	91.9	3.13	5.15	Normal		
55111	1.88	1.72	91.5	2.47	4.11	Normal			55309	2.4	2.07	89.9	2.82	4.76	Normal		
55113	1.36	1.15	91.3	1.68	2.82	Normal			55311	2.31	1.97	89.5	2.68	4.63	Normal		
55115	1.54	1.14	87.2	1.43	2.81	Normal			55313	2.34	2.01	89.7	2.74	4.63	Normal		
55117	1.46	1.26	91.3	1.85	3.08	Normal			55315	2.4	2.07	89.9	2.82	4.76	Normal		
55121	2.08	1.73	88.9	2.34	4.11	Restrictive	Mild		55317	1.61	1.44	91.5	2.1	3.46	Normal		
55123	2.22	2.09	92	2.96	4.81	Small airway obstruction			55321	1.92	1.77	91.7	2.55	4.18	Normal		
55125	2.23	2.09	91.8	2.95	4.86	Normal			55323	2.57	2.22	89.9	3.02	5.27	Normal		
55127	3.58	3.16	91.1	4.2	7.33	Normal			55325	2.58	2.25	90.2	3.07	5.15	Restrictive	Mild	
55129	2.25	1.91	89.4	2.59	4.5	Normal			55327	2.4	2.07	89.9	2.82	4.76	Normal		
55131	2.28	2.14	92	3.02	4.91	Small airway obstruction			Total=12 (N=11, RM=1)								
Total=13 (N=9, RM=2, Seo=2)									56103	2.28	2.14	92	3.02	4.91	Normal		
55205	1.94	1.59	88.7	2.13	3.71	Normal			56105	2.63	2.28	90	3.1	5.39	Normal		
55207	2.22	2.09	92	2.96	4.81	Normal			56107	2.97	2.62	90.7	3.55	6.05	Normal		
55209	2.25	1.91	89.4	2.59	4.5	Normal			56109	2.34	2.19	91.8	3.07	5.05	Restrictive	Mild	
55211	2.58	2.44	92.3	3.37	5.47	Normal			56111	3.36	2.98	91.1	3.99	6.84	Restrictive	Mild	
55213	2.16	1.83	89.3	2.48	4.23	Normal			56113	2.08	1.93	91.6	2.75	4.55	Restrictive	Mild	
55215	2.17	2.03	92	2.89	4.71	Restrictive	Mild		56115	2.64	2.48	92.1	3.41	5.59	Restrictive	Mild	
									56117	2.63	2.28	90	3.1	5.39	Normal		
									56119	2.74	2.57	92.2	3.51	5.76	Restrictive	Mild	
56121	2.99	2.63	90.6	3.56	6.17	Restrictive	Mild		Spirometry 23/7/2004 Rithinarongron								
56123	2.13	1.98	91.7	2.82	4.65	Restrictive	Mild		Subject ID	Predictive spirometric values					Interpretation	Degree	
56125	1.98	1.83	91.6	2.62	4.33	Normal				FVC	FEV1	FEV1/FVC	FEF25-75%	PEF			
Total=12 (N=5, RM=7)									41201	2.02	1.67	88.8	2.25	3.98	Normal		
56203	2.22	1.87	89.1	2.53	4.49	Normal			41203	3.01	2.64	90.4	3.57	6.28	Normal		
56205	2.49	2.34	92	3.24	5.33	Normal			41205	3.01	2.64	90.4	3.57	6.28	Normal		
56207	2.59	2.43	91.8	3.34	5.54	Normal			41207	3.51	3.1	91.1	4.13	7.2	Normal		
56209	3.2	2.81	90.7	3.79	6.66	Obstruction or mixed pattern			41209	3.12	2.75	90.7	3.71	6.43	Restrictive	Mild	
56211	2.65	2.29	89.9	3.12	5.51	Normal			41211	3.58	3.16	91.1	4.2	7.33	Normal		
56213	2.69	2.34	90.1	3.18	5.52	Normal			41213	3.79	3.34	91	4.39	7.81	Normal		
56215	2.19	2.04	91.5	2.87	4.8	Normal			41217	2.47	2.12	89.6	2.88	5.13	Normal		
56221	1.99	1.83	91.4	2.61	4.38	Restrictive	Mild		41219	2.27	1.93	89.3	2.62	4.62	Restrictive	Mild	
56223	3.09	2.87	91.9	3.76	6.32	Restrictive	Mild		41221	2.74	2.57	91.9	3.49	5.79	Normal		
56225	2.49	2.33	91.7	3.23	5.37	Normal			41223	2.94	2.75	92.1	3.67	6.09	Normal		
56229	2.57	2.22	89.9	3.02	5.27	Normal			41225	2.44	2.29	91.7	3.17	5.28	Normal		
56231	2.74	2.57	91.9	3.49	5.79	Normal			41227	2.74	2.57	91.9	3.49	5.79	Normal		
Total=12 (N=9, RM=2, O=1)									41229	2.39	2.24	91.7	3.12	5.18	Restrictive	Mild	
56303	2.57	2.22	89.9	3.02	5.27	Normal			41231	2.4	2.24	91.4	3.1	5.22	Restrictive	Mild	
56305	2.53	2.18	89.7	2.96	5.25	Restrictive	Mild		41233	2.8	2.61	91.7	3.51	5.9	Restrictive	Mild	
56307	2.16	1.81	89	2.45	4.36	Normal			41235	2.64	2.48	91.8	3.39	5.63	Restrictive	Mild	
56309	2.63	2.28	90	3.1	5.39	Restrictive	Mild		41237	2.39	2.24	91.7	3.12	5.18	Restrictive	Mild	
56311	2.93	2.57	90.5	3.49	6.04	Normal			41239	2.85	2.65	91.7	3.56	5.97	Restrictive	Mild	
56313	2.29	2.14	91.6	3	4.99	Normal			41241	2.8	2.61	91.7	3.51	5.9	Restrictive	Mild	
56315	2.44	2.29	91.9	3.19	5.24	Restrictive	Mild		41243	2.65	2.47	91.6	3.37	5.66	Normal		
56321	2.57	2.22	89.9	3.02	5.27	Normal			Total=21 (N=12, RM=9)								
56323	2.31	1.97	89.5	2.68	4.36	Normal			41601	3.12	2.75	90.7	3.71	6.43	Restrictive	Mild	
56325	1.88	1.5	91.3	2.17	3.64	Normal			41603	2.81	2.46	90.3	3.34	5.78	Obstruction	Mild	
56327	2.39	2.24	91.7	3.12	5.18	Restrictive	Mild		41605	2.95	2.58	90.4	3.5	6.15	Normal		
56329	2.18	2.04	91.7	2.88	4.76	Normal			41607	2.71	2.35	90	3.2	5.64	Normal		
56331	2.85	2.65	91.7	3.56	5.97	Normal			41609	2.89	2.52	90.3	3.42	6.02	Restrictive	Mild	
Total=13 (N=9, RM=4)									41611	2.3	1.95	89.2	2.64	4.74	Normal		

41613	2.79	2.45	90.4	3.32	5.67	Normal		42231	2.5	2.33	91.5	3.21	5.4	Small airway obstruction	
41615	3.04	2.68	90.8	3.63	6.19	Normal		42233	2.95	2.74	91.8	3.64	6.12	Normal	
41617	2.16	1.81	89	2.45	4.36	Normal		42235						Normal	
41619	2.81	2.46	90.3	3.34	5.78	Restrictive	Mild	42237	2.95	2.73	91.5	3.62	6.15	Normal	
41621	3.71	3.28	91.2	4.33	7.59	Restrictive	Mild	42239	2.85	2.65	91.5	3.54	6	Restrictive	Mild
41623	3.46	3.05	90.9	4.06	7.17	Restrictive	Mild	42241	2.85	2.65	91.7	3.56	5.97	Restrictive	Mild
41625	2.64	2.48	91.8	3.39	5.63	Restrictive	Mild	42243	2.7	2.51	91.4	3.4	5.77	Normal	
41627	2.5	2.33	91.5	3.21	5.4	Normal		42245	3	2.79	91.8	3.69	6.19	Normal	
41629	2.64	2.48	91.8	3.39	5.63	Restrictive	Mild	Total=23 (N=12, RM=5, OM=2, Sec=3, Normal=1)							
41633	2.95	2.74	91.8	3.64	6.12	Normal		42501	3.6	3.16	90.8	4.19	7.53	Normal	
41635	2.34	2.19	91.6	3.06	5.09	Normal		42503	3.66	3.22	90.8	4.25	7.66	Restrictive	Mild
41637	2.75	2.56	91.7	3.47	5.82	Normal		42505	3.28	2.88	90.6	3.86	6.89	Restrictive	Mild
41639						Normal		42507	3.46	3.05	90.9	4.06	7.17	Normal	
41641	2.34	2.19	91.6	3.06	5.09	Restrictive	Mild	42509	2.97	2.59	90.2	3.51	6.26	Restrictive	Mild
41643	2.04	1.88	91.4	2.68	4.48	Normal		42511	3.14	2.76	90.6	3.71	6.53	Normal	
Total=21 (N=11, RM=8, OM=1, Normal=1)								42513	2.95	2.58	90.4	3.5	6.15	Normal	
42201	4.12	3.63	91.3	4.71	8.36	Restrictive	Mild	42515	3.92	3.45	91.1	4.51	8.07	Normal	
42203	3.33	2.93	90.8	3.92	6.92	Obstruction	Mild	42517	4.34	3.8	91.1	4.87	8.84	Restrictive	Mild
42205	3.44	3.04	91	4.06	7.07	Normal		42519	3.01	2.64	90.4	3.57	6.28	Normal	
42207	4.07	3.56	90.7	4.61	8.5	Normal		42521	3.33	2.93	90.8	3.92	6.92	Normal	
42209	4.2	3.68	91.1	4.76	8.58	Normal		42523	4.14	3.62	90.9	4.68	8.54	Restrictive	Mild
42211	2.79	2.42	90	3.28	5.88	Small airway obstruction		42525	2.49	2.13	89.5	2.9	5.24	Restrictive	Mild
42213	3.52	3.1	90.9	4.13	7.3	Small airway obstruction		42527	2.6	2.43	91.6	3.32	5.58	Normal	
42215	3.46	3.05	90.9	4.06	7.17	Obstruction	Mild	42529	3	2.79	91.8	3.69	6.19	Restrictive	Mild
42217	2.77	2.41	90.1	3.27	5.77	Restrictive	Mild	42531	3.24	2.98	91.7	3.84	6.53	Restrictive	Mild
42219	2.35	2.19	91.4	3.05	5.13	Normal		42533	2.45	2.28	91.5	3.16	5.31	Normal	
42221	2.75	2.56	91.7	3.47	5.82	Normal		42535	2.6	2.43	91.6	3.32	5.58	Normal	
42223	2.95	2.74	91.8	3.64	6.12	Normal		42537	3.05	2.82	91.6	3.7	6.28	Normal	
42225	3.09	2.87	91.9	3.76	6.32	Normal		42539	2.49	2.33	91.7	3.23	5.37	Restrictive	Mild
42227	2.9	2.7	91.8	3.6	6.05	Normal		42541	2.75	2.56	91.7	3.47	5.82	Normal	
42229	3	2.79	91.8	3.69	6.19	Restrictive	Mild	42543	2.65	2.47	91.6	3.37	5.66	Normal	
Total=22 (N=13, RM=9)								43429	2.46	2.28	91.2	3.14	5.35	Normal	
43101	4.07	3.56	90.9	4.62	8.42	Normal		43431	2.7	2.51	91.4	3.4	5.77	Normal	
43103	3.03	2.65	90.3	3.58	6.39	Restrictive	Mild	43433	2.95	2.73	91.5	3.62	6.15	Normal	
43105	5	4.29	90.2	5.3	10.1	Normal		43435	2.9	2.68	91.2	3.56	6.1	Normal	
43107						Normal		43437	2.95	2.73	91.3	3.6	6.17	Normal	
43109	3.34	2.93	90.6	3.93	7.02	Normal		43439	3.14	2.9	91.6	3.77	6.41	Obstruction or mixed pattern	
43111	2.47	2.12	89.6	2.88	5.13	Restrictive	Mild	Total=17 (N=12, RM=4, O=1)							
43113	4.07	3.56	90.7	4.61	8.5	Normal		Spirometry 11/6/2004 Pratom Bangkokkap							
43115	2.9	2.69	91.5	3.58	6.07	Normal		Subject ID	Predictive spirometric values					Interpretation	Degree
43117	3.09	2.86	91.6	3.74	6.35	Normal			FVC	FEV1	FEV1/FVC	FEF25-75%	PEF		
43119	3	2.77	91.3	3.64	6.24	Obstruction	Mild	64101	1.61	1.23	87.6	1.58	2.93	Normal	
43121	2.9	2.69	91.5	3.58	6.07	Normal		64103	1.83	1.47	88.3	1.95	3.45	Normal	
43123	3.44	3.14	91.8	3.96	6.75	Normal		64105	1.99	1.65	88.8	2.22	3.84	Normal	
43125	3.09	2.86	91.6	3.74	6.35	Normal		64107	2.64	2.31	90.3	3.15	5.28	Normal	
43127	3.05	2.82	91.6	3.7	6.28	Restrictive	Mild	64109	1.88	1.53	88.5	2.04	3.58	Obstruction	Mild
43131	2.56	2.38	91.3	3.25	5.52	Normal		64111	2.28	1.95	89.6	2.66	4.5	Restrictive	Mild
43133	2.71	2.51	91.1	3.38	5.8	Normal		64113	2.64	2.31	90.3	3.15	5.28	Normal	
43135	2.9	2.69	91.5	3.58	6.07	Normal		64115	1.83	1.47	88.3	1.95	3.45	Restrictive	Mild
43139	2.7	2.51	91.4	3.4	5.77	Obstruction	Mild	64117	1.77	1.41	88.2	1.86	3.32	Restrictive	Mild
Total=18 (N=12, RM=3, OM=2, Normal=1)								64119	1.87	1.72	91.7	2.48	4.06	Normal	
43401	3.33	2.93	90.8	3.92	6.92	Restrictive	Mild	64121	1.51	1.32	91.4	1.93	3.21	Normal	
43403	4.56	3.96	90.8	5.02	9.31	Normal		64123	1.87	1.72	91.7	2.48	4.06	Obstruction	Mild
43405	3.4	2.99	90.7	3.99	7.15	Normal		64125	2.63	2.48	92.4	3.42	5.56	Normal	
43409	3.94	3.45	90.7	4.49	8.25	Restrictive	Mild	64127	1.66	1.49	91.5	2.17	3.59	Normal	
43411	3.8	3.33	90.9	4.38	7.91	Normal		64129	2.48	2.34	92.2	3.26	5.29	Small airway obstruction	
43413	3.67	3.22	90.6	4.25	7.75	Normal		64131	1.66	1.49	91.5	2.17	3.59	Normal	
43415	3.09	2.7	90.4	3.65	6.51	Restrictive	Mild	64133	2.17	2.03	92	2.89	4.71	Restrictive	Mild
43419	2.56	2.38	91.3	3.25	5.52	Normal		64135	2.02	1.88	91.8	2.68	4.4	Restrictive	Mild
43423	3.24	2.98	91.7	3.84	6.53	Normal		64137	2.02	1.88	91.8	2.69	4.4	Restrictive	Mild
43425	3.54	3.22	91.9	4.01	6.84	Restrictive	Mild	64139	1.46	1.26	91.3	1.85	3.08	Normal	
43427	2.8	2.6	91.2	3.47	5.95	Normal		64141	1.2	0.973	91.1	1.41	2.41	Normal	



71217	3.66	3.22	90.8	4.25	7.66	Restrictive	Mild	72213	4.28	3.73	90.7	4.78	8.88	Normal	
71219	3.07	2.7	90.5	3.64	6.41	Normal		72215	3.26	2.87	90.7	3.86	6.79	Normal	
71221	3.39	2.99	90.8	3.99	7.05	Restrictive	Mild	72217	2.27	1.93	89.3	2.62	4.62	Normal	
71223	3.38	2.98	91	3.99	6.94	Normal		72219	2.69	2.52	91.9	3.44	5.71	Restrictive	Mild
71225	2.57	2.22	89.9	3.02	5.27	Restrictive	Mild	72221	2.84	2.66	92	3.58	5.94	Normal	
71227	3.09	2.86	91.6	3.74	6.35	Restrictive	Mild	72223	2.85	2.65	91.7	3.56	5.97	Normal	
71229	2.75	2.56	91.7	3.47	5.82	Normal		72225	2.8	2.6	91.4	3.49	5.93	Restrictive	Mild
71231	2.8	2.61	91.7	3.51	5.9	Restrictive	Mild	72227	2.85	2.65	91.5	3.54	6	Normal	
71233	2.34	2.19	91.6	3.06	5.09	Normal		72229	2.85	2.65	91.5	3.54	6	Normal	
71235	2.74	2.57	91.9	3.49	5.79	Normal		72231	2.85	2.65	91.5	3.54	6	Restrictive	Mild
71237	3.09	2.88	92.2	3.79	6.3	Restrictive	Mild	72233	2.36	2.19	91.2	3.03	5.16	Normal	
71239	2.59	2.43	91.8	3.34	5.54	Normal		72235	2.7	2.51	91.4	3.4	5.77	Restrictive	Moderate
71241	3.04	2.84	92.1	3.75	6.23	Normal		72237	2.95	2.74	91.8	3.64	6.12	Small airway obstruction	
Total=21 (N=13, RM=8)								72239	2.65	2.47	91.6	3.37	5.66	Normal	
72101	3.46	3.05	90.9	4.06	7.17	Obstruction	Mild	72241	2.75	2.56	91.7	3.47	5.82	Normal	
72103	2.36	2	89.3	2.72	4.87	Small airway obstruction		Total=21 (N=13, RM=5, RMod=1, OM=1, Sao=1)							
72105	3.25	2.87	90.9	3.85	6.68	Normal		73101	2.79	2.42	90	3.28	5.88	Normal	
72107	3.53	3.11	90.7	4.13	7.4	Normal		73103	3.93	3.45	90.9	4.5	8.16	Normal	
72109	3.85	3.39	91.2	4.46	7.85	Restrictive	Mild	73105	3.47	3.05	90.7	4.06	7.27	Restrictive	Mild
72111	3.4	2.99	90.7	3.99	7.15	Small airway obstruction		73107	4.49	3.91	91	4.98	9.09	Normal	
72113	4.35	3.79	90.8	4.85	8.93	Normal		73111	2.8	2.6	91.2	3.47	5.95	Restrictive	Mild
72115	3.33	2.93	90.8	3.92	6.92	Normal		73113	3	2.78	91.5	3.66	6.21	Restrictive	Moderate
72117	3.52	3.1	90.9	4.13	7.3	Normal		73115	2.9	2.69	91.5	3.58	6.07	Normal	
72119	3	2.79	91.8	3.69	6.19	Normal		73117	3.29	3.02	91.7	3.87	6.59	Normal	
Total=10 (N=6, RM=1, OM=1, Sao=2)								73119	2.65	2.47	91.3	3.35	5.69	Normal	
72201	3.26	2.87	90.7	3.86	6.79	Restrictive	Mild	73121	2.95	2.73	91.5	3.62	6.15	Normal	
72203	3.99	3.51	91.1	4.58	8.2	Restrictive	Mild	73123	2.8	2.6	91.4	3.49	5.93	Normal	
72205	3.21	2.82	90.5	3.79	6.77	Normal		73125	2.85	2.65	91.5	3.54	6	Restrictive	Mild
72207	3.09	2.7	90.4	3.65	6.51	Normal		73127	2.95	2.73	91.5	3.62	6.15	Normal	
72209	3.46	3.05	90.9	4.06	7.17	Normal		73129	3.24	2.98	91.7	3.84	6.53	Normal	
72211	3.52	3.1	90.9	4.13	7.3	Obstruction	Mild	73131	2.8	2.6	91.4	3.49	5.93	Normal	
73133	2.51	2.33	91.3	3.2	5.43	Normal		84413	1.77	1.41	88.2	1.86	3.32	Normal	
73135	2.85	2.65	91.5	3.54	6	Restrictive	Mild	84415	1.77	1.41	88.2	1.86	3.32	Normal	
Total=17 (N=12, RM=4, RMod=1)								84417	1.94	1.59	88.7	2.13	3.71	Normal	
73201	2.97	2.59	90.2	3.51	6.26	Restrictive	Mild	84419	2.05	1.71	89	2.31	3.97	Restrictive (3RMcd)	Mild
73203	4.01	3.5	90.5	4.54	8.46	Normal		84421	1.77	1.61	91.6	2.33	3.83	Normal	
73205	4.01	3.5	90.7	4.55	8.38	Normal		84423	1.71	1.55	91.6	2.25	3.71	Normal	
73209	3.53	3.11	90.7	4.13	7.4	Normal		84425	1.56	1.38	91.4	2.01	3.34	Normal	
73211	3.99	3.51	91.1	4.58	8.2	Normal		84427	1.92	1.77	91.7	2.55	4.18	Normal	
73213	3.03	2.65	90.3	3.58	6.39	Small airway obstruction		84429	1.26	1.03	91.2	1.5	2.54	Normal	
73215	3.21	2.82	90.5	3.79	6.77	Restrictive	Mild	84431	2.07	1.93	91.9	2.76	4.5	Obstruction or mixed pattern	
73217	3.66	3.22	90.8	4.25	7.66	Normal		84433	1.31	1.09	91.2	1.59	2.68	Normal	
73219	4.14	3.62	90.9	4.68	8.54	Normal		84435	1.77	1.61	91.6	2.33	3.83	Normal	
73221	2.95	2.73	91.5	3.62	6.15	Normal		84437	2.53	2.39	92.3	3.32	5.38	Normal	
73223	2.9	2.69	91.5	3.58	6.07	Normal		84439	1.51	1.32	91.4	1.93	3.21	Normal	
73225	3.39	3.1	91.8	3.93	6.7	Restrictive	Mild	84441	1.41	1.21	91.3	1.76	2.95	Normal	
73227	2.56	2.38	91.3	3.25	5.52	Normal		84443	1.46	1.26	91.3	1.85	3.08	Normal	
73229	2.8	2.6	91.4	3.49	5.93	Normal		84445	1.71	1.55	91.6	2.25	3.71	Restrictive	Mild
73231	3.49	3.18	91.8	3.98	6.8	Normal		Total=23 (N=20, RM=2, O=1)							
73233	3.19	2.95	92	3.83	6.45	Normal		84601	2.45	2.1	89.7	2.86	5.01	Normal	
73235	2.6	2.42	91.3	3.3	5.61	Normal		84603	1.83	1.47	88.3	1.95	3.45	Normal	
73237	3.09	2.86	91.6	3.74	6.35	Normal		84605	1.72	1.35	88	1.77	3.19	Normal	
Total=18 (N=14, RM=3, Sao=1)								84607	1.72	1.35	88	1.77	3.19	Normal	
Spirometry 28/5/2004 Pratoochai															
Subject ID	Predictive spirometric values					Interpretation	Degree								
	FVC	FEV1	FEV1/FVC	FEF25-75%	PEF		FVC								
84401	2.52	2.19	90.1	2.99	5.02	Normal	84617	1.3	0.878	86.3	1	2.14	Normal		
84403	1.61	1.23	87.6	1.58	2.93	Normal	84619	1.61	1.23	87.6	1.58	2.93	Normal		
84405	1.94	1.59	88.7	2.13	3.71	Normal	84621	1.77	1.41	88.2	1.86	3.32	Normal		
84407	1.2	0.759	85.9	0.804	1.88	Normal	84623	2.31	1.97	89.5	2.68	4.63	Normal		
84409	2.83	2.49	90.7	3.39	5.68	Normal	84625	2.43	2.29	92.2	3.2	5.2	Normal		
84411	2.58	2.25	90.2	3.07	5.15	Normal	84627	2.17	2.03	92	2.89	4.71	Normal		







## APPENDIX C

### SPSS Output

## SPSS Output

## Oneway

## Descriptives

Year 2004

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1	354	65.031455	23.7930413	1.2645859	62.544385	67.518525	29.1250	185.0830
2	354	67.488703	26.8620865	1.4277038	64.680827	70.296578	29.9583	183.7920
3	361	52.209353	18.8412143	.9916429	50.259212	54.159493	23.5714	153.8750
4	366	47.025236	19.8783352	1.0390572	44.981945	49.068526	22.1905	130.5830
Total	1435	57.819476	24.0885915	.6358951	56.572092	59.066860	22.1905	185.0830

## ANOVA

Year 2004

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	105516.0	3	35171.992	69.272	.000
Within Groups	726577.2	1431	507.741		
Total	832093.2	1434			

## Post Hoc Tests

## Multiple Comparisons

Dependent Variable: Year 2004

LSD

(I) Group 1=HR, 2=HG, 3=MR, 4=C	(J) Group 1=HR, 2=HG, 3=MR, 4=C	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1	2	-2.4572477	1.6936920	.147	-5.779633	.865138
	3	12.8221022*	1.6854616	.000	9.515862	16.128343
	4	18.0062193*	1.6797519	.000	14.711179	21.301259
2	1	2.4572477	1.6936920	.147	-.865138	5.779633
	3	15.2793499*	1.6854616	.000	11.973109	18.585590
	4	20.4634670*	1.6797519	.000	17.168427	23.758507
3	1	-12.822102*	1.6854616	.000	-16.128343	-9.515862
	2	-15.279350*	1.6854616	.000	-18.585590	-11.973109
	4	5.1841171*	1.6714528	.002	1.905357	8.462878
4	1	-18.006219*	1.6797519	.000	-21.301259	-14.711179
	2	-20.463467*	1.6797519	.000	-23.758507	-17.168427
	3	-5.1841171*	1.6714528	.002	-8.462878	-1.905357

\*. The mean difference is significant at the .05 level.

## Prevalence of respiratory symptoms and impaired lung function in schoolchildren, Thailand

Parameter <sup>a</sup>	Elementary	Junior high school	Both of student
	student (n=354)	student (n=368)	(n=722)
	<i>p</i> -value <sup>b</sup>	<i>p</i> -value <sup>b</sup>	<i>p</i> -value <sup>b</sup>
1. Chronic bronchitis			
HR-C	0.772	0.992	0.607
HG-C	0.024	1.000	0.065
MR-C	1.000	1.000	1.000
2. Bronchial asthma			
HR-C	0.860	0.189	0.607
HG-C	1.000	1.000	0.965
MR-C	1.000	0.289	0.592
3. Dyspnea and wheezing			
HR-C	0.404	0.002	0.001
HG-C	1.000	0.000	0.000
MR-C	0.926	0.289	0.222
4. Persistent cough			
HR-C	0.195	0.220	0.042
HG-C	0.024	1.000	0.102
MR-C	1.000	0.578	0.373
5. Persistent phlegm			
HR-C	0.772	0.992	0.607
HG-C	0.014	1.000	0.041
MR-C	0.249	1.000	0.373

a: HR = High-polluted roadside area; HG = High-polluted general area; MR = Moderate-polluted roadside area; C = Control area.

b: *p*-value for the trend by Yates' Correction Chi-Square

Prevalence of respiratory symptoms and impaired lung function in schoolchildren, Thailand  
(cont.)

Parameter <sup>a</sup>	Elementary student (n=354)	Junior high school student (n=368)	Both of student (n=722)
	<i>p</i> -value <sup>b</sup>	<i>p</i> -value <sup>b</sup>	<i>p</i> -value <sup>b</sup>
6. Both of PCP			
HR-C	-	0.388	0.395
HG-C	0.072	1.000	0.204
MR-C	-	1.000	1.000
7. Any one of the respiratory symptoms			
HR-C	0.217	0.007	0.003
HG-C	0.036	0.001	0.000
MR-C	0.582	0.133	0.071
8. Impaired lung function			
HR-C	0.414	0.028	0.382
HG-C	0.633	0.718	1.000
MR-C	0.378	0.826	0.805

a: HR = High-polluted roadside area; HG = High-polluted general area; MR = Moderate-polluted roadside area; C = Control area.

b: *p*-value for the trend by Yates' Correction Chi-Square

APPENDIX D  
Pony Graphic User Manual

## Pony Graphic User Manual

### Intended Use

Pony graphic is an electrical medical device designed to perform pulmonary function tests. It is to be used by physicians or by trained personnel on a physician responsibility. This equipment has been conceived to be used as an auxiliary instrument in order to:

- Formulate lung pathology diagnosis;
- Perform studies concerning human physiology;
- Get information in sport medicine.

### Technical Features

Features	Value
Flow meter	Digital bi-directional turbine
Flow range	0.30-20 l/s
Volume range	10 l
Accuracy F/V	$\pm 3\%$ or $\pm 50$ ml
Dynamic res at 12 l/s	$< 0.7$ cm H <sub>2</sub> O/l/s
Mouthpieces	$\varnothing$ 31 and 22 mm
Graphic display	Back lighting LCD 70× 80 mm
Printer	Graphic, 24 char/lin, 2, 5 lines/s
Keyboard	12 multifunction keys
Serial cable	RS 232 bidirectional 4800 baud.
Power supply	Batteries Ni-Cd 5V, 1, 2 Ah
Battery autonomy	200 tests including prints out
Battery charge	12V dc – 1, 2 A
Dimensions	237 × 127 × 46 mm
Weight	1, 2 kg

## **Preparing the unit**

Before using the Pony graphic it's necessary:

- Set up the turbine Flow Meter
- Check the paper in the printer
- Check the ribbon in the printer
- Make sure the batteries are charged

## **Calibration**

The system is precisely calibrated by Cosmed and will remain so as long as it is used properly. If a proper maintenance is executed, it is possible to check the calibration of the Flow meter turbine even after long periods. Check the calibration by measuring a known volume (syringe) using the FVC and VC tests and comparing the results measured with the predicted one (the syringe one). If the discrepancy is more than 3% the system should be recalibrated. This standard calibrated syringe (3 Liters) is supplied by COSMED:

Calibration syringe: P/N 00600-01-11

APPENDIX E

Micro Medical Smoke Check Operating Manual



## Micro Medical Smoke Check Operating Manual

### Operation

For accurate results the Smoke Check should be used at room temperature. If the instrument has been stored in cool or hot conditions then allow time to reach room temperature prior to use. Install the PP3 battery by sliding open the battery cover, clipping the battery in place and replacing the cover. Insert the mouthpiece adapter into the Smoke Check meter and then insert a disposable cardboard mouthpiece into the adapter. If possible, the subject should rinse their mouth with clean water prior to performing a test. Do not use mouthwash, as the readings will be affected. To obtain an accurate reading from a sample of alveolar gas the patient should inspire and hold their breath for 20 seconds before expiring slowly and fully through the mouthpiece. As an aid to timing the breath-holding period, a buzzer will sound 20 seconds after the unit is turned on. However the instrument may be used any time after the first 12 seconds when the auto-zero has been performed. Turn the unit on by pushing the central slide switch up and the three colored lights will illuminate momentarily together with all the display legends:

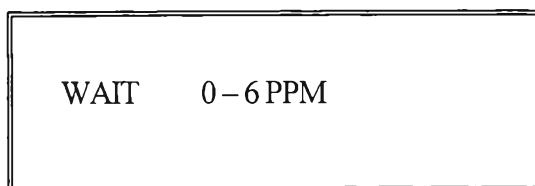
BAT		
WAIT	7 – 10 PPM	20+ PPM
BLOW	0 – 6 PPM	11 – 20 PPM
GAS		

Ask the subject to inspire and hold their breath. The unit will auto-zero for twelve seconds during which time the following will be displayed:

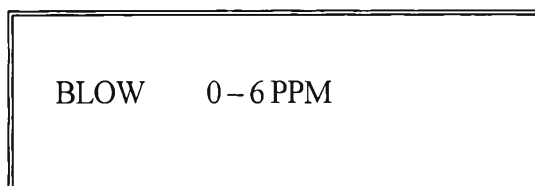
WAIT
------

Important note: the unit must not be used during this period.

After twelve seconds the display will change to:



The subject may now seal their lips around the mouthpiece and exhale slowly and fully if they cannot hold there breathe any longer. However, more accurate results will be obtained if they hold their breath until the buzzer sounds and the display changes to:



The CO reading will rise to a plateau over the course of several seconds. The final value will be held until the unit is turned off and will be displayed in one of the four ranges:

- 0 – 6 ppm with green indicator
- 7 – 10 ppm with amber indicator
- 11 – 20 ppm with red indicator
- 20+ ppm with flashing red indicator and alarm

### **Important note**

Before repeating a measurement the unit must be turned off, and the mouthpiece and adapter removed for at least 1 minute. This is to allow re-equilibration with ambient air and to dry the surface of the sensor. Visually inspect that all moisture has evaporated from the surface of the sensor before reuse. If the unit is switched on again too quickly after use there may be a response to residual expired carbon monoxide from the previous test.

## Specifications

Sensor type	Electro-chemical fuel cell
Range	0 – 20 ppm
Detected levels:	Display:
0 to 6 ppm	0 – 6 ppm with green indicator
7 to 10 ppm	7 – 10 ppm with amber indicator
11 – 20 ppm	11 – 20 ppm with red indicator
> 20 ppm	20+ ppm with red indicator and alarm
Accuracy	+/- 5% of full scale or 1 ppm whichever is the greater
Sensitivity drift	0.5%/°C
Sensor life	2 to 5 years
Response time	< 15 sec (to 90% of reading)
Hydrogen cross sensitivity	< 15%
Operating temperature	15 – 25°C
Operating pressure	Atmospheric +/- 10%
Pressure coefficient	0.02% signal per mBar
Relative humidity (Non condensing)	15 – 90% continuous (0 – 99% intermittent)
Baseline drift	0 ppm (auto-zero)
Long term drift	< 2% signal loss per month
Power source	Single Alkaline 9 volt PP3
Battery life	> 8000 tests
Weight	130 g without battery
Dimensions	170 × 60 × 26 mm
Display	Custom LCD
Storage temperature	-20°C to +70°C
Storage humidity	30% to 75%

APPENDIX F

Publication

## Respiratory symptoms and lung function in Bangkok school children

Uma Langkulsen<sup>1</sup>, Wanida Jinsart<sup>2</sup>, Kanae Karita<sup>3</sup>, Eiji Yano<sup>3</sup>

**Background:** Previous epidemiological studies have shown acute effects of ambient air pollutants in children with respiratory disorders. **Methods:** The chronic effects of air pollution in Bangkok children were investigated. Children aged 10–15 years were examined for lung functions using spirometry tests and for respiratory symptoms by the American Thoracic Society's Division of Lung Diseases (ATS-DLD-78-C) questionnaire during May–August 2004. Effects of residential area were estimated by multiple logistic regression analysis. Of the 878 children, 722 (82%) had completed lung function test and ATS-DLD questionnaire. **Results:** In children, who live in roadside (R) and general (G) areas with high (H) pollution, the prevalence of respiratory symptoms increased significantly [odds ratios (95% confidence interval) in HR and HG are 2.44 (1.21–4.93) and 2.60 (1.38–4.91), respectively]. Children with normal lung function were less observed in H- and M-polluted roadside and general area [HR, OR = 1.41 (95% CI 0.89–2.22); HG, 1.08 (0.71–1.64); and MR, 0.99 (0.63–1.57)]. Residential locations and family members were associated with the prevalence of respiratory symptoms, whereas factors such as the responder of ATS-DLD, gender, age, residential years, home size, parental smoking habits, use of air conditioners, and domestic pets were not associated. Age was associated with the impaired lung function, whereas others factors were not associated. **Conclusion:** The prevalence of respiratory symptoms and impaired lung function were higher among children living in areas with high pollution than those in areas with low pollution.

**Keywords:** air pollution, Bangkok, children, lung function, respiratory symptoms

### Introduction

Epidemiological studies found relatively consistent associations between outdoor particulate matter concentrations and various adverse health effects, such as exacerbation of asthma, other respiratory tract diseases, and decrements in lung function.<sup>1–12</sup>

The high concentration of respirable particulate matter (PM<sub>10</sub>) in ambient air is one of the serious environmental problems in Bangkok city, particularly in the traffic-congested areas. PM<sub>10</sub> levels were monitored systematically at 32 Pollution Control Department (PCD) monitoring stations. In many areas, annual average PM<sub>10</sub> concentrations were found to be higher than the National Ambient Air Quality Standard. In 2004, annual average concentrations of total suspended particulate matter (TSP) and PM<sub>10</sub> at roadside monitoring stations were ~0.18 mg/m<sup>3</sup> and 78.50 µg/m<sup>3</sup>, exceeding the standard<sup>13</sup> by ~8.3 and 8.4% days, respectively. There is a potential increase in the concentration of pollutants each year. Furthermore, PM<sub>10</sub> in Bangkok has been associated with serious health effects, such as increased hospital admissions and mortality.<sup>14</sup> The associations were also reported between air pollution and respiratory health among traffic policemen<sup>15–18</sup> and their wives.<sup>19</sup> These studies have mainly been conducted in healthy adult groups. It is not clear to what extent such associations could be revealed in children, who might be more susceptible to air pollution than adults. A few researchers have reported that there is an increase in respiratory symptoms<sup>20</sup>

and impaired lung function among asthmatic children near Maemoh Power Plant, Thailand.<sup>21</sup> However, chronic health effects for the children remain uncertain, particularly for Bangkok children. Therefore, with the help of a cross-sectional design, possible chronic effects of exposure to air pollution in Bangkok school children were investigated. The aim of this study was to evaluate the association between air pollution and respiratory symptoms, or lung function, by using the ATS-DLD-78-C respiratory questionnaires and spirometry tests among the school children in different air pollution levels.

### Methods

#### Study site and population

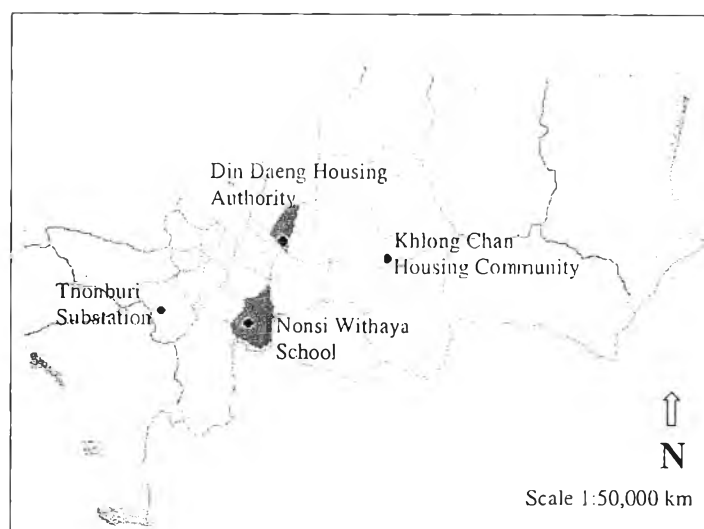
Bangkok has a population of about six million people with a very high density (4051 persons per square kilometre). To obtain a wide range of air pollution level, four different areas were selected based on the traffic volumes and population density. Based on the level of PM<sub>10</sub> obtained from PCD monitoring stations, four areas (highly polluted roadside area: HR; highly polluted general area: HG; moderately polluted roadside area: MR; and less-polluted area as a control: C) with elementary and junior high schools were chosen. Figure 1 shows the location of the studied areas. Annual average PM<sub>10</sub> level in 2004<sup>13</sup> at Din Daeng Housing Authority Station located in HR was 65 µg/m<sup>3</sup>, and this level too exceeds the standard 50 µg/m<sup>3</sup>. There were 12 out of 354 observations, representing 3.4% of the total observations, where concentrations exceed the standard 120 µg/m<sup>3</sup>. The concentration level at Nonsi Withaya School Station located in HG was 67.5 µg/m<sup>3</sup>. There were 20 out of 354 observations, representing 5.7% of the total observations, where concentrations exceed the standard. At Thonburi Substation Station located in MR, the level was 52.2 µg/m<sup>3</sup>. There were 4 out of 361 observations, representing 1.1% of the total observations, where concentrations exceed the standard and at Khlong Chan Housing Community Station located in C, the level was 47 µg/m<sup>3</sup>. There were 2 out of 366 observations, representing

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**Figure 1** Location of air monitoring stations in the study areas. Dark shading represents highly polluted area (Adapted from <http://www.pcd.go.th/AirQuality/Bangkok/Graph/createaqi1.cfm>)

**Table 1** Traffic volume, zone characteristic, and 24 h average concentration of PM<sub>10</sub> in Bangkok, Thailand, 2004

Area <sup>a</sup>	Traffic volume (cars/h)	Characteristic	PM <sub>10</sub> (μg/m <sup>3</sup> ) <sup>b</sup>			
			Range	Average	Frequency of exceeding standard	P
HR	4973 (Asok Din Daeng Rd)	Super block zone	29.1–185.1	65.0	12/354 (3.4%)	vs HG <sup>NS</sup>
						vs MR <sup>**</sup>
						vs C <sup>**</sup>
HG	3498 (Rama III Express way)	New economic zone	30.0–183.8	67.5	20/354 (5.7%)	vs MR <sup>**</sup>
						vs C <sup>**</sup>
MR	1364 (Therd Thai Rd)	Conservative zone	23.6–153.9	52.2	4/361 (1.1%)	vs C <sup>*</sup>
C	938 (Soi Happy Land)	Residence zone	22.2–130.6	47.0	2/366 (0.6%)	—

a: HR = highly polluted roadside area; HG = highly polluted general area; MR = moderately polluted roadside area; C = control area

b: PM = particulate matter diameter <10 μm

\*P < 0.005, \*\*P < 0.001, NS: non significant by one-way ANOVA compared mean of 24 h average concentration of PM<sub>10</sub>

0.6% of the total observations, where concentrations exceed the standard (Table 1).

In 2004, school children aged 10–15 years were recruited for the study. Simple random sampling was used in the selection of one elementary school and one junior high school in each area that are close to or within 2 km of a PCD roadside and ambient air quality monitoring station. Total study subjects were 878 school children summed up to 10% of total children in each school. Systematic sampling in odd personal numbers of school students aged 10–12 and 13–15 years living in the four study areas were chosen. Exposure level of air pollution to each child was derived from the monitoring station nearest to his or her school in HR, HG, MR, and control areas. The overall participation rate was high (82%).

### Respiratory questionnaires

The prevalence of chronic respiratory symptoms (non-specific respiratory disease: NSRD and persistent cough and phlegm: PCP) were assessed using Thai version of ATS-DLD-78-C.<sup>22</sup> Criteria for NSRD are (i) chronic bronchitis: phlegm production from the chest ≥two times/day for ≥4 days/week for ≥3 months/year for at least 3 years; (ii) bronchial asthma: doctor-diagnosed asthma and still have asthma; (iii) dyspnea and wheezing: wheezing or whistling in the chest apart from cold

on most days or nights. Criteria for PCP are (i) persistent cough: cough apart from cold on most days more than 4 days/week for 3 months/year for at least 1 year; and (ii) persistent phlegm: congested in the chest or bring up phlegm, sputum, or mucus apart from cold on most days more than 4 days/week for 3 months/year for at least 1 year.

The questionnaire consists of general information, respiratory symptoms (cough, phlegm, wheeze, chest tightness), and family history. Either of the parents of children completed the respiratory questionnaire after the children were examined for their lung functions (HR = 152, HG = 207, MR = 150, and C = 213 cases).

### Lung function test

Lung function was measured by automated spirometry (Pony Graphic 3.3, Cosmed, Italy) using Spiro Thai 2.0 Program, according to the predicted lung function parameters from reference values in the Thai population.<sup>23</sup> Spirometric measurements include forced expiratory volume in 1 s (FEV<sub>1</sub>), forced vital capacity (FVC), FEV<sub>1</sub>/FVC%, and forced expiratory flow between 25 and 75% expired volumes (FEF<sub>25–75%</sub>).

Three experienced lung function technicians, who received certifications from the Cardiopulmonary Thailand Association under American Thoracic Society (ATS)<sup>24</sup>, performed the

spirometry tests in each school after regular calibration of spirometers. Standing height and weight were measured using the standardized equipments and procedures in all schools. Lung function was measured during May–August 2004 (HR = 212, HG = 225, MR = 226, and C = 215 cases). All subjects were trained by technicians for their proper blowing as fast, hard, and long as possible, with at least three spirometry tests in the seated position. The best spirogram with the highest sum of FVC and FEV<sub>1</sub> was chosen for further analyses. Test acceptability was determined by examining the flow and volume time curve as recommended by ATS. FEV<sub>1</sub> and FVC [greater than] 80% predicted were used as the criteria for normal lung function.

### Statistical analysis

Differences in the health-related parameters among the areas of HR, HG, MR, and control groups were compared using Yates' chi-squared test.<sup>25</sup> Logistic regression techniques were used to assess the dependency between prevalence of respiratory symptoms, lung function, and independent variables such as responder (mother = 1, father or others = 0), gender (male = 1, female = 0), age, residential years, home size, family members, parental smoking habits (mother or father or both smoke = 1, neither smoke = 0), use of air conditioners (yes = 1, no = 0), and having domestic pets (yes = 1, no = 0). The factor of residential areas as categorical covariate and the control area were used as a reference category. Three dummy or indicator variables denoting areas were included in this model (HR = 1, HG = 2, MR = 3, and C = 4). The regression models were tested using any of the respiratory symptoms and impaired lung function as dependent variables, and the area and others as independent variables listed above. The odds ratios (ORs) and 95% confidence intervals (CIs) were treated as the outcome variables and precision weighting was applied to estimate the degree of association in this study. The data were analysed by the statistical program SPSS version 13.0 (SPSS Inc., Chicago, IL, USA, 2001).

### Results

Lung function was measured in 872 (99.3%) of the 878 children aged 10–15 years, as 2 (0.2%) children showed major signs of upper respiratory tract infections and 4 (0.4%) children refused to participate in the study. After evaluating the flow-volume curves applied to the criteria of ATS, data from 844 (96%) children were acceptable for further analyses. Among them 722 (82%) completed the respiratory questionnaire. Table 2 shows the demographic and risk factor characteristics of the 722 children in each study group. Sixty per cent of the ATS-DLD questionnaire was completed by mothers. There were 354 boys and 368 girls, and 37% of them have been living in their areas for more than 10 years. They lived in the same place for at least 6 months before the survey.

Table 3 shows the prevalence of respiratory symptoms and impaired lung function of children. The prevalence of respiratory symptoms was shown to be higher for chronic bronchitis, bronchial asthma, dyspnea and wheezing, persistent cough, and persistent phlegm in the HR, HG, and MR areas than in the C area (dyspnea and wheezing in junior high school students in HR and HG areas,  $P < 0.01$ ). The prevalence of chronic bronchitis, persistent cough, and persistent phlegm were higher significantly in elementary students in HG area compared with those in C area ( $P < 0.05$ ). A significant higher prevalence of any one of the respiratory symptoms was observed in junior high school students in HR and HG areas ( $P < 0.01$ ) and in elementary students in HG area ( $P < 0.05$ ) compared with those in C area. The percentage of impaired lung function in junior high school students, who live in HR, HG, and MR areas, was significantly higher than in the C area ( $P < 0.01$ ). There was no significant difference in the bronchial asthma.

The results of the multiple logistic regression analyses were shown in Table 4. To evaluate the significant factors on any one of the respiratory symptoms or impaired lung function, independent variables such as the responder of ATS-DLD, gender, age, residential years, home size, family members, parental smoking habits, use of air conditioners, domestic pets, and residential areas were included in this model. In children who live in HR and HG areas, the prevalence of respiratory symptoms increased significantly compared with those living in the control area. Family members slightly increased the significance of the prevalence of respiratory symptoms and age slightly increased the significance of the risk of impaired lung functions. Restricted only to the children whose mother completed the ATS-DLD questionnaires ( $n = 436$ ), family members significantly increased the prevalence of respiratory symptoms (OR = 1.20, 95% CI = 1.05–1.37) and age slightly increased the significance of the risk of impaired lung functions (OR = 1.19, 95% CI = 1.07–1.34). Residential areas and family members were associated with the prevalence of respiratory symptoms and age was associated with impaired lung function significantly, whereas factors such as the responder of ATS-DLD, gender, residential years, home size, parental smoking habits, use of air conditioners, and domestic pets were not associated.

### Discussion

Children living in highly polluted areas would possibly indicate higher prevalence of respiratory symptoms and impaired lung function than those living in moderately and less-polluted areas. In this study, we categorized the children into eight groups based on area, school type, roadside and ambient monitoring stations and have found that children living in highly polluted areas suffered more frequently with respiratory symptoms and decreased lung functions compared to those children who live in less-polluted areas. Junior high school students in HR area have the greatest impaired lung functions. Both elementary and junior high school students in HR and HG areas illustrated the higher prevalence of respiratory symptoms compared to children in other groups. It is obvious that air pollution affects more on children who have been living for a long time in highly polluted areas of Bangkok than on children who live in less-polluted areas. There were differences in associations between pollutants and respiratory symptoms for elementary students and junior high school students. There may be junior high school students living for a longer period in their polluted areas more than the elementary students. There may be children of younger ages who are sensitive to these respiratory symptoms. These groups correspond with both biological development and the type of care for those families. In addition, we confirmed the observation after controlling other risk factors. There seems to be greater effects of air pollution on the respiratory symptoms and lung function in school children compared to adults as having shown in other cities.<sup>1–12</sup> Our studies also suggested that children who live in highly polluted areas were susceptible to adverse health effects.

Lung function tests for children were performed in the seated position and without nose clip. ATS guidelines<sup>24</sup> suggest that subjects can be tested either seated or standing and a report from school-age children who were tested with and without nose clips found no systematic effect on FEV<sub>1</sub> or FVC.<sup>26</sup> After the flow-volume curve examinations, we found high proportion of valid tests. Therefore, we believed that the lung function tests were performed satisfactorily. There may be an area difference in the proportion of time for the children spending outdoors. Outdoor pollutants may affect them more if they stayed outdoors longer. According to the population density, Bangkok Metropolitan Administration has divided the city into three zones, inner, middle, and outer zone, in accordance with the population density. Khlong Chan Housing Community Station as our control

Table 2 Demographic and risk factor characteristics of children included in analysis, Thailand, 2004 (n = 722)

Parameter	Children included in the analysis <sup>a</sup>							
	HR		HG		MR		C	
	Elementary student (n = 79)	Junior high school student (n = 73)	Elementary student (n = 111)	Junior high school student (n = 96)	Elementary student (n = 60)	Junior high school student (n = 90)	Elementary student (n = 110)	Junior high school student (n = 103)
Mother responder [n (%)]	44 (55.7)	39 (53.4)	60 (54.1)	65 (67.7)	29 (48.3)	65 (72.2)	68 (61.8)	66 (64.1)
Boys [n (%)]	39 (49.4)	27 (37)	59 (53.2)	55 (57.3)	27 (45)	39 (43.3)	57 (51.8)	51 (49.5)
Mean age ± SD <sup>b</sup> (years)	10.6 ± 0.9	13.7 ± 1	10.3 ± 0.9	13.4 ± 1	10.5 ± 0.9	13.5 ± 1	10.6 ± 1	13.6 ± 0.9
Born in Bangkok [n (%)]	68 (86.1)	53 (72.6)	92 (82.9)	89 (92.7)	46 (76.7)	76 (84.4)	98 (89.1)	87 (84.5)
Residential area [n (%)]								
Urban	77 (97.5)	70 (95.9)	111 (100)	95 (99)	58 (96.7)	90 (100)	108 (98.2)	102 (99)
Suburban	2 (2.5)	3 (4.1)	0	1 (1)	2 (3.3)	0	2 (1.8)	1 (1)
Rural	0	0	0	0	0	0	0	0
Residential years [n (%)]								
0–5	20 (25.3)	31 (42.5)	32 (28.8)	24 (25)	19 (31.7)	28 (31.1)	33 (30)	29 (28.2)
6–10	32 (40.5)	21 (28.8)	44 (39.6)	22 (22.9)	22 (36.7)	26 (28.9)	33 (30)	39 (37.9)
>10	27 (34.2)	21 (28.8)	35 (31.5)	50 (52.1)	19 (31.7)	36 (40)	44 (40)	35 (34)
Home size, room [n (%)]								
1	32 (40.5)	29 (39.7)	41 (36.9)	23 (24)	21 (35)	27 (30)	19 (17.3)	23 (22.3)
2–5	36 (45.5)	33 (45.2)	61 (54.9)	66 (68.8)	31 (51.8)	56 (62.1)	84 (76.4)	71 (69)
>5	1 (1.3)	8 (11)	4 (3.6)	5 (5.2)	1 (1.7)	2 (2.2)	6 (5.4)	4 (3.9)
Family members [n (%)]								
1–5	62 (78.4)	44 (60.3)	73 (65.7)	60 (62.4)	29 (48.4)	51 (56.7)	79 (71.8)	74 (71.8)
6–10	8 (10.2)	22 (30.2)	24 (21.6)	26 (27.1)	22 (36.7)	29 (32.1)	27 (24.4)	24 (23.3)
>10	4 (5.1)	6 (8.4)	10 (9)	7 (7.1)	3 (5)	4 (4.4)	3 (2.7)	2 (2)
Parental smoking habits [n (%)]								
Neither smoke	51 (64.6)	42 (57.5)	70 (63.1)	65 (67.7)	35 (58.3)	54 (60)	84 (76.4)	69 (67)
Father only smoke	23 (29.1)	26 (35.6)	33 (29.7)	28 (29.2)	16 (26.7)	33 (36.7)	25 (22.7)	29 (28.2)
Mother only smoke	3 (3.8)	2 (2.7)	5 (4.5)	1 (1)	1 (1.7)	3 (3.3)	0	2 (1.9)
Both smoke	2 (2.5)	3 (4.1)	3 (2.7)	2 (2.1)	8 (13.3)	0	1 (0.9)	3 (2.9)
Use of air conditioners [n (%)]	8 (10.1)	20 (27.4)	22 (19.8)	36 (37.5)	9 (15)	26 (28.9)	60 (54.5)	48 (46.6)
Domestic pets [n (%)]	20 (25.3)	25 (34.2)	42 (37.8)	34 (35.4)	18 (30)	33 (36.7)	33 (30)	35 (34)
History of allergic diseases [n (%)]	15 (19)	18 (24.7)	25 (22.5)	21 (21.9)	7 (11.7)	17 (18.9)	26 (23.6)	24 (23.3)

a: HR = highly polluted roadside area; HG = highly polluted general area; MR = moderately polluted roadside area;

C = control area

b: Standard deviation

site, located in the middle zone and HR and HG areas located in the inner zone. The results revealed the association between site conditions and the health effects. The prevalence of respiratory symptoms was higher among children living in HR and HG areas than those children living in other groups. We assumed that children in control area, in the middle zone, low population density, have more chance to play outdoors than those living in busy streets in inner areas. Thus without considering the difference in playing outdoors, there may be even larger

difference in the effect of air pollution among the areas. In addition, there may be other potential confounders such as unaccounted differences in socio-economic variables. Lenth *et al.*<sup>17</sup> showed that socio-economic status (SES) affected health conditions. However, most of the parents of the children in this study were considered to be of the middle class and the inclusion of variables such as air conditioners use, home size, family members, and respondents of the questionnaire in the multiple logistic analyses may adjust the remaining effect of SES. In



Table 3 Number and prevalence (%) of respiratory symptoms and impaired lung function in school children, Thailand (n = 722)

Area <sup>a</sup> (total number)	Impaired lung function <sup>b</sup>	NSRD <sup>c</sup>			PCP <sup>d</sup>			Any one of the respiratory symptoms <sup>e</sup>
		Chronic bronchitis	Bronchial asthma	Dyspnea and wheezing	Persistent cough	Persistent phlegm	Both of PCP	
HR								
E (79)	22 (28.9)	2 (2.5)	1 (1.3)	4 (5.1)	4 (5.1)	2 (2.5)	0	10 (13)
J (73)	37 (56.1)**	3 (4.1)	4 (5.5)	10 (13.7)**	6 (8.2)*	3 (4.1)	3 (4.1)	16 (22)**
HG								
E (111)	34 (31.5)	9 (8.1)*	4 (3.6)	3 (2.7)	9 (8.1)*	10 (9)*	5 (4.5)	18 (16)*
J (96)	35 (37.2)	3 (3.1)	1 (1)	17 (17.7)**	2 (2.1)	3 (3.1)	0	23 (24)**
MR								
E (60)	16 (27.6)	1 (1.7)	1 (1.7)	2 (3.3)	1 (1.7)	3 (5)	0	6 (10)
J (90)	32 (37.7)	2 (2.2)	4 (4.4)	4 (4.4)	5 (5.6)	3 (3.3)	1 (1.1)	13 (14)
C								
E (110)	38 (34.9)	1 (0.9)	3 (2.7)	2 (1.8)	1 (0.9)	1 (0.9)	0	7 (6.4)
J (103)	34 (34)	3 (2.9)	1 (1)	1 (0.9)	3 (2.9)	3 (2.9)	1 (1)	7 (6.8)

a: HR = highly polluted roadside area; HG = highly polluted general area; MR = moderately polluted roadside area; C = control area; E = elementary student; J = junior high school student  
b: Results from spirometry test; obstructive ventilatory defect (FEV<sub>1</sub> < 80% predicted), restrictive ventilatory defect (FVC < 80% predicted), mixed obstruction and restriction (FEV<sub>1</sub> and FVC < 80% predicted), and small airway obstruction or restrictive (MMEF < 65% predicted)  
c: Non-specific respiratory disease, results from the ATS-DLD questionnaire  
d: Persistent cough and phlegm, results from the ATS-DLD questionnaire  
e: Results from the ATS-DLD questionnaire  
\*P < 0.05, \*\*P < 0.01 by chi-squared test compared with control

Table 4 Multiple logistic regression analyses for the association between independent variables, any of the respiratory symptoms, and impaired lung function among school children in Bangkok

Independent variables	Children (n = 722)	
	Any of respiratory symptoms OR (95% CI) <sup>a</sup>	Impaired lung function OR (95% CI) <sup>a</sup>
Responder of ATS-DLD	0.63 (0.39–1.01)	1.05 (0.77–1.44)
Gender	0.77 (0.49–1.21)	1.07 (0.78–1.46)
Age	1.06 (0.94–1.20)	1.18 (1.08–1.28)
Residential years	0.97 (0.92–1.02)	0.99 (0.96–1.02)
Home size	0.95 (0.78–1.16)	0.95 (0.83–1.10)
Family members	1.16 (1.04–1.29)	0.94 (0.86–1.03)
Parental smoking habits	0.96 (0.61–1.52)	0.92 (0.66–1.27)
Use of air conditioners	0.78 (0.47–1.28)	1.06 (0.74–1.51)
Domestic pets	0.85 (0.53–1.37)	1.14 (0.81–1.60)
Area <sup>b</sup>		
HR	2.44 (1.21–4.93)	1.41 (0.89–2.22)
HG	2.60 (1.38–4.91)	1.08 (0.71–1.64)
MR	1.57 (0.76–3.25)	0.99 (0.63–1.57)

a: OR: odds ratio, CI: confidence interval  
b: HR = highly polluted roadside area; HG = highly polluted general area; MR = moderately polluted roadside areas

In addition, the prevalence of some respiratory symptoms, such as chronic bronchitis, dyspnea and wheezing, persistent cough, and phlegm, may be associated with the residential area, which may in turn be associated with low-SES. This could lead to a confounding bias if children with low-SES were probably living in near busy streets. Therefore, if poorer families are unable to afford to live in cleaner areas and as a result their children's respiratory health suffers, this would suggest that PM<sub>10</sub> is one of the potential mechanism by which SES affects health. Family members were associated significantly with the prevalence of respiratory symptoms. People with weakened immune systems can be especially susceptible to more severe complications, such as bronchial infections. There can be any family members who suffer from allergies, asthma, or other respiratory problems. In addition, they may have immune system problems or illness and smoke inside their houses. Overall, in more than half of the households (60.4%), mothers were the questionnaire respondents. Normally, mothers were more likely to report a symptom or illness than the other questionnaire respondents. However, this study found mother or father or other were not associated significantly with reporting the prevalence of any of the respiratory symptoms. Nature of Thai people likes to take care of their children and to be very familiar. Some children may live with father only or with family senior relatives, because their parents were very busy at work. It is possible that mother or father or the other be equal in raising their children and can give reliable symptoms details.

The percentage of the willingness to participate in our study was high and the children included in the analyses should be reasonably representative of all children of a similar age in Bangkok. In line with the results from previous studies, children with asthma, wheezing, or a positive provocation challenge have a greater variability in lung function than in healthy children.<sup>2</sup>

This work was in the beginning stage of health effect study in Bangkok children. Since, the cross-sectional study was applied, the causal association may not be determined. However, from the results, we could suggest that living in highly polluted areas in Bangkok will lead to the chronic effects on respiratory systems in addition to the acute health effects as reported by previous studies.

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### Key Points

- This study was aimed to evaluate the association between air pollution and respiratory health among school children in Bangkok.
- The prevalence of respiratory symptoms and impaired lung function were higher among children living in areas with high pollution than in areas with low pollution.
- Bangkok populations are being adversely affected by air pollution to which they are regularly exposed.
- This has clear implication in public health and regulatory perspectives to protect the vulnerable populations.

## References

- Jedrychowski W, Flak E, Mroz E. The adverse effect of low levels of ambient air pollutants on lung function growth in preadolescent children. *Environ Health Perspect* 1999;107:669-74.
- Boezen HM, van der Zee SC, Postma DS, et al. Effects of ambient air pollution on upper and lower respiratory symptoms and peak expiratory flow in children. *Lancet* 1999;353:874-8.
- Braun-Fahrlander C, Vuille JC, Sennhauser FH, et al. Respiratory health and long-term exposure to air pollutants in Swiss school children. *Am J Respir Crit Care Med* 1997;155:1042-9.
- Collier AM, Pimmel RL, Hasselblad V, et al. Spirometric changes in normal children with upper respiratory infections. *Am Rev Respir Dis* 1978;117:47-53.
- Dockery DW, Speizer FE, Stram DO, et al. Effects of inhalable particles on respiratory health of children. *Am Rev Respir Dis* 1989;139:587-94.
- Gauderman WI, McConnell R, Gilliland F, et al. Association between air pollution and lung function growth in Southern California children. *Am J Respir Crit Care Med* 2000;162:1383-90.
- Hoek G, Dockery DW, Pope A, et al. Association between PM<sub>10</sub> and decrements peak expiratory flow rates in children: reanalysis of data from five panel studies. *Eur Respir J* 1998;11:1307-11.
- Horak F, Jr, Sudnicka M, Gartner C, et al. Particulate matter and lung function growth in children: a 3-yr follow-up study in Austrian schoolchildren. *Eur Respir J* 2002;19:838-45.
- Schwartz J. Lung function and chronic exposure to air pollution: a cross-sectional analysis of NHANES II. *Environ Res* 1989;50:309-21.
- Timonen KL, Pekkanen J, Korppi M, et al. Prevalence and characteristics of children with chronic respiratory symptoms in eastern Finland. *Eur Respir J* 1995;8:1155-60.
- Ware J, Dockery D, Spiro AI, et al. Passive smoking, gas cooking, and respiratory health of children living in six cities. *Am Rev Respir Dis* 1984;129:366-74.
- Gauderman WI, Avol E, Gilliland F, et al. The effect of air pollution on lung development from 10 to 18 years of age. *N Engl J Med* 2004;351:1057-67.
- Pollution Control Department, Ministry of Natural Resources and Environment. State of Thailand's Pollution in Year 2004. Bangkok, Thailand: Pollution Control Department, 2005.
- Ostro BD, Chestnut LG, Vichit-Vadakan N, et al. The impact of particulate matter on daily mortality in Bangkok, Thailand. *J Air Waste Manage Assoc* 1999;49:100-7.
- Wongsurakiat P, Maranetra N, Nana A, et al. Respiratory symptoms and pulmonary function of traffic policemen in Thonburi. *J Med Assoc Thai* 1999;82:435-43.
- Karita K, Yano E, Jinsart W, et al. Respiratory symptoms and pulmonary function among traffic policemen in Bangkok. *Arch Environ Health* 2001;56:467-70.
- Jinsart W, Tamura K, Loetkamonwit S, et al. Roadside particulate air pollution in Bangkok. *J Air Waste Manage Assoc* 2002;52:1102-10.
- Tamura K, Jinsart W, Yano E, et al. Particulate air pollution and chronic respiratory symptoms among traffic policemen in Bangkok. *Arch Environ Health* 2003;58:201-7.
- Karita K, Yano E, Tamura K, Jinsart W. Effects of working and residential location areas on air pollution related respiratory symptoms in policemen and their wives in Bangkok, Thailand. *Eur J Public Health* 2004;14:24-6.
- Aekplakorn W, Lonmis D, Vichit-Vadakan N, et al. Acute effects of SO<sub>2</sub> and particles from a power plant on respiratory symptoms of children. Thailand. *Southeast Asian J Trop Med Public Health* 2003;34:906-14.
- Aekplakorn W, Lonmis D, Vichit-Vadakan N, et al. Acute effect of sulphur dioxide from a power plant on pulmonary function of children, Thailand. *Int J Epidemiol* 2003;32:854-61.
- Ferris BG. Epidemiologic Standardization Project. *Am Rev Respir Dis* 1978;118:1-88.
- Dejsomritrutai W, Nana A, Maranetra KN, et al. Reference spirometric values for healthy lifetime nonsmokers in Thailand. *J Med Assoc Thai* 2000;83:457-66.
- American Thoracic Society. Standardization of Spirometry 1994 update. *Am J Respir Crit Care Med* 1995;152:1107-36.
- Wayne WD. *Biostatistics: A foundation for analysis in the health sciences*. 2nd edn. New York: John Wiley & Sons Inc., 1978.
- Chavasse R, Johnson P, Francis J, et al. To clip or not to clip? Noseclips for spirometry. *Eur Respir J* 2003;21:876-8.
- van Lenth FJ, Schrijvers CTM, Droomers M, et al. Investigating explanations of socio-economic inequalities in health. The Dutch GLOBE study. *Eur J Public Health* 2004;14:63-70.

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## Health effects of respirable particulate matter in Bangkok schoolchildren 2 3

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**Abstract.** The chronic effects of air pollution to Bangkok children were investigated. The lung function and respiratory symptoms of 570 children aged 10 to 15 years were examined during May–August 2004. Three study areas based on the level of PM<sub>10</sub> obtained from the Pollution Control Department (PCD) ambient monitoring stations were selected as High-polluted area (H), Moderate-polluted area (M) and low-polluted area as a Control (C). Effects of residential area were estimated by the multiple logistic regression analysis. The prevalence of respiratory symptoms increased significantly [odds ratios (95% CI) in H and M are: 3.92 (2.02–7.59) and 2.36 (1.12–5.01), respectively]. There was no significant difference between impaired lung function among H, M and C. Residential location of subjects was associated with the prevalence of respiratory symptoms statistically significant. The other factors such as ATS-DLD responder, gender, age, parental smoking habits, use of air conditioners and possession of domestic pets were not associated with the respiratory symptoms. The prevalence of respiratory symptoms was higher among children living in areas with high- and moderate-pollution than those in an area with low-pollution statistically significant. © 2006 Published by Elsevier B.V. 10  
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**Keywords:** Air pollution; Bangkok; Children; Lung function; Respiratory symptoms 24

### 1. Introduction 25

The high concentration of particulate matters in ambient air is one of the serious environmental problems in Bangkok, particularly in the traffic-congested area. In 27  
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2004, the 24-h average concentrations of roadside total suspended particulate matter, TSP and particulate matter with diameter less than  $10\mu\text{m}$ , the  $\text{PM}_{10}$  were about  $0.18\text{mg}/\text{m}^3$  and  $78.5\mu\text{g}/\text{m}^3$ , respectively. Frequently, the level of particulate matters exceeded the National Ambient Air Quality Standard by approximately 8% days.  $\text{PM}_{10}$  in Bangkok has been associated with serious health effects, such as the increase in hospital admission and mortality. There were some reports on the association of air pollution and respiratory health among traffic policemen and their wives in Bangkok. However, those studies have mainly been conducted in healthy adults groups. It is not clear to what extent such associations would be revealed in children who might be more susceptible to air pollution than adults. However, the chronic health effects in children remain uncertain, particularly in Bangkok children.

## 2. Material and methods

### 2.1. Study site and population

Based on the level of  $\text{PM}_{10}$  obtained from the ambient monitoring stations, site characteristic, traffic volume, season, and wind direction, three areas with elementary and junior high schools were chosen in Bangkok. The annual average of  $\text{PM}_{10}$  levels in 2003 at Nonsi Withaya School Station located in high-polluted area (H) was  $62.5\mu\text{g}/\text{m}^3$ , at Thonburi Substation Station located in moderate-polluted area (M) it was  $53.9\mu\text{g}/\text{m}^3$ , and at Khlong Chan Housing Community Station located in low-polluted area as a Control (C) it was  $45.8\mu\text{g}/\text{m}^3$ . Schoolchildren aged 10–12 years and 13–15 years from each area were recruited for the study. Total study subjects were 666 schoolchildren determined with 10% precision levels of sampling size.

### 2.2. Respiratory questionnaires

The prevalence of chronic respiratory symptoms (Non-Specific Respiratory Disease: NSRD, Persistent Cough and Phlegm: PCP) were assessed by ATS-DLD-78-C questionnaires (Thai version).

### 2.3. Lung function test

Lung function was measured by automated spirometer (Pony Graphic 3.3, Cosmed, Italy) using Spiro Thai 2.0 Program according to predicted lung function parameters from reference values in the Thai population. Lung function was measured during May–August 2004 (H=225, M=226, C=215 cases) according to the Standardization of Spirometry method.

### 2.4. Statistical analysis

Differences of the health-related parameters among the areas of H, M and C groups were compared using Yates' Chi-square test. Logistic regression techniques were used to assess the dependency between prevalence of respiratory symptoms, lung function and independent variables such as responder, gender, age, parental smoking habits, use of air conditioners and possession of domestic pets. We used the factor of residential areas as categorical covariate and the control area as reference category. The

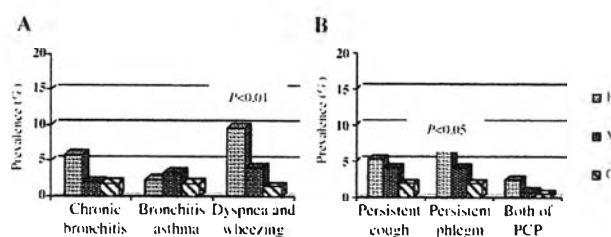


Fig. 1. Prevalence of respiratory symptoms among schoolchildren in Bangkok.

analysis was conducted using the computer program SPSS 13 (SPSS Inc., Chicago, USA, 2001). 69 70

### 3. Results 71

Lung function was measured in 661 (99.2%) of the 666 children aged 10–15 years. Two children (0.3%) showed major signs of upper respiratory tract infections and three (0.5%) children refused to participate in the study. They were excluded from the collecting of data. After evaluating the flow–volume curves applied to the criteria of ATS, data from 645 (97%) children were then acceptable for the further analysis. 570 subjects (86%) completed the respiratory questionnaire. 72 73 74 75 76 77

The prevalence of respiratory symptoms was shown higher in the H and M area than in the C area (dyspnea and wheezing in H area  $p < 0.01$ , persistent phlegm in H area  $p < 0.05$ ) (A,B). The percentage of impaired lung function in children who live in H, M, and C area did not differ significantly. Significantly higher prevalence of any one of the respiratory symptoms was observed in children in the H area ( $p < 0.01$ ) compared with those in C area. 78 79 80 81 82 83

The results of the multiple logistic regression analyses were shown in . In children who live in H and M areas, the prevalence of respiratory symptoms increased significantly compared with those living in control area. The risk of impaired lung functions 84 85 86

t1.1 Table 1

t1.2 Association between independent variables, any of respiratory symptoms and impaired lung function among schoolchildren in Bangkok

t1.3 Independent variables	Children (n=570)	
	Any of respiratory symptoms [OR (95% CI)] <sup>a</sup>	Impaired lung function [OR (95% CI)] <sup>a</sup>
t1.4 Responder of ATS-DLD	0.63 (0.36, 1.09)	1.05 (0.73, 1.50)
t1.5 Gender	0.71 (0.42, 1.17)	1.31 (0.92, 1.86)
t1.6 Age	1.05 (0.91, 1.21)	1.09 (0.99, 1.21)
t1.7 Parental smoking habits	0.94 (0.55, 1.60)	0.99 (0.68, 1.43)
t1.8 Use of air conditioners	0.64 (0.38, 1.09)	1.24 (0.85, 1.80)
t1.9 Domestic pets	0.87 (0.51, 1.46)	1.35 (0.93, 1.95)
t1.10 Area <sup>b</sup>		
t1.11 H	3.92 (2.02, 7.59)	1.01 (0.67, 1.52)
t1.12 M	2.36 (1.12, 5.01)	0.95 (0.60, 1.49)

t1.14 <sup>a</sup> OR=odds ratio, CI=confidence interval.

t1.15 <sup>b</sup> H=high-polluted area; M=moderate-polluted area.

did not differ significantly. Restricted only to the children whose mother completed the ATS-DLD questionnaires ( $n=353$ ), the prevalence of respiratory symptoms increased significantly in the H area (OR=2.79, CI: 1.34–5.86), but not in the M area (OR=1.72, CI: 0.73–4.05). Residential areas were associated with prevalence of respiratory symptoms significantly, whereas those factors of responder of ATS-DLD, gender, age, parental smoking habits, use of air conditioners and possession domestic pets were not.	87 88 89 90 91 92
<b>4. Discussion</b>	93
The children who live in the high-polluted area frequently suffered from respiratory symptoms. It is possible that air pollution affects on children who live long terms in the high-polluted area of Bangkok more than in children who live in the low-polluted area. The observation was confirmed after the correction of other risk factors such as responder of ATS-DLD, gender, age, parental smoking habits, use of air conditioners, and possession of domestic pets. Because this was a cross-sectional study, we cannot determine the causal association but we may suggest that living in highly polluted areas in Bangkok have chronic effects on respiratory systems of children in addition to acute health effects reported by previous studies.	94 95 96 97 98 99 100 101 102
<b>Acknowledgements</b>	103
We are deeply grateful to the parents and children who participated in our study. The Royal Golden Jubilee (RGJ) Ph.D. Program Thailand Research Fund and National Research Center–Environmental Hazardous Waste Management (NRC–EHWM), Thai- land financially supported this research.	104 105 106 107
<b>References</b>	108 109
[1] Pollution Control Department, Ministry of Natural Resources and Environment, State of Thailand's Pollution in Year 2003, Pollution Control Department, Bangkok, Thailand, 2004.	110 111
[2] B.D. Ostro, et al., The impact of particulate matter on daily mortality in Bangkok, Thailand, <i>J. Air Waste Manage. Assoc.</i> 49 (1999) 100–107.	112 113
[3] P. Wongsurakiat, et al., Respiratory symptoms and pulmonary function of traffic policemen in Thonburi, <i>J. Med. Assoc. Thai., Suppl.</i> 82 (1999) 435–443.	114 115
[4] K. Karita, et al., Respiratory symptoms and pulmonary function among traffic policemen in Bangkok, <i>Arch. Environ. Health</i> 56 (2001) 467–470.	116 117
[5] W. Jinsart, et al., Roadside particulate air pollution in Bangkok, <i>J. Air Waste Manage. Assoc.</i> 52 (2002) 1102–1110.	118 119
[6] K. Tamura, et al., Particulate air pollution and chronic respiratory symptoms among traffic policemen in Bangkok, <i>Arch. Environ. Health</i> 58 (2003) 201–207.	120 121
[7] K. Karita, et al., Effects of working and residential location areas on air pollution related respiratory symptoms in policemen and their wives in Bangkok, Thailand, <i>Eur. J. Public Health</i> 14 (2004) 24–26.	122 123
[8] T. Yamane, <i>Statistics: An Introductory Analysis</i> , 3rd ed., Harper & Row, New York, 1973.	124
[9] B.G. Ferris, Epidemiologic standardization project, <i>Am. Rev. Respir. Dis.</i> 118 (1978) 1–88.	125
[10] W. Dejsomritrutai, et al., Reference spirometric values for healthy lifetime nonsmokers in Thailand, <i>J. Med. Assoc. Thai., Suppl.</i> 83 (2000) 457–466.	126 127
[11] American Thoracic Society, Standardization of spirometry 1994 update, <i>Am. J. Respir. Crit. Care Med.</i> 152 (1995) 1107–1136.	128 129
[12] W.W. Daniel, <i>Biostatistics: A Foundation for Analysis in the Health Sciences</i> , 2nd ed., John Wiley & Sons, New York, 1978.	130 131

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