APPENDIX III: STUDENTS' QUESTIONNAIRE (SQ)

Article title: Social determinants of academic performance among undergraduate health professional students at Mbarara University of Science and Technology, Uganda

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The purpose of this questionnaire is to gather information about determinants of academic performance among undergraduate health professional students at MUST. Filling the questionnaire may take you between 30 to 50 minutes.

Instructions to the Respondent

Please indicate the correct option by putting a tick (√) against one of the given

Multiple choices.

PART A; Section 1. Social determinants of academic performance

1. Gender (i) Male ☐ (ii) Female ☐

2. Age of respondent ……..

3. Religion (i) Catholic ☐ (i) Protestant ☐ (iii) Moslems ☐

   (iv)Pentecostal ☐ (v) others (specify) …….

4. Residence (i) hostel ☐ (ii) Rents outside ☐

5. Course of study ……..

6. Year of Study (i) year 1 ☐ (ii) year 2 ☐ (iii) year 3 ☐

(iv) year 4 ☐ (v) year 5 ☐

7. Type of sponsorship (i) Government scholarship ☐ (ii)Private sponsorship ☐

8. Marital status (i) Single ☐ (ii) Married ☐

9. History of trauma (i) Yes ☐ (ii) No ☐

10. If yes, type of trauma (i) Physical ☐ (ii) Sexual ☐
(iii) psychological……

11. Are your parents alive? (i) Yes ☐ (ii) No ☐ (iii) One parent alive ☐

12. Location of previous secondary school (i) Urban area ☐ (ii) Rural area ☐

13. DO you think your parents / guardian is financially stable (i) yes ☐
(ii)No ☐

14. Do your parents / guardians have any of these well-paying job, car, permanent house or well established business (affluent family) (i) Yes ☐ (ii) No ☐

15. Are your parents /guardian earning (formerly employed but struggling)? (i) yes ☐
(ii) No ☐

16. Are your parents/ guardians informally employed and earning very little? (i) yes ☐
(ii)N☐

17. About how much pocket money are you given per month…….

18. Do you think this is adequate in your view? (i) Yes ☐ (ii) No ☐

19. In relation to question 14 above, do you think that is adequate? (i) Yes ☐ (ii) No ☐

20. Do your siblings use substances (i) Yes ☐ (ii) No ☐

21. Do your close friends use substances? (i) Yes ☐ (ii) No ☐

PART A; Section 2. Substance use

Tick what applies

22. Have you ever used substances (i) Yes ☐ (ii) No ☐

23. If yes, at what age did you first use any substance? …….

24. If yes to question 23, which substances do you use? ……
.....

25. If yes to question 23, which substance did you use first? .....

26. 26.Have you used any substance in the last 30 days? (i) Yes ☐ (ii) No ☐

27. Who introduced you to substances? (Tick all that apply) (i) parent ☐

(ii)Sibling ☐ (iii) Peer ☐ (iv) Others (specify)……..

28. Where do you access the substances you use from?.....

PART A; Section 3. Effect of substance use on academic performance.

29. Have you ever missed lectures because of using any substances? (i) No ☐ (ii) Yes ☐

30. Have you missed an exam because of these drugs? (i) No ☐ (ii)Yes ☐

31. Do you need these drugs to produce your best work in class? (i)No ☐ (ii) Yes ☐

32. Please indicate latest CGPA (last semester) ……..

33. Do you have any retakes? (i) No ☐ (ii) Yes ☐

34. If yes to question (33 above), how many retakes do you have?.....

35. Have you repeated any academic year (i) No ☐ (iii) Yes ☐

ASSIST screening tool

Age _____

"Thank you for taking part in this brief interview about recreational drug use. You will be asked some questions about your experience using these substances in your life and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills."

Question 1

In your life, which of the following substances have you ever used?	No	Yes

a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
b. Cocaine (coke, crack, etc.)	0	3
c. Prescription stimulants just for the feeling, more than prescribed, or that were not prescribed for you. (Ritalin, Adderall, diet pills, etc.)	0	3
d. Methamphetamine (meth, crystal, speed, ecstasy, molly, etc.)	0	3
e. Inhalants (nitrous, glue, paint thinner, poppers, whippets, etc.)	0	3
f. Sedatives just for the feeling, more than prescribed, or that were not prescribed for you. (sleeping pills, Valium, Xanax, tranquilizers, benzos, etc.)	0	3
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3
h. Street opioids (heroin, opium, etc.)	0	3
i. Prescription opioids just for the feeling, more than prescribed, or that were not prescribed for you. (Fentanyl, Oxycodone, OxyContin, Percocet, Vicodin, methadone, Buprenorphine, etc.)	0	3
j. Any other drugs to get high. Specify:	0	3

Patients who answer "no" to all questions, or who do not provide any answers, are done. Patients who answer "yes" to any question should proceed to Question 2.

Question 2

In the <u>past three months</u>, how often have you used the substances you mentioned [FIRST DRUG, SECOND DRUG, ETC]?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	2	3	4	6
[SECOND DRUG]	0	2	3	4	6
[THIRD DRUG]	0	2	3	4	6

[Etc.]	0	2	3	4	6

Patients who answer "never" for all drugs on question 2, or who do not provide any answers, should skip to Question 6. All other patients proceed to Question 3.

Question 3

During the past three months, how often have you had a strong desire or urge to use [FIRST DRUG, SECOND DRUG, ETC]?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	3	4	5	6
[SECOND DRUG]	0	3	4	5	6
[THIRD DRUG]	0	3	4	5	6
[Etc.]	0	3	4	5	6

Question 4

During the past three months, how often has your use of [FIRST DRUG, SECOND DRUG, ETC] led to health, social, legal or financial problems?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	4	5	6	7
[SECOND DRUG]	0	4	5	6	7
[THIRD DRUG]	0	4	5	6	7
[Etc.]	0	4	5	6	7

Question 5

During the past three months, how often have you failed to do what was normally expected of you because of your use of [FIRST DRUG, SECOND DRUG, ETC]?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	5	6	7	8
[SECOND DRUG]	0	5	6	7	8
[THIRD DRUG]	0	5	6	7	8
[Etc.]	0	5	6	7	8

Question 6

Has a friend or relative or anyone else ever expressed concern about your use of [FIRST DRUG, SECOND DRUG, ETC.]?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
[FIRST DRUG]	0	6	3
[SECOND DRUG]	0	6	3
[THIRD DRUG]	0	6	3
[Etc.]	0	6	3

Question 7

Have you ever tried and failed to control, cut down or stop using [FIRST DRUG, SECOND DRUG, ETC.]?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
[FIRST DRUG]	0	6	3
[SECOND DRUG]	0	6	3

[THIRD DRUG]	0	6	3
[Etc.]	0	6	3

Question 8

Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months

Patients who answer "Yes, in the past 3 months" for Question 8 should be asked the two extra drug injection questions below. All other patients are finished.

Extra drug injection questions

During the past three months, how often have you injected drugs?	Once per week or less	More than once per week
During the past three months, have you ever injected drugs three or more days in a row?	Yes	No

PART B; BERKMAN-SYME SOCIAL NETWORK INDEX

QUESTION	None	1 or 2	3 to 5	6 to 9	10 or more	Unknown
1. How many close friends do you have, people that you feel at ease with, can talk to about private matters?						
2. How many of these close friends do you see at least once a month?						
3. How many relatives do you have, people that you feel at ease with, can talk to about private matters?						
4. How many of these relatives do you see at least once a month?						
5. Is there someone available to you whom you can count on to listen to you when you need to talk?						
6. Is there someone available to give you good advice about a problem?						
7. Is there someone available to you who shows you love and affection?						

8. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?						
9. Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?						
10. Do you participate in any groups, such as a senior center, social or work group, religious-connected group, self-help group, or charity, public service, or community group?	Yes	No	Unknown			
11. About how often do you go to religious meetings or services?	Never or almost never	Once or twice a year	Every few months	Once or twice a month	Once a week	More than once a week

PART C; SOCIAL MEDIA USE INTEGRATION SCALE (applies to twitter, watsup, Facebook and any other social media network.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree

I feel disconnected from friends when I have not logged into Facebook					
I would like it if everyone used Facebook to communicate					
I would be disappointed if I could not use Facebook at all					
I get upset when I can't log on to Facebook					
I prefer to communicate with others mainly through Facebook					
Facebook plays an important role in my social relationships					
I enjoy checking my Facebook account					
I don't like to use Facebook					
Using Facebook is part of my everyday routine					
I respond to content that others share using Facebook					