

QUESTIONNAIRE

Section 1

This section focuses to capture the social demographic data of the respondents

1.1 Date
Region:..... City:..... County:.....
Sub county:.....Parish:..... Village:.....
Research assistants Number:.....
Respondent's number:.....
Age:
Class:..... Religion:.....
1.2 Parents
Father a) living b) not living
Mother a) living b) not living
1.3 Parents
a) Single b) married c) divorced e) others
1.4 Occupation of household head
a) Farmer b) civil servant c) business man/woman d) others, specify:.....
1.5 Are you: a) Day scholar b) Boarding student

Section 2

This section will capture information the body heme levels of respondents from measurements of the hemocue. It will assess respondents' knowledge and understanding of iron deficiency anemia.

2.1 Hemoglobin level:

2.2 Have you measured your hemoglobin levels before? (If no, go to 2.3)

1) Yes 2) no

If yes what was your status?

.....
.....
2.3 Do you know of or have you heard about iron deficiency anemia before? (if no, go to 2.4)

1) Yes 2) No

2.3.1 What do you know or have heard about iron deficiency anemia?

.....
.....
2.3.2 What do you think are the signs of iron deficiency anemia?

.....
.....
2.3.3 What are the causes of iron deficiency anemia?

.....
.....
2.3.4 Do you think you are at risk of iron deficiency anemia?

1) Yes 2) No

2.3.5 Why? (Give Justification for your answer in 2.3.4 above)

.....
.....
2.3.6 What do you think are the dangers of iron deficiency to an adolescent like you?

.....
.....
2.4 Have you started experiencing menstrual periods? (**Skip for males, if no to go 2.7**)

1) Yes 2) No

2.4.1 Are you in your menstruation periods? (For males skip)

1) Yes 2) No 3) have just finished (less than 3 days prior to the interview)

2.5 Do you always have regular periods?

1) Yes 2) No

2.6 Do you experience heavy menstrual flows?

1) Yes 2) No

2.6.1 How long do your periods usually last on average? (State in days)

.....

2.7. Have you suffered from any symptoms of the symptoms below with in the past 10 days?

1) Yes 2) No

Symptom	Duration it lasted (days)	Did you take medication: 1) Yes 2b) No
Skin		
Itchy Skin		
Rash		
Pale skin		
GIT		
Sore mouth		
Stomach ache (with the exception of menstrual crumps)		
Vomiting		
Diarrhea		
Strange cravings to eat items that aren't food such as dirt, ice or clay		
Tongue swelling or soreness		
Nausea		
Bloating/ Gas		
Respiratory System		
Cough		
Flue		
Difficulty in breathing		
Cardiovascular System		

[illegible]

2.8 Are you currently swallowing any medication?

1) Yes

2) No

If yes which one?

.....

.....

.....

Section 3

The section will capture information in the hygiene and sanitation practices of the respondents.

Information in both personal hygiene and sanitation will be collected.

Hygiene and sanitation

3.1) Do you think washing hands is important?

1) Yes

2) No

3.1.2 Do you wash your hands regularly?

1) Yes

2) No

3.1.3 How many times do you wash your hands in a day?

1) 1-2 times

2) 3-4 times

3) More than 5 times

3.1.4 What do you use for washing your hands? (Probe to find if soap is used to was hands)

.....

.....

3.2.1 Where do you get your drinking water from? (Probe for water source and find out if the water they drink is boiled or un boiled or treated)

1) Water source:.....

3.2.2 Is it 1) boiled

2) un boiled

3) treated

3.3 How is waste at home disposed ?(inquire on the different waste disposal mechanisms at home)

- 1) Burning 2) Burying 3) Taken by city council authorities
4) Other specify.....

Section 4

Information on the physical activities of the respondents and time they spend physically active in sport will be collected.

Physical activity

4.1 Do you do any sports activity at school or home?

- 1) Yes 2) no

4.1.2 How often do you do it? (Number of days in a week)

.....
.....

4.1.3 For how long do you do it?

- 1)10 min 2) 20 min 3) 30 min 4) Other specify.....

4.1.4 Which sport(s) do you partake in?

.....

Section 5

Dietary information of respondents will be collected based on their 24 hour recall, 7 day recall and school diets.

Dietary assessment

5.1 How many meals do you consume a day?

.....
.....

5.2 How many meals do you have at School/home?

.....
.....

5.3 Do you take tea/ milk with food?

- 1)Yes 2) No

.....

.....

[illegible][illegible]

Food group	Examples	Response code	
CEREALS	maize, rice, wheat, sorghum, millet or any other grains or foods made from these (e.g. bread, chapatti, porridge, karo, posho or other grain products)	0=No 1=Yes	
<i>White roots and tubers</i>	white potatoes, white yam, white cassava, or other foods made from roots	0=No 1=Yes	
Vitamin A rich vegetables and tubers	pumpkin, carrot, sweet potato that are orange inside <i>other locally available vitamin A rich vegetables</i>	0=No 1=Yes	
Dark green leafy vegetables	, including wild forms + <i>locally available vitamin A rich leaves such as amaranth (dodo), eshwiga, cassava leaves ,sukuma wiki, kale, spinach</i>	0=No 1=Yes	
Other vegetables	tomato, onion, eggplant) + <i>other locally available vegetables</i>	0=No 1=Yes	
Vitamin a rich fruits	ripe papaya, ripe mango, fruit juice + <i>other locally available vitamin A rich fruits</i>	0=No 1=Yes	
Vitamin C fruits	Citrus fruits e.g. Lemon, orange	0=No 1=Yes	
Meat (Iron - rich)	liver, kidney, heart or other organ meats or blood based foods, beef, pork, lamb, goat, rabbit ,chicken, duck, other birds	0=No 1=Yes	
Eggs	eggs from chicken, duck, guinea fowl + any other egg	0=No 1=Yes	
Fish and seafood	fresh or dried fish ,mukene ,enkejje	0=No 1=Yes	
Sweets	sugar, honey, sweetened soda or sweetened juice drinks, sugary foods such as chocolates, candies, cookies and cakes	0=No 1=Yes	
Coffee / tea	Tea (green, herbal, black) or coffee	0=No 1=Yes	

Legumes, nuts and seeds	dried beans, dried peas, lentils, g.nuts,+ other seeds	0=No 1=Yes	
Milk and milk products	Milk , yogurt, cheese ,ghee + other milk products	0=No 1=Yes	
Oils and fats	oil, fats or butter added to food or used for cooking	0=No 1=Yes	

Was the food intake usual this past 24-hrs? (if no answer 6.1 b, if yes skip 6.1b)

1) Yes

2) no

b) How was the food intake unusual? 1) Feasting 2) fasting 3) other, specify.....

6.3 Seven day food frequency questionnaire of food consumed in the previous 7 days prior to the interview.

Food	Weekly frequency
Rice	
Irish potatoes	
Sweet potatoes	
Maize and maize products	
Beans	
Meat/ poultry	
Peas	
G nuts	
Soya	
Milk	
DGLV (nakati, okra, sukuma wiki)	
Matooke	
Eggs	
Fish	
Fruits (oranges, tangerines, passion fruits)	
Other vegetables	

**Frequency: 1) 1-2 times 2) 3-4 times 3) 5-6 times 4) 7 or more times 5) not consumed at all.

6.4 Weekly school menu

	Breakfast	Lunch	Supper	Other meals provided
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

