Questionnaire

Assessment of UF predictors at the Kenyatta National Hospital.

Instructions

The following questionnaire is designed to collect information needed for the assessment of uterine fibroid determinants. Please read each question carefully and mark the appropriate choices with a check [√] or cross [×] in the spaces provided, or leave a comment in the designated spaces where applicable. Thank you for your time and participation.

	Form Serial Number:	
	Date of Interview [dd-mm-year]	
	Has the participant given their informed consent?	Yes, (If YES, go to A1)
		No (If NO, END)
A1	Does the participant have UFs?	Present (Case)
		Absent (Control)
	Participant contact details (Phone Number)	
	Weight of the participant (in kgs)	
	Height of the participant (in cm)	
	Date of birth [dd-mm-year]	
	What is your marital status	Single
		Married
		Separated/Divorced
		Widowed
	What is your ethnic background?	Kikuyu
		Luhya
		Kalenjin
		Luo

		Kamba
		Others
	What is the highest level of education you have attained?	No formal education
		Primary school
		Secondary school
		Tertiary education (College, University or Vocational training)
	In the last 12 months, what has been your occupation?	
	How often do you engage in continuous physical activity per week?	Never
		Once or twice a week
		≥ 3 days every week
	What is the main source of fuel you use at home?	Biomass/Kerosene
		Natural gas/ Biogas
	Has any of your close relatives been diagnosed with Uterine Fibroids?	Present
		Absent
	At what age did you first experience your first menstrual period?	
	Have you had any children?	
B1	In the last 1 year, have you been on any contraceptive?	User (If User, go to B2)
		Non User (If Non User, go to C1)
B2	Which One?	Oral
		Injectable
		Implant
C1	Do you use any hair relaxers ?	Yes, (If yes, go to C2)
		No

		(If NO, go to D1)
C2	How do you interact with these hair relaxers?	Direct contact
		Through Application
	What type of hair relaxer do you use?	Dark & Lovely
		TCB
		Venus
		Soft n' Free
		Revlon
		Motions
		L'Oreal
		World of Curls
		Motions
		Others (Write them)
	For how many years have you used hair relaxers?	
	How frequently do you interact with these hair relaxers?	
D1	Have you previously been diagnosed with hypertension/diabetes?	Present
		Absent
	In a typical week, how often do you consume alcoholic beverages?	Less than once a week
		1 to 3 times a week
		4-7 times per week
	What is your monthly income?	≤23,670
		23,671 – 119,999
		≥120,000

THE END, thank you!