Questionnaire English version

Phone No: 0917121429

Project title "Understanding gut-microbiome interactions following mass deworming against soil- transmitted helminths (STHs) among young Ethiopian schoolchildren."

ID: 202
Child data: ✓
Family data: ✓

SCHOOL, CHILD, AND INTERVIEWER IDENTIFICATION

School name	Child Name	DATE OF INTERVIEW (dd/mm/aaaa)
KSto	Kaliya Temam	5/8/13
GRADE: 7A	Interviewer Name: Abebaw T.	

ELIGIBILITY REQUIREMENTS

A.	Has the parent consented?	☑ Yes *Go to question B*	☐ No *Stop interview*
B.	Has the child assented?	☑ *Yes Go to question 1*	☐ *No Stop interview*

MEASURES/OBSERVATIONS TAKEN BY THE INTERVIEWER

1.	Indicate if child attends morning, afternoon, or evening Class	☐ Morning (1) ☑ Afternoon (2) ☐ Evening (3)
1.	What is the sex of the child?	☑ Girl (1) ☐ Boy (0)
2.	What is age of the child? (in year)	Age 14 ☐ Don't know (99)
3.	Weight of the child?	50 kg ☐ Not measured
4.	Height of the child?	1.52 Meters ☐ Not measured
5.	What was the mode of delivery of the child?	☑ Vaginal (1) ☐ C-section (2) ☐ Don't know (99)
6.	How many people live in your house? Enumerate them…	5 (including you) ☐ Don't know (99)
7.	How many older brothers/sisters does your child have who are alive now?	—
8.	How many children younger than 12 years old live in your house?	2 Children ☐ Don't know (99)
9.	Has your child ever had vaccination	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
10.	Is there BCG scar (please see the right arm)	☐ Yes (1) ☑ No (0) ☐ Don't know (99)
11.	In the past two weeks, has your child had fever	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
12.	If yes, Q 11. How many times per week	1
13.	in the past two weeks has your child has diarrhea	☐ Yes (1) ☑ No (0) ☐ Don't know (99)
14.	If yes, Q 13. How many times per week	
15.	in the past two weeks has your child has cough	☐ Yes (1) ☑ No (0) ☐ Don't know (99)
16.	If yes, Q 115. How many times per week	
17.	The child's fingernails trimmed?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
18.	Are the child's fingernails dirty?	☐ Yes (1) ☑ No (0) ☐ Don't know (99)
19.	How often do you trim your fingernail	☑ Once/week (1) ☐ Once /two weeks (2) ☐ Less than once per month (0) ☐ Don't know (99)
20.	A. Presence of toilet in the school?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
	B. If yes, does the latrine have doors?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
	C. Flies observed in/around latrine	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
	D. Visible stool observed on latrine floor	☑ Yes (1) ☐ No (0) ☐ Don't know (99)

LEVEL OF KNOWLEDGE ON SOIL-TRANSMITTED HELMINTHS

I.	Which names have you heard before? Multiple answers possible.	☑ Ascaris (0) ☐ Trichuris (1) ☐ Hookworms (2) ☑ HIV/AIDS (3) ☑ Intestinal worms (4) ☑ Malaria (5) ☑ Tuberculosis (6) ☑ Schistosoma/bilharzia (7) ☐ Don't know (99) yes
II.	Who told you about these names? Multiple answers possible.	☑ Family member (0) ☐ Health professional (1) ☑ Teachers (2) ☐ Media (3) ☐ Others_____ ☐ Don't know (99)
III.	A- Do you know how intestinal worms / parasites are transmitted?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
	B- If yes, how? ☐ Not Applicable (NA)	1. …… 2. ….poor personal hygiene

		3. ..... 4. .....
IV.	A- Do you know why worms / parasites are bad for your health?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
	B- If yes, how? ☐ Not Applicable (NA)	1. ..... 2. Abdominal Cramp 3. ..... 4. .....
V.	A- Do you know how you can avoid getting these worms / parasite infection?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
	B- If yes, how? ☐ Not Applicable (NA)	1. ..... 2. Keeping personal 3. hygiene 4. .....

QUESTIONNAIRE ON RISK FACTORS

1.	A- Where do you live?	☑ Urban (0) ☐ Suburb (1) ☐ Rural (2) ☐ Don't know (99)
	B- Where do you live (kebele, street, passage, sector, block, lot)?	Address Kebo ☐ Not Applicable (NA) ☐ Don't know (99)
	C- Family occupation	..... Govt employee .....
2.	Maternal educational status? ☐ Not Applicable (NA)	☐ Illiterate(0) ☐ Primary school (1) ☑ High school (2) ☐ Higher Education (3) ☐ Don't know (99)
3.	What materials your house ground made from?	☑ Cemented (1) ☑ Plastic covered (2) ☐ Dust (0) ☐ Others _____ ☐ Don't know (99)
4.	Is your kitchen within your house or separated?	☐ Within house (0) ☑ Separated (2) ☐ Don't know (99)
5.	If separated, What materials your house ground made from?	☐ Cemented (1) ☐ Plastic covered (2) ☑ Dust (0) ☐ Others _____ ☐ Don't know (99)
6.	If separated, which of the following house structures does your kitchen have? Multiple answers possible	☑ Roof (1) ☑ Wall (2) ☐ None (0) ☐ Don't know (99)
7.	In your house, do you Cook with gas, kerosene, coal, or wood?	☑ Wood (0) ☐ Gas (1) ☑ Coal (2) ☐ Kerosene (3) ☐ Electric(4) ☐ Others _____ ☐ Don't know (99)
8.	Do you have electricity at your house?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
9.	Does your family own a radio?	☐ Yes (1) ☑ No (0) ☐ Don't know (99)
10.	Does your family own a television?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
11.	A- Does your family member own a phone?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
	B- How your family uses the phone?	☐ Call only (0) ☑ Call/radio/internet (1) ☐ Don't know (99)
12.	Is there any animal in your house/compound?	☐ Cattles (0) ☐ Sheep/cattle (1) ☐ Chicken (2) ☐ Pet animals (3) ☑ None (4) ☐ Others _____ ☐ Don't know (99)
13.	A- Do you have potable water in your house?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
	C- If not, where do you get your water from? ☐ Not Applicable (NA)	☐ Neighbour (0) ☐ River (1) ☐ Well (2) ☐ Truck (3) ☐ Tank (4) ☐ Public fountain (4) ☐ Others _____ ☐ Don't know (99)
14.	A- In your house do you drink your water directly or do you treat it (boiling or bleaching)?	☐ Directly(1) ☑ Treated (0) ☐ Don't know (99)
	B- If you treat, how you treat water	☐ Boil (0) ☐ Chemical (1) ☑ Filter (2) ☐ Others _____ ☐ Don't know (99)
15.	A- Do your family own latrine?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
	B- Is your latrine inside or outside the house?	☐ Inside (1) ☑ Outside (0) ☐ Don't know (99)
	C- If outside, distance from your house? (Approximate)	10 meters ☐ Don't know (99)
	D- Distance between latrine and kitchen? (Approximate)	8 meters ☐ Don't know (99)

	Is your latrine connected with the sewage system, a ditch, the river, or a well?	☐ Sewage (0) ☐ Ditch (1) ☐ River (2) ☑ Well (3) ☐ Others _____ ☐ Don't know (99)
17.	Do you bath in river – always, sometimes, or never?	☐ Always (0) ☐ Sometimes (1) ☑ Never (2) ☐ Don't know (99)
18.	Do you wash clothes in river – always, sometimes, or never?	☐ Always (0) ☐ Sometimes (1) ☑ Never (2) ☐ Don't know (99)
19.	Do you defecate in the open field – always, sometimes, or never?	☐ Always (0) ☐ Sometimes (1) ☑ Never (2) ☐ Don't know (99)
20.	Do you use school latrine – always, sometimes, or never?	☐ Always (0) ☐ Sometimes (1) ☑ Never (2) ☐ Don't know (99)
21.	Do you use toilet paper to wipe your bum after you have defecated – always, sometimes, or never?	☑ Always (0) ☐ Sometimes (1) ☐ Never (2) ☐ Don't know (99)
22.	**A-** Do you wash your hands after going to the toilet – always, sometimes, or never?	☐ Always (0) ☑ Sometimes (1) ☐ Never (2) ☐ Don't know (99)
	B- How do you wash your hands after going to the toilet – with water only or with soap and water?	☑ Water (0) ☐ Soap and water (1) ☐ Don't know (99)
	C- If with soap and water, do you use soap always, sometimes, or never?	☐ Always (0) ☑ Sometimes (1) ☐ Never (2) ☐ Don't know (99)
23.	**A-** Do you wash your hands before eating – always, sometimes, or never?	☑ Always (0) ☐ Sometimes (1) ☐ Never (2) ☐ Don't know (99)
	B- How do you wash your hands before eating – with water only or with soap and water?	☐ Water (0) ☑ Soap and water (1) ☐ Don't know (99)
	C- If with soap and water, do you use soap always, sometimes, or never?	☐ Always (0) ☑ Sometimes (1) ☐ Never (2) ☐ Don't know (99)
24.	Do you eat soil – always, sometimes, or never?	☐ Always (0) ☐ Sometimes (1) ☑ Never (2) ☐ Don't know (99)
25.	**A-** What is your favorite fruit that you eat?	Fruit ~~Mango~~ Avocado
	B- Do you wash your fruits before eating - always, sometimes, or never?	☐ Never (0) ☐ Sometimes (1) ☑ Always (2) ☐ Don't know (99)
26.	A- Do you eat raw/undercooked vegetables	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
	B- If yes, do you wash your vegetables before eating - always, sometimes, or never?	☐ Never (0) ☐ Sometimes (1) ☑ Always (2) ☐ Don't know (99)
27.	Do you walk barefoot - always, sometimes, or never?	☑ Never (0) ☐ Sometimes (1) ☐ Always (2) ☐ Don't know (99)
28.	When you are at home do you prefer to use sandals or shoes?	☑ Does not use any (0) ☐ Sandals (1) ☐ Shoes (2) ☐ Don't know (99)
29.	In which activities of the day are you barefoot? ☐Not Applicable (NA)	**A-** Activity: ..... **B-** Activity: ...At home..... **C-** Activity: .....
30.	**A-** Did your parents, teachers or health professionals gave you a deworming pill?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
	B- If yes, when was the last time they gave you such deworming pill?	1 Months ☐ More than a year (1) ☐ Don't know (99)
31.	Did your parents or health professionals gave you other antibiotics in the last 3 months?	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
32.	What food do you eat/consume most?	Food ...injera.....
33.	A- Has your child taken any drug prescribed by the health institution for any illnesses currently? **(Other than paracetamol/panadol/aspirin)**	☑ Yes (1) ☐ No (0) ☐ Don't know (99)
	B- If Yes, please observe and write the name and type of the drugs of which the child currently taking.	Doxycycline
34.	In the past three months, has your child taken any antimalaria drug	☐ Yes (1) ☑ No (0) ☐ Don't know (99)
	Comments:_____	

QUESTIONNAIRE ON Allergy Characteristics of a child

G01	Has your child ever had wheezing or whistling in their chest? if you have answered "no" please skip to question 6	Yes	1		WHZL6A
		No	2		
G02	In the last 2 years, has your child had wheezing or whistling in their chest?	Yes	1		WHZT6A
		No	2		
G03	In the last 1 year, has your child had wheezing or whistling in their chest?	Yes	1	→ G04	WHZ6A
		No	2	→ G05	
G04	How many times in the last year has your child had an attack of wheezing?	0	1		WHZFRQ6A
		1-3	2		
		4-12	3		
		>12	4		
G05	Has your child ever had Asthma?	Yes	1		ASTL6A
		No	2		
G06	In the last 2 years, has your child had Asthma?	Yes	1		ASTT6A
		No	2		
G07	Has your child had Asthma in the last year?	Yes	1	→ G08	AST6A
		No	2	→ G09	
G08	Has this been confirmed by a doctor?	Yes	1		ASTHDR6A
		No	2		
G09	Has your child ever had an itchy skin rash which has affected the skin creases (eg, the folds of the elbow or behind the knees)?	Yes	1		RASHL6A
		No	2		
G10	In the last 2 years, has your child had an itchy skin condition affecting the skin creases (front of the elbow, behind the knees, the front of the ankles, around the neck, or around the eyes?	Yes	1		RASHT6A
		No	2		
G11	In the last 1 year, has your child had an itchy skin condition affecting the skin creases (front of the elbow, behind the knees, the front of the ankles, around the neck, or around the eyes?	Yes	1	→G11A	RASH6A
		No	2	→ G12	
G11 A	If yes, has this rash affected any of the following places? **(Multiple Answers possible)**	The elbow folds		1	RASHL6AA
				2	
		Behind the knees		1	RASHL6AB
				2	
		In front of the ankles		1	RASHL6AC
				2	
		Under the buttocks		1	RASHL6AD
				2	
		Around the neck		1	RASHL6AE
				2	
		Around the eyes/ears		1	RASHL6AF
				2	
G12	Has your child ever had hay fever or persistent sneezing attacks?	Yes	1		HAYFL6A
		No	2		
G13	In the last 2 years, has your child had hay fever or persistent sneezing with sneezing or running nose (excluding colds or flu), or problems with itchy watery eyes?	Yes	1		HAYFT6A
		No	2		
G14	In the last year, has your child had hay fever or persistent sneezing with sneezing or running nose (excluding colds or flu), or problems with itchy watery eyes?	Yes	1		HAYF6A
		No	2		