

APPENDIX 1: QUESTIONNAIRE

**PREVALENCE AND FACTORS ASSOCIATED WITH ANAEMIA AMONG WOMEN WITH UTERINE FIBROIDS AT MBARARA REGIONAL REFERRAL HOSPITAL**

**Instructions to the interviewer**

Tick the appropriate response from the options provided where necessary.

IDENTIFICATION	
Participant's number	

Principal investigator	Research assistant
Etwop Patrick	Name
Date	Date

**SECTION I: SOCIODEMOGRAPHICS**

a)	How old are you?	Age in completed years.
b)	Where is your place of residence?	i Rural ii Urban
c)	What is your marital status?	i Single ii Married iii Divorced iv. Widow
d)	Which level of education did you stop at?	1 None ii Primary iii. Secondary iv. Tertiary/university



c)	Are you employed?	Yes No	1
	If yes, what form of employment?	i Salary carner ii. Not a salary earner	
c)	What is your tribe?	i Munyankole i Muhima i Mutoro iv. Mukiga V. Mukonyo vi. Others,Specity	
1	What is the recent weight and the height	Weight Height	kg
g)	What is the body mass index (BMI		

## SECTION 2: MEDICAL FACTORS:

Have you ever been diagnosed with any of the disease below?

a)	HIV	Yes No	
	If yes, are you on HAART	Yes No	1 1
	If yes, for how long and which regimen?	Duration Regimen	
b)	Known diagnosis of kidney disease	Yes No	
c)	Hypertension	Yes No	
d)	Malaria in the past 1 month	Yes	- 1



c)	Pelvic Inflammatory Disease	No	1
		Yes	
1)	Diabetes	Yes	
		No	

**SECTION C: GYNAECOLOGICAL FACTORS:**

2.	Menstrual history. a) What was your LNMP? b) What was your age at Menarche?	
3.	Contraceptive history. a) Are you on any contraception?	Yes No
	b) If yes, please specify	Pills Injectable Implants IUDs Tubal ligation[
	c) What is the duration of contraceptive use	

**3.ABNORMAL UTERINE BLEEDING.**

a)	Have you experienced Abnormal uterine bleeding since the onset of fibroids?	Yes No
b)	If yes, what amount of blood have you lost (use the PBLA C attached)	추1국
d)	For how long have you had abnormal uterine bleeding?	

**SECTION D: FIBROID RELATED FACTORS.**



a)	Fibroid location(FIGO type)	<ul style="list-style-type: none"> <li>i. Intramural</li> <li>ii. Intramural-sub serosal</li> <li>iii. Submucosal</li> <li>iv. Sub serosal</li> <li>V. Intramural-sub serosal</li> </ul>
b)	What are the numbers of the fibroids	-44---. -----
c)	What is the cumulative size of the fibroid	
d)	How long have you had fibroids	
e)	Have you been getting treatment for your condition(libroid)?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>
0	If'yes,from what level of health care?	<ul style="list-style-type: none"> <li>Private clinics</li> <li>IIC II</li> <li>HC III</li> <li>HCIV</li> <li>General hospital</li> <li>Referral Hospital</li> <li>Others,Specify</li> </ul>
c)	Why are you seeking care for your condition (libroid)?	<ul style="list-style-type: none"> <li>Heavy bleeding</li> <li>Cosmesis</li> <li>Lower abdominal pain</li> <li>Failure to conceive</li> <li>Risk of cancer</li> <li>Others, Specify</li> </ul>

**SECTION E: LABORATORY RESULT:**

What is the value of Hemoglobin concentration

g/dl.

