DATA COLLECTION INSTRUMENT

LIFESTYLE AND DIETARY DETERMINANTS OF PEPTIC ULCER OCCURRENCE

Community Survey Questionnaire — Kailahun Town, Sierra Leone, 2025

Participant Code: _____ Date: _____ Interviewer ID: _____

Instructions to Interviewer: Read each question clearly. Record responses exactly as stated. Do not suggest answers. All responses are strictly confidential.

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION

A1. Gender: [ ] Male [ ] Female

A2. Age (completed years): _____

A3. Marital Status: [ ] Single [ ] Married [ ] Divorced/Separated [ ] Widowed

A4. Highest level of education completed: [ ] No formal education [ ] Primary [ ] Secondary [ ] Tertiary

A5. Primary occupation: [ ] Subsistence farmer [ ] Petty trader [ ] Civil servant [ ] Informal labourer [ ] Other: _____

A6. Duration of residence in Luawa Chiefdom: _____ years

SECTION B: LIFESTYLE FACTORS

B1. Do you currently smoke cigarettes or use any tobacco products? [ ] Yes (currently) [ ] No (never) [ ] Formerly (quit)

B2. If yes to B1, how many cigarettes per day on average? _____

B3. Do you consume alcoholic beverages (palm wine, country gin, beer, spirits)? [ ] Yes [ ] No

B4. If yes to B3, how often? [ ] Daily [ ] 4–6 times/week [ ] 2–3 times/week [ ] Once a week [ ] Less than weekly

B5. Do you usually consume alcohol before your first meal of the day? [ ] Yes [ ] No [ ] Sometimes

B6. Do you frequently use painkillers (aspirin, ibuprofen, paracetamol, diclofenac) without a doctor's prescription? [ ] Yes (frequently) [ ] No [ ] Sometimes

B7. If yes to B6, do you take them on an empty stomach? [ ] Yes [ ] No [ ] Sometimes

B8. Do you use traditional herbal medicines for stomach pain or other illnesses? [ ] Yes [ ] No

B9. How often do you feel stressed (work, financial, family pressures)? [ ] Very often [ ] Often [ ] Sometimes [ ] Rarely [ ] Never

B10. How many hours of sleep do you get on a typical night? _____ hours

B11. Do you engage in regular physical activity or exercise (at least 30 minutes, 3×/week)? [ ] Yes [ ] No

SECTION C: DIETARY PRACTICES

C1. How many main meals do you eat on a typical day? [ ] 1 meal [ ] 2 meals [ ] 3 meals [ ] 4 or more meals

C2. Do you regularly skip meals (miss a scheduled mealtime)? [ ] Yes [ ] No

C3. If yes to C2, which meal do you most often skip? [ ] Breakfast [ ] Lunch [ ] Dinner

C4. How often do you eat spicy foods (pepper soup, chili-based stews)? [ ] Daily / Frequently [ ] Several times a week [ ] Occasionally [ ] Rarely [ ] Never

C5. How often do you eat fried or oily foods (fried fish, deep-fried plantain, palm-oil-heavy stews)? [ ] Daily / Frequently [ ] Several times a week [ ] Occasionally [ ] Rarely [ ] Never

C6. How often do you eat fruits (oranges, mangoes, pawpaw, etc.)? [ ] Daily [ ] Several times a week [ ] Occasionally [ ] Rarely [ ] Never

C7. How often do you eat vegetables in your meals? [ ] Daily [ ] Several times a week [ ] Occasionally [ ] Rarely [ ] Never

C8. What is your main source of protein in daily meals? [ ] Fish [ ] Chicken/meat [ ] Legumes (beans, groundnuts) [ ] Eggs [ ] None regularly

C9. Do you drink coffee or strong tea? [ ] Yes, daily [ ] Yes, occasionally [ ] No

SECTION D: PEPTIC ULCER DISEASE HISTORY

D1. When were you first diagnosed with peptic ulcer disease? Year: _____

D2. Were you diagnosed by a qualified health professional? [ ] Yes [ ] No [ ] Not sure

D3. What symptoms led to your diagnosis? (tick all that apply) [ ] Burning stomach pain [ ] Nausea/vomiting [ ] Bloating [ ] Blood in vomit/stool [ ] Loss of appetite

D4. Have you been hospitalised for PUD or its complications? [ ] Yes [ ] No

D5. Are you currently on medication for PUD? [ ] Yes [ ] No