**English version of the data collection tool (questionnaire and checklist)**

Anemia and associated factors among type-II diabetes mellitus patients attending in public hospitals of Harari Region, Eastern Ethiopia, 2019

Date Service area

Code Interviewer name

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| **S.No.** | **Variable** | **Response** | **Skip**  |
| **Part I: Socio-demographic characteristics** |  |
| 101 | Age  |  (in completed year) |  |
| 102 | Sex  | 1. Male2. Female |  |
| 103 | Ethnicity  | 1. Oromo2. Adere3. Amhara4. Tigrie5. Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 104 | Religion  | 1. Muslim2. Orthodox3. Protestant4. Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 105 | Marital status | 1. Single2. Married3. Divorced4. Widowed5. Separated6. Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 106 | Educational status | * 1. Unable to read and write
	2. Able to read and write
	3. Primary level (1-8)
	4. Secondary level (9-12)
	5. College and above
 |  |
| 107 | Occupation  | 1. Farmer
2. Housewife
3. Merchant
4. Governmental employer
5. Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| 108 | Residence | 1. Urban2. Rural |  |

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| **Part II: Lifestyle** |  |
| 201 | Have you ever smoked cigarette?  | 1. Yes2. No | If no, skip to 204 |
| 202 | If yes, are you smoking cigarette currently? | 1 Yes2 No | If no, skip to 204  |
| 203 | How many packets do you smoke daily? | 1. ¼ packet
2. ½ packet
3. 1 packet
4. >1 packets
 |  |
| 204 | Have you ever drunk alcohol? | 1. Yes2. No | If no, skip to 208 |
| 205 | If yes, are you drinking alcohol currently? | 1. Yes2. No | If no, skip to 208  |
| 206 | How many times do you drink alcohol in a week? | 1. Every day a week2. Once a week3. Twice a week4. Three times a week5. Four times a week 6. 5-6 times a week |  |
| 207 | How many bottle/cup are you drinking in typical days? | 1. 1-22. 3-43. 5-64. >6 |  |
| 208 | Do you usually do some physical activity for at least 30 minutes? | 1. Yes2. No | If no, skip to 301 |
| 209 | If yes, about how many times a week? | 1. Once a week2. Twice a week3. Three times a week4. Four times a week5. Five times a week or more  |  |
| 210 | What types of exercise are you doing (more than one answer is possible)? | 1. Brisk walking (outside or inside on a tread mill)

2. Jogging/Running3. Dancing4. Swimming5. others (specify) \_\_\_\_\_\_\_\_\_  |  |

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| **Part III: Household food consumption** |
|  | In the past 7 days, how often have you eaten (in days); | Never  | <1/wk | 1-2/wk | Often(3-6/wk) | Always(Every day)  |
| 301 | Any food made from grains; injera, teff, millet, sorghum, maize, rice, wheat, bread, biscuits, or any other grain product or any food made from tubers potatoes, sweet potatoes, carrots, or other foods made from roots or tubers?  |  |  |  |  |  |
| 302 | Any pulses (beans, lentils, peas, nuts)?  |  |  |  |  |  |
| 303 | Any vegetables? |  |  |  |  |  |
| 304 | Any fruits? |  |  |  |  |  |
| 305 | Any meat: beef, lamb, goat, fish, chicken, liver, kidney, or other organ meats? |  |  |  |  |  |
| 306 | Any eggs? |  |  |  |  |  |
| 307 | Any dairy products; milk, cheese, yogurt (not including butter)? |  |  |  |  |  |
| 308 | Any sugar or honey?  |  |  |  |  |  |
| 309 | Any oil, fat, or butter?  |  |  |  |  |  |

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| **Part IV: Complication, comorbidity and glycemic control related variables** |
| 401 | How long have you had diabetes? | Months \_\_\_\_\_\_\_\_\_\_\_\_\_\_Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 402 | Are you taking medication for diabetes? | 1. Yes2. No |  | If no, skip to 404 |
| 403 | If yes, which drugs/ medications are you taking? (more than one answer is possible) | 1 Metformin2 Metformin + Glibenclamide3 Insulin4 Others (specify) \_\_\_\_\_\_\_\_\_ |  |  |
| 404 | Do you take any medications other than diabetes mellitus drugs? | 1 Yes2 No |  | If no, skip to 409 |
| 405 | If yes, for which disease? | Specify \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 406 | What types of drug are you taking? | Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 407 | Any other medication? | 1.Yes2. No |  | If no, skip to 409 |
| 408 | What types of drug? | Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 409 |  Do you have any loss of sensation in your feet or toes including burning, tingling or numbness (neuropathy)? | 1 Yes2 No |  |  |
| 410 | Do you have a history of problem with eyes (retinopathy) told by health professional? | 1 Yes2 No |  |  |
| 411 | Do you have a history of any kidney problem (nephropathy)? | 1 Yes2 No |  |  |
| 412 | Do you have any history of heart problem and blocked arteries in legs (Marco-vascular complications) | 1 Yes2 No |  |  |
| 413 | Do you have a history of foot sores that do not heal? | 1 Yes2 No |  |  |
| 414 | Have you ever been told by a doctor or nurse that you have high blood pressure? | 1 Yes2 No |  |  |
| 415 | Have you ever been tested for HIV/AIDS? | 1 Yes2 No  |  | If no, skip to 417 |
| 416 | What is your result? | 1 Positive 2 Negative |  |  |
| 417 | Do you have history of any blood loss for the last 3 months? | 1 Yes2 No |  | If no, skip to 420 |
| 418 | If yes, did you take medication for blood loss? | 1 yes 2 No |  | If no, skip to 420 |
| 419 | What type of medication? |  Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |
| 420 | Have you ever been told by a doctor or nurse that you have kidney problem for the last 3 months (CKD)? | 1 Yes2 No |  |  |
| 421 | Do you know your most recent blood glucose result measured after no caloric intake for at least 8 hours (FBS)? | If yes, mg/dlIf no, refer card |  |  |
| 422 |  Do you know your most recent HbA1C (glycosylated hemoglobin) result? | If yes (in %)If no, refer card |  |  |
| **Part V: Anthropometric, blood pressure, and hemoglobin data** |
| 501 | Weight  |  (in kg) |  |  |
| 502 | Height  |  (in meter) |  |  |
| 503 | Waist circumference |  (in cm) |  |  |
| 504 | Hemoglobin result |  (g/dl) |  |  |
| 505 | Blood pressure |  mm/Hg |  |  |