Questionnaire: Self-reported disability among people with Chronic Kidney Disease [St Paul's Hospital Millennium Medical College, Ethiopia]

Questionnaire unique ID ___ ___ ___ ___ ___ ___, Date of recording: __ __ __ __ __ __ __ __ Time: __ __

General instruction: Circle your choice among the alternatives; write a correct response on blank space for those questions which needs specification.

Part one: Socio-demographic factors

Code	Questions	Response	Remark
SD1	Sex	1. Male 2. Female	
SD2	How old are you?	……in years	
SD3	Marital status	1. Married 2. Single 3. Divorce 4. widowed 5. Separated 6. Cohabitated	
SD4	Weight	…….. Kg	
SD5	Height	In ……..m ……cm	
SD6	What is your level of education?	1. No education 2. Primary school 3. Secondary school 4. College and above	
SD 7	Please select your current occupational status?	1. Farmer/ Labor job 2. Professional/Clerical 3. Own business 4. Unemployment/retired	

Part two: Behavioral factors

BH1	Do you smoke cigarettes at some time in your life?	1. No 2. Yes If you say yes, go to BH2	
BH2	How many cigarettes a day do you smoke or smoked?	Number……	
BH3	Do you drink alcohols at some time in your life?	1. No 2. Yes	
BH4	Did you perform any physical activity?	1. No 2. Yes	
BH4.1	If you say yes for question BH4 how many minute in per week?	……min	

Part three: Questions related musculoskeletal disorders

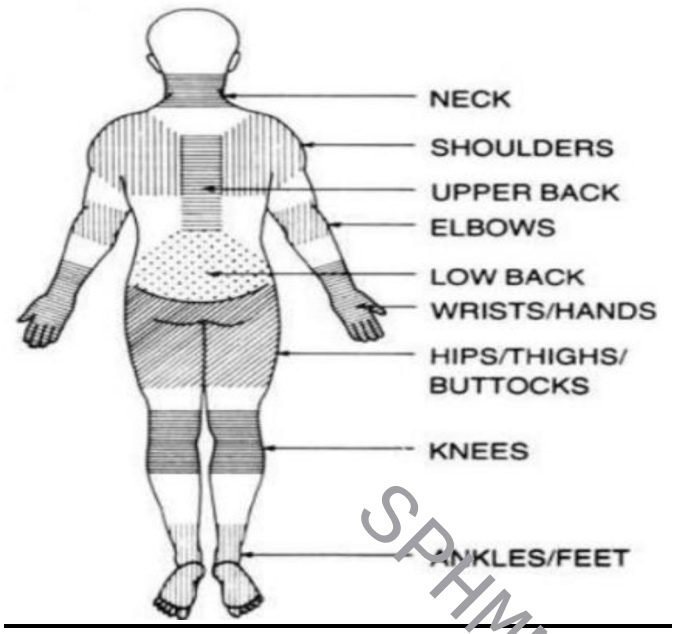

Figure 1: Body parts expected to develop MSDs [48]

Please tick if other MSK manifestations present (multiple responses possible)

[ ] Joint pain

[ ] Joint swelling

[ ] Extremity swelling

[ ] Tenosynovitis

[ ] Muscle cramps

MS1	Have you at any time during The last 12 months had pain or discomfort in any part of a Body? 1. No 2. Yes	Have you had trouble at Any time during the last 7 days? 1. No 2. Yes	Have you at any time during the last 12 Months been prevented from doing your normal work at home or at the workplace because of the pain? 1. No 2. Yes
MS2	Neck 1. No 2. Yes	Neck 1. No 2. Yes	Neck 1. No 2. Yes
MS3	Shoulder 1. No 2. Yes in right Shoulder 3. Yes in left Shoulder 4. Yes on both Shoulders	Shoulder 1. No 2. Yes	Shoulder 1. No 2. Yes
MS4	Elbow 1. No 2. Yes in right elbow 3. Yes in left elbow 4. Yes on both elbow	Elbow 1. No 2. Yes	Elbow 1. No 2. Yes
MS5	Wrist/hand 1.No 2.Yes in right wrist/hand 3.Yes in left wrist/hand 4.Yes on both wrist/hand	Wrist/hand 1.No 2.Yes	Wrist/hand 1.No 2.Yes
MS6	Upper back 1.No	Upper back 1.No	Upper back 1.No

	2.Yes	2.Yes	2.Yes
MS7	Lower back 1.No 2.Yes	Lower back 1.No 2.Yes	Lower back 1.No 2.Yes
MS8	Hip/thigh 1.No 2. Yes in right Hip/thigh 3. Yes in left Hip/thigh 4. Yes On both Hip/thigh	Hip/thigh 1.No 2.Yes	Hip/thigh 1.No 2.Yes
MS9	Knee 1.No 2. Yes in right knee 3. Yes in left knee 4. Yes On both knees	Knee 1.No 2.Yes	Knee 1.No 2.Yes
MS10	Ankle 1.No 2. Yes in right ankle 3. Yes in left ankle 4. Yes On both ankles	Ankle 1.No 2.Yes	Ankle 1.No 2.Yes

Part four: Clinical factors

Code	**Response/recording**	
C1	Stage of the disease?	1. First 2. Second 3. Third 4. Forth 5. Fifth
C2	Are you taking Hemodialysis?	1. No 2. Yes If you say NO, skip C3 and C4
C3	Duration of Hemodialysis	……Month/year
C4	CRP	≤ 5 mg/dL
		> 5 mg/dL

Comorbidities related questions?

C1.Do you have or have had any of the following diseases?

Disease	NO	Yes
diabetes mellitus		
Hypertension		

Heart diseases		
Hyperuricemia		

Part five: HEALTH ASSESSMENT QUESTIONNAIRE (HAQ-DI)

Please place an "x" in the box which best describes your abilities OVER THE PAST WEEK:

DRESSING & GROOMING	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO
Are you able to:				
Dress yourself, including shoelaces and buttons?	☐	☐	☐	☐
Shampoo your hair?	☐	☐	☐	☐
ARISING				
Are you able to:				
Stand up from a straight chair?	☐	☐	☐	☐
Get in and out of bed?	☐	☐	☐	☐
EATING				
Are you able to				
Cut your own meat?	☐	☐	☐	☐
Lift a full cup or glass to your mouth?	☐	☐	☐	☐

Open a new milk carton?	☐	☐	☐	☐

WALKING

Are you able to:				
	☐	☐	☐	☐
Walk outdoors on flat ground?				
Climb up five steps?	☐	☐	☐	☐

Please check any AIDS OR DEVICES that you usually use for any of the above activities:

☐ Devices used for Dressing (button hook, zipper pull, etc.)
☐ Special or built up chair
☐ Built up or special utensils
☐ Cane
☐ Walker
☐ Crutches
☐ Wheelchair

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

☐ Dressing and grooming
☐ Arising
☐ Eating
☐ Walking

Please place an "x" in the box which best describes your abilities OVER THE PAST WEEK:

	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO
HYGIENE				
Are you able to:				
Wash and dry your body?	☐	☐	☐	☐
Take a tub bath?	☐	☐	☐	☐
Get on and off the toilet?	☐	☐	☐	☐
REACH				
Are you able to:				
Reach and get down a 5 pound object (such asa bag of sugar) from above your head?	☐	☐	☐	☐
Bend down to pick up clothing from the floor?	☐	☐	☐	☐
GRIP				
Are you able to:				
Open car doors?	☐	☐	☐	☐
Open previously opened jars?	☐	☐	☐	☐
Turn faucets on and off?	☐	☐	☐	☐

ACTIVITIES

Are you able to?

Run errands and shop?	☐	☐	☐	☐
Get in and out of a car?	☐	☐	☐	☐
Do chores such as vacuuming or yard work?	☐	☐	☐	☐

Please check any AIDS OR DEVICES that you usually use for any of the above activities:

☐ Raised toilet seat ☐ Bathtub bar ☐ Long-handled appliances for reach

☐ Bathtub seat ☐ Long-handled appliances in bathroom ☐ Jar opener (for jars previously opened)

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

☐ Hygiene ☐ Reach ☐ Gripping and opening things ☐ Errands and chores

Your ACTIVITIES: To what extent are you able to carry out your everyday physical activities such as walking,climbing stairs, carrying groceries, or moving a chair?

COMPLETELY	MOSTLY	MODERATELY	A LITTLE	NOT AT ALL
☐	☐	☐	☐	☐

Your PAIN: How much pain have you had IN THE PAST WEEK?

On a scale of 0 to 100 (where zero represents "no pain" and 100 represents "severe pain"), please record the number below.

☐☐☐

Your HEALTH: Please rate how well you are doing on a scale of 0 to 100 (0 represents "very well" and 100represents "very poor" health), please record the number below.

☐☐☐

Thank you for your time and participation