

Adolescent health in Agogo, rural Ghana

German Institute of Human Nutrition Potsdam – School of Medical Sciences Kumasi

Informed Consent : yes no (if no, do not proceed)

Study ID

Name: _____ Date: _____

Detailed _____

Address: _____

.....cut here.....cut here.....cut here.....cut here.....cut here.....cut here.....cut here.....cut here.....

Medical History

Study ID

Age: (years)

Birth date: _ _ _ _ _

Sex: male female

Residence: Agogo
 other:.....

Ethnic group: Akan
 other:

Diabetes: none or not known
 known since:
Treatment: none
 current antidiabetic drug(s):.....
.....
 other:.....

Hypertension: none or not known
 known since:
Treatment: none
 current anti-hypertension drug(s)
.....
 other:.....

Diabetes known among parents, siblings, children: no yes:
known among other relatives: no yes:

Hypertension known among parents, siblings, children: no yes:
known among other relatives: no yes:

Did you have fever in the last 2 days? no yes

Laboratory Results

Study ID

Fasting glucose: mmol/L

Hemoglobin (Hb): g/dL

Malaria rapid test (MRT), results:

pan-Lactatdehydrogenase (pLDH) negative

positive

HRP2 negative

positive

Malaria microscopy, results: malaria parasite count (MPS) per 200 white blood cells (WBC)

Plasmodium species: *P. falciparum*

P. ovale

P. malariae

P. vivax

unknown

Socioeconomic status

Study ID

- Boarding school in:** Kumasi
 Accra
 Tamale
 other.....

- Literacy:** able to read well
 able to read with difficulty
 unable to read

- Education mother:**
 none
 primary
 secondary
 tertiary
 other:

- Education father:**
 none
 primary
 secondary
 tertiary
 other:

- Occupation mother:**
 subsistence farmer
 commercial farmer
 casual labourer
 artisan
 trader
 businesswoman
 public servant
 unemployed
 other:.....

- Occupation father:**
 subsistence farmer
 commercial farmer
 casual labourer
 artisan
 trader
 businessman
 public servant
 unemployed
 other:.....

Household: No. of people living in household:.....

No. of siblings:.....

Did you sleep under a bednet last night? no yes

Household's physical assets:	Yes	No
Electricity	<input type="checkbox"/>	<input type="checkbox"/>
Pipe-borne water	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>
Fan	<input type="checkbox"/>	<input type="checkbox"/>
Cupboard	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>
Motor-bike	<input type="checkbox"/>	<input type="checkbox"/>
Fridge	<input type="checkbox"/>	<input type="checkbox"/>
Car/truck/tractor	<input type="checkbox"/>	<input type="checkbox"/>
Cattle	<input type="checkbox"/>	<input type="checkbox"/>

Physical Examination

Study ID

Temp: (ax., °C)

	Systolic BP (mmHg):	Diastolic BP (mmHg):	Heart rate (/min):
0 minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>

Weight: (kg)

Height: (cm)

Waist circumference: (cm)

Hip circumference: (cm)

Mid-upper arm circumference: (cm)