Questionnaire as a supplementary material

Annex: Questionnaire

Addis Ababa University, School of Medicine, Department of Medical Physiology

This structured principal investigator administered questionnaire has four parts. The first part was designed to assess the socio economic features of the care givers; the second part was designed to assess the sociodemographic and day to day life of the participants (school children); the third part was designed to record color vision test; and the fourth part was designed to record visual acuity test.

Part I: Personal information of the caregivers/ Socio-demographic data/

Dear all the respondents please provide a proper answer for each question, because the outcomes will have a great value to suggest the major cause and factors of visual problem in children and to give possible recommendation to it.

Thank you for your time and cooperation! 1. ID/CODE No-----2. Sex of the head of the household: Male \square Female 3. Age: Mother-----Father -----4. Nationality: Mother: ------Father -----Father 5. Ethnicity: Mother: -----Father-----Father-----6. Religion: I. Mother: A. Orthodox B. Muslim C. protestant D. Catholic E. Other, please specify-----II. Father: A. Orthodox B. Muslim C. protestant E. Other, please specify------D. Catholic 7. Marital status: A. Single B. Married C. Divorced D. Widowed 8. Educational background of the head of the house hold: I. Mother: A. Illiterate B. Can read and write C. Primary School D. Secondary School E. Higher Education

9. Job/Occupation of head of the house hold:

I. Mother:	A. Farmer		B. Daily lab	orer			
	C. Governm	nent employee	D. Merchar	nt E. Hou	usewife	F. Oth	er
10. Estimated	d family incon	ne per month:					
11. Have you	any eye proble	em Listed Bellow	v?				
I. Moth	er: A. S	hortsighted	B. Color blin	ndness	C. Long	sighted	D. No
II. Fath	er: A. Sł	nortsighted	B. Color bl	indness	C. Long	sighted	D. No
12. Have you	got any eye di	sease before?					
		B. No, if		"yes" pleas	se specify	the disea	ase
II. Father:	A. Yes	B. No, if you	r answer is "ye	es" please s	pecify the	disease	
13. Do you tak	ke care for you	ır children's eye	? A. Yes	B. No,	If yes ho	ow?	
14. Did you av	ware that as yo	our child has visu question 14, hav B. No	al defects?		B. No the eye ca	are cente	т?
		andparents have	nositive family	history?			
A. Y	_	B. No	positive raining	instory.			
Part II: Perso		ion and day to o	day activities	of the part	icipants		
2. Sex: N	Male □ F	emale 🗆					
3. Age							
4. Grade							
5. Nationality	/:						
6. Ethnicity □							
7. Religion:	A. Orthodo	B. M	uslim C.	protestant			
	D. Catholi	ic E. C	ther, please sp	ecify			
7. Which is the	ne commonest	/staple food/ you	ı eat?				

8.	Have you access/got/ for	enough water (more	e than 40 liters	per day) in quantit	ty?
	A. Yes	B. No			
9.	What is your water source	ce?			
	A. River Water	B. Protected well	C. Unp	rotected well	
	D. Protected spring	E. Unprotected spr	ring E. Pon	d / surface water	F. Piped water
10.	. Have you washed/did y	ou wash/ your face?	A. Yes	B. No;	
11.	. If your answer is yes, ho	w often do you was	h?		
	A. Once per day	В. Т	wice per day		
	C. occasionally, like o	nce a week D.	Occasionally, l	ike once a month	
12.	Did you watch TV?	A. Yes B. No.			
13.	. If your answer is yes, he	ow often do you wat	tch television?		
	A. More than 8 hrs/	day B. About	6-8 hrs/day		
	C. About 2-5 hrs/da	y D. Less tl	han 2 Hrs/day.		
14.	Again, if your answer is	yes for question nur	mber 7, at what	distance do you w	atch it?
	A. Less than 1 m,	B. 1 -2m,	C. 3-4 m	D. More than 4 r	n
15.	Is your mother alive?	A. Yes	B. No		
16.	Is your father alive?	A. Yes	B. No		
17.	. Do you have visual acui	ty problem or color	blindness befor	e? A. Yes	B. No.
18.	. Do you keep your anima	als (cattle, sheep, go	ats, horse) in	the house you are	living in?
	A. No, keep separate	ly/ in different hous	se B. Yes	, keep in the same	house
19.	. If your answer is yes, the	e number of animals	are?		
	A. Many	3. Less in number			
20.	. Did your eyes was injur	red due to accidents	or strokes?		
	A. Yes B	. No			
21.	. Did you have chronic di	seases such as sickle	e cell anemia, d	iabetes or liver dis	eases?
	A. Yes E	B. No C. Yes oth	ner than this		
22.	. Have you taken/did you	consume/ drugs suc	h as, Antibiotic	es and or TB Drugs	s?
	A. Yes	B. No			
23.	Do you have problems	with night vision/Ni	ght Blindness/?	•	
	A. Yes	B. No			

Part III: Color vision test recording format

ID/Code	Religion	Nationality	Ethnicity	Gra	ade	Age	Sex			
							Male 🗆			
							Female			
Number	Normal p	erson Read	Persons wi	th Red	l-Green	Person	ns with total color			
of plates	these numl	bers in each	Deficiency	Deficiency read these			blindness and weakness			
	chart		numbers in	each	chart	read t	read these numbers			
1	12		12			12	12			
2	8		3			X	X			
3	29		70			X	X			
4	5		2			X	X			
5	3		5			X				
6	15		17			X				
7	74		21			X				
8	6		X			X				
9	45		X			X				
10	5		X			X				
11	7		X			X				
12	16		X			X				
13	73		X			X				
14	X		5			X				
15	X		45			X				
			Protan Detan							
			Strong	Mild	Strong	Mild				
16	26		6	6 (2)	2	2 (6)	X			
17	42		2	2 (4)	4	4(2)	X			

Part IV: Visual Acuity test recording format

ID/Code	Religion	Ethnicity	Nationality	Grade		Age		Sex Male		
		D	-						Female	
Row	Presenti	Rt	Lt	Best Corrected Vision using						
numbers	ng VA			PH		Torch		Ophthalmoscope		
				Lt	Rt	Lt	Rt	Lt	Rt	
	NLP									
	LP									
	< 3/60									
1	6/60=0.1									
2	6/36 =0.2									
3	6/18=0.3									
4	6/15=0.4									
5	6/12=0.5									
6	6/9=0.7									
7	6/8=0.8									
8	6/6=1or									
	better									