

# Questionnaire as a supplementary material

## Annex: Questionnaire

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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                   Female
3. Age: Mother-----Father -----
4. Nationality: Mother: -----Father -----
5. Ethnicity: Mother: -----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  
                    D. Catholic                  E. Other, please specify-----
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:



8. Have you access/got/ for enough water (more than 40 liters per day) in quantity?  
 A. Yes                      B. No
9. What is your water source?  
 A. River Water              B. Protected well              C. Unprotected well  
 D. Protected spring      E. Unprotected spring      E. Pond / surface water      F. Piped water
10. Have you washed/did you wash/ your face?      A. Yes              B. No;
11. If your answer is yes, how often do you wash?  
 A. Once per day                                      B. Twice per day  
 C. occasionally, like once a week              D. Occasionally, like once a month
12. Did you watch TV?      A. Yes      B. No.
13. If your answer is yes, how often do you watch television?  
 A. More than 8 hrs/ day              B. About 6-8 hrs/day  
 C. About 2-5 hrs/day                      D. Less than 2 Hrs/day.
14. Again, if your answer is yes for question number 7, at what distance do you watch it?  
 A. Less than 1 m,      B. 1 -2m,              C. 3-4 m              D. More than 4 m
15. Is your mother alive?      A. Yes              B. No
16. Is your father alive?              A. Yes              B. No
17. Do you have visual acuity problem or color blindness before?      A. Yes              B. No.
18. Do you keep your animals (cattle, sheep, goats, horse...) in the house you are living in?  
 A. No, keep separately/ in different house              B. Yes, keep in the same house
19. If your answer is yes, the number of animals are?  
 A. Many                      B. Less in number
20. Did your eyes was injured due to accidents or strokes?  
 A. Yes              B. No
21. Did you have chronic diseases such as sickle cell anemia, diabetes or liver diseases?  
 A. Yes              B. No              C. Yes other than this
22. Have you taken/did you consume/ drugs such as, Antibiotics and or TB Drugs?  
 A. Yes                                      B. No
23. Do you have problems with night vision/Night Blindness/?  
 A. Yes                                      B. No

**Part III: Color vision test recording format**

ID/Code	Religion	Nationality	Ethnicity	Grade	Age	Sex
						Male <input type="checkbox"/> Female <input type="checkbox"/>
Number of plates	Normal person Read these numbers in each chart		Persons with Red-Green Deficiency read these numbers in each chart		Persons with total color blindness and weakness read these numbers	
1	12		12		12	
2	8		3		X	
3	29		70		X	
4	5		2		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)
17	42		2	2 (4)	4	4(2)

**Part IV: Visual Acuity test recording format**

ID/Code	Religion	Ethnicity	Nationality	Grade	Age	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>			
Row numbers	Presenting VA	Rt	Lt	Best Corrected Vision using					
				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								