

Predeveloped structured questionnaire (English version)

Part I. Sociodemographic data of *H. pylori* positive patients on first encounter

Sr. No	Questions	Response
100	Patient Card No: _____	Code given _____
101	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
102	Age	_____ in years
103	Weight	_____ Kg
104	Height	_____ Meter
105	Address	Region _____ Zone _____ Woreda _____ Kebele _____ Phone No: _____
106	Residence	<input type="checkbox"/> Rural <input type="checkbox"/> Urban
107	Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
108	Religion	<input type="checkbox"/> Orthodox <input type="checkbox"/> Protestant <input type="checkbox"/> Muslim <input type="checkbox"/> others, specify _____
109	What is your occupation?	<input type="checkbox"/> House wife <input type="checkbox"/> Gov't Employee <input type="checkbox"/> Private Employee <input type="checkbox"/> Merchant <input type="checkbox"/> Daily laborer <input type="checkbox"/> 7. Others, specify _____
110	Your educational status is?	<input type="checkbox"/> Unable to read and write <input type="checkbox"/> Read and write <input type="checkbox"/> Primary education(1-8 th grade) <input type="checkbox"/> Secondary education (9-12 th grade) <input type="checkbox"/> College and above
111	Ethnicity	<input type="checkbox"/> Amhara

		<input type="checkbox"/> Tigrie <input type="checkbox"/> Agew <input type="checkbox"/> Oromo <input type="checkbox"/> Guragie <input type="checkbox"/> Others
112	Average monthly family income	in birr _____

Part II: Response of *H. pylori* positive patients about the disease on first encounter

Sr. No	Questions	Possible responses
201	Have you ever diagnosed with H pylori infection before this?	<input type="checkbox"/> Yes (old) <input type="checkbox"/> No (New)
202	Have you taken triple therapy previously	<input type="checkbox"/> Yes <input type="checkbox"/> No
203	When your current health problem started?	<input type="checkbox"/> Since this week <input type="checkbox"/> Since last two weeks <input type="checkbox"/> Since a month <input type="checkbox"/> Since three months <input type="checkbox"/> Since six months <input type="checkbox"/> Since a year <input type="checkbox"/> Since two years <input type="checkbox"/> Before three years
204	Have you taken medications in the last two weeks?	<input type="checkbox"/> Yes (can you list _____) <input type="checkbox"/> No
205	When you feel discomfort/pain	<input type="checkbox"/> After meal <input type="checkbox"/> Before meal <input type="checkbox"/> Persistently or Always <input type="checkbox"/> At night
206	Which alcoholic drink(s) you had taken before you came for medical care? (more than one response)	<input type="checkbox"/> Traditional alcoholic drinks (Tella, Arekie, Teji) <input type="checkbox"/> Bears <input type="checkbox"/> Woin <input type="checkbox"/> Wuski <input type="checkbox"/> Others, specify _____
207	Do you have history of other chronic illnesses? (more than one response is possible)	<input type="checkbox"/> Liver disease <input type="checkbox"/> Kidney disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Oher _____
208	Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part III: Response of *H. pylori* positive patients on second encounter

Sr. No	Questions	Possible responses
300	Can you give me your appointment card?	Card No: _____
301	Could you stand on the balance here?	Patient weight: _____
302	How much confident are you on your medication administration	<input type="checkbox"/> Surely complete (100%) <input type="checkbox"/> Mostly (80%) <input type="checkbox"/> Partially <input type="checkbox"/> Somewhat impossible
303	What are the major adverse drug effect(s) you encounter during therapy	_____ _____ _____ _____
304	Have you used homemade remedies during therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
305	What modern medication other than the three drugs you took for the illness before you came here?	_____ _____ _____
306	What you are feeling on your previous health problem now	<input type="checkbox"/> I am feeling nothing <input type="checkbox"/> Improved but still feeling <input type="checkbox"/> Not improved at all

ቀድሞ የተደራጀ መጠይቅ (የአማራጭ ቅጽ)

ክፍል አንድ. የጨጓራ ባክቴሪ መኖሩ የታወቀላቸው የጥናቱ ተሳታፊዎች የኢኮኖሚያዊ እና ማህበራዊ መጠይቆች

ተ.ቁ	ጥያቄ	መልስ
100	ካርድ ቁጥር: _____	የተሰጠው ልዩ መለያ: _____
101	ፆታ:	<input type="checkbox"/> ወንድ <input type="checkbox"/> ሴት
102	እድሜ	_____ በአመት
103	ክብደት	_____ በኪሎ ግራም
104	ቁመት	_____ በሜትር
105	አድራሻ	ክልል _____ ዞን _____ ወረዳ _____ ቀበሌ _____ ስልክ ቁጥር: _____
106	የመኖሪያ ቦታ	<input type="checkbox"/> ገጠር <input type="checkbox"/> ከተማ
107	የገብቻ ሁኔታ	<input type="checkbox"/> ያላገባ <input type="checkbox"/> ያገባ <input type="checkbox"/> የተፋታ <input type="checkbox"/> በሞት የተለያዩ <input type="checkbox"/> በቦታ የተለያዩ
108	የሚከተሉት ሀይማኖት	<input type="checkbox"/> ኦርቶዶክስ ተዋህዶ <input type="checkbox"/> ፕሮቴስታንት <input type="checkbox"/> እስልምና <input type="checkbox"/> ሌላ ይጠቀስ _____
109	ስራ	<input type="checkbox"/> የቤት እመቤት <input type="checkbox"/> የመንግስት ተቀጣሪ <input type="checkbox"/> የግል ተቀጣሪ <input type="checkbox"/> ነጋዴ <input type="checkbox"/> የጉልበት ሰራተኛ <input type="checkbox"/> ሌላ ይጠቀስ: _____
110	የትምህርት ደረጃ	<input type="checkbox"/> ያልተማረ <input type="checkbox"/> ማንበብ እና መጻፍ የሚችል <input type="checkbox"/> አንደኛ ደረጃ (1-8ኛ ክፍል) <input type="checkbox"/> ሁለተኛ ደረጃ (9-12ኛ ክፍል) <input type="checkbox"/> ከፍተኛ ደረጃ እና በላይ

111	ብሄር	<input type="checkbox"/> አማራ <input type="checkbox"/> ትግሬ <input type="checkbox"/> አገው <input type="checkbox"/> አሮሞ <input type="checkbox"/> ጉራጌ <input type="checkbox"/> ሌላ የገለጥ:-----
112	ወርሀዊ ገቢ	ብብር _____

ክፍል ሁለት፡ የጨጓራ ባክቴሪ መኖሩ የታወቀላቸው የጥናቱ ተሳታፊዎች ስለህመማቸው የቀረበ መጠይቆች

ተ.ቁ	ጥያቄ	መልስ
201	ካሁን በፊት የጨጓራ ባክቴሪያ ስለመያዝህ በምርመራ አረጋግጠህ ታውቃለህ?	<input type="checkbox"/> አዎ (ተገኝቶብኛል) <input type="checkbox"/> የለም (መጀመሪያዬ ነው)
202	የጨጓራ ባክቴሪያ የሚያጠፋ ህፍምና ወስደህል?	<input type="checkbox"/> አዎ <input type="checkbox"/> የለም
203	አሁን እያመመህ ያለው ህመም መቼ ጀመረህ?	<input type="checkbox"/> ከሳምንት ወዲህ <input type="checkbox"/> ሁለት ሳምናት ሆኖአል <input type="checkbox"/> አንድ ወር ሆኖአል <input type="checkbox"/> ሶስት ወር <input type="checkbox"/> ስድስት ወር <input type="checkbox"/> አንድ አመት <input type="checkbox"/> ሁለት አመት <input type="checkbox"/> ከሁለት አመት በላይ
204	ባለፉት ሁለት ሳምንታት የወሰድኸው መደሀኒት አለ?	<input type="checkbox"/> አዎ (ምን _____) <input type="checkbox"/> የለም
205	የህመም ስሜቱ ሚስማህ መቼ ነው?	<input type="checkbox"/> ከምግብ በኋላ <input type="checkbox"/> ከምግብ በፊት <input type="checkbox"/> ቀኑን በሙሉ <input type="checkbox"/> ለሊት
206	ካመት ወዲህ የጠጣህቸውን አልኮል መጠጦች ብታሳውቀኝ? (ከአንድ በላይ መልስ ይቻላል)	<input type="checkbox"/> እቤት ሚዘጋጁትን (ጠላ፤ አረቄ፤ ጠጂ) <input type="checkbox"/> ቢራ <input type="checkbox"/> ወይን <input type="checkbox"/> ውስኪ <input type="checkbox"/> ሌላ ይጠቀስ _____
207	ከጨጓራ ሌላ ምን ህመም አለብህ? (ከአንድ በላይ መልስ ይቻላል)	<input type="checkbox"/> የጉበት ህመም <input type="checkbox"/> የኩላሊት ህመም <input type="checkbox"/> የስኳር ህመም <input type="checkbox"/> የደም ግፊት <input type="checkbox"/> አስም <input type="checkbox"/> ሌላ ይጠቀስ _____
208	ታጨሳለህ?	<input type="checkbox"/> አዎ <input type="checkbox"/> የለም

ክፍል ሶስት፡ የጨጓራ ባክቴሪ መኖሩ የታወቁ ከህምና ጨርሰው ለተመለሱ የጥናቱ ተሳታፊዎች የቀረበ መጠይቅ

ተ.ቁ	ጥያቄ	መልስ
300	የቀጠሮ ካርድህን ልትሰጠኝ ትችላለህ?	ትክክለኛነቱን እና ጊዜውን ማረጋገጥ:
301	እባክህ ከክብደት መለኪያው ቁም?	ክብደት በኪሎ ግራም: _____
302	ለህክምና የተሰጡህን መድሃኒቶች ለመውሰድህ ምን ያህል እርግጠኛ ነህ?	<input type="checkbox"/> መቶ በመቶ <input type="checkbox"/> በብዛት (≥ 80%) <input type="checkbox"/> በከፊል <input type="checkbox"/> በትንሹ
303	መድሃኒቶችን ስትወስድ ያጋጠሙህ የጎንዮሽ ጉዳዮች ምን ምን ነበሩ?	<hr/> <hr/> <hr/> <hr/>
304	ለጨጓራ ህመሙ ባህላዊ ህክምና በተላባ ወይም በአብሽ ታደርግ ነበር?	<input type="checkbox"/> አዎ <input type="checkbox"/> የለም
305	ስለጨጓራ ህመምህ ከህክምናው በኋላ ምን ይስማህል?	<input type="checkbox"/> ተሽሎኛል ምንም አይሰማኝም <input type="checkbox"/> ቢሻለኝም የህመም ስሜቱ አለ <input type="checkbox"/> ምንም አልተሻለኝም