

## Questionnaire

1. Age \_\_\_\_\_ year
2. Sex     Male     Female
3. Weight \_\_\_\_\_ kg    Height \_\_\_\_\_ cm
4. Religion
  - Buddhist                       Christian                       Islam     Othe (Specify) \_\_\_\_\_
5. Education
  - Grade 4     Grade 5     Grade 6
6. Number of family member \_\_\_\_\_ person(s), number of alive sibilnges \_\_\_\_\_ person(s)
7. Father's tribe
  - Akha                       Lahu                       Lisu
  - Hmong                       Yao                       Karen
  - Thai-Yai                       Lua                       Thai-Lure
  - Chinese                       Other (Specify)
8. Mother's tribe
  - Akha                       Lahu                       Lisu
  - Hmong                       Yao                       Karen
  - Thai-Yai                       Lua                       Thai-Lure
  - Chinese                       Other (Specify)
9. Grandfather (Father of father) tribe
  - Akha                       Lahu                       Lisu
  - Hmong                       Yao                       Karen
  - Thai-Yai                       Lua                       Thai-Lure
  - Chinese                       Other (Specify)
10. Grandmother (Mother of father) tribe
  - Akha                       Lahu                       Lisu
  - Hmong                       Yao                       Karen
  - Thai-Yai                       Lua                       Thai-Lure
  - Chinese                       Other (Specify)

## 11. Grandfather (Father of mother) tribe

- |                                   |  |                                    |
|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Akha     | <input type="checkbox"/> Lahu            | <input type="checkbox"/> Lisu      |
| <input type="checkbox"/> Hmong    | <input type="checkbox"/> Yao             | <input type="checkbox"/> Karen     |
| <input type="checkbox"/> Thai-Yai | <input type="checkbox"/> Lua             | <input type="checkbox"/> Thai-Lure |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Other (Specify) |                                    |

## 12. Grandmother (Mother of mother) tribe

- |                                   |  |                                    |
|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Akha     | <input type="checkbox"/> Lahu            | <input type="checkbox"/> Lisu      |
| <input type="checkbox"/> Hmong    | <input type="checkbox"/> Yao             | <input type="checkbox"/> Karen     |
| <input type="checkbox"/> Thai-Yai | <input type="checkbox"/> Lua             | <input type="checkbox"/> Thai-Lure |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Other (Specify) |                                    |

## 13. Medical illness

- No
- Yes (Possible to choose more than one option)
- |   |   |
|---|---|
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Hyperlipidemia |
| <input type="checkbox"/> Heart disease        | <input type="checkbox"/> Allergic       |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Gastritis      |
| <input type="checkbox"/> Joint disease        | <input type="checkbox"/> cancer         |
| <input type="checkbox"/> Other (specify.....) |   |

## 14. Have you had any diagnosis in the following disease (Possible to choose more than one option)

- |  |   |
|--|---|
| <input type="checkbox"/> Anemia          | <input type="checkbox"/> Pale               |
| <input type="checkbox"/> Weak            | <input type="checkbox"/> มีเลือดปนในปัสสาวะ |
| <input type="checkbox"/> Short breathing | <input type="checkbox"/> Jaundice           |
| <input type="checkbox"/> Splenomegaly    | <input type="checkbox"/> Enlarged liver     |

## 15. Have you had blood transfusion ?

- No                       Yes (Specify) \_\_\_\_\_

## 16. Do you have any siblings who took anemia disease or folic acid?

- No                       Yes (Specify) \_\_\_\_\_

## 17. Do you have any relative who took anemia disease or folic acid?

- No                       Yes (Specify) \_\_\_\_\_

## 18. Have you ever took anemia disease or folic acid?

- No                       Yes