**Questionnaire for data collection of a study on Hematological reference intervals determination in adults at Gondar university hospital, Northwest Ethiopia**

**Code number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Questionnaire used to collect socio-demographic data** |
| **Sr. No** | **Question**  | **Response**  |
| 101 | Age in year  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 102 | Sex  | 1. Male 2. Female
 |
| 103 | Weight in Kg.Height in meter and centimeter  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 104 | Address | 1. Gondar 2. Outside Gondar
 |
| 105 | Marital status | 1. Married
2. Single
3. Divorced
4. Widowed
 |
| 106 | Religion  | 1. Orthodox
2. Muslim
3. Protestant
4. Other specify
 |
| 107 | Educational status  | 1. Unable to read
2. Read and write
3. Primary education
4. Secondary education (9-12) and above
 |
| 108 | Occupation  | 1. Private
2. Government employees
3. Farmer
4. House wife
 |
| **Questionnaire to collect history and clinical data (As exclusion criteria)** |
| **Sr. No** |  **Questions** | ***Response*** |
| ***Yes*** | ***No*** |
| 201 | Do you consider that yourself to be healthy? |  |  |
| 202 | Have you been sick recently? if yes, when\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ what\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_* |  |  |
| 203 | Are you taking prescribed medication? If yes, what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 204 | Do you have high blood pressure |  |  |
| 205 | Are you exposed in hazardous chemicals in your job?If yes, what |  |  |
| 206 | Do you drink alcohol beverage? If yes what form |  |  |
| 207 | Are you currently under doctor care? If yes, what ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |  |
| 208 | Is there any inherited health disorder in your family?If yes, describe |  |  |
| 209 | Have you taken any pain relievers recently? If yes, what\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_when |  |  |
| 210 | Do you have tuberculosis? |  |  |
| 211 | Do you have lymphadenopathy? |   |  |
| 212 | Do you lose your weight?If yes how much? (Kg) |   |  |
| 213 | Do you exercise regularly? If yes how often (per week)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 214 | Are you using tobacco (smoking)? |  |  |
| 215 | Do you taken supplementary vitamins?If yes what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 216 | Have you take’ any cold or allergy medication recently?If yes what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 217 | Have you taken any anti-acid medication Recently?If yes what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 218 | Do you have fever? If yes how long specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 219 | Do you have malaria? |  |  |
|  | **Females only can be asked the following questions** |
| 220 | Are you still menstruating?  |  |  |
| 221 | Are you pregnant?  |  |  |
| 222 | Are you using oral or implant contraceptive?  |  |  |