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| **MEGAMBO - Questionnaire for girls** |
| Participant Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | School number: \_ \_ |
| Grade: \_ \_ \_ | Age (years): \_ \_ |
| Date: \_ \_/\_ \_/\_ \_ \_ \_ | Interviewer: \_ \_ \_ \_ |
| **SECTION 1. General Information and SES** |
| 1. Religion: Muslim [0] Christian [1] Other (88) \_ \_ \_

 Muslim Christian  Muslim Christian  |
| 1. Married: No [0] Yes [1]

 Muslim Christian  |
| 1. Children: No [0] Yes [1]

 Muslim Christian  |
| 1. How do you reach school? Walking [0] Cycling[1]  Vehicle [2] Other (88) …..

 Muslim Christian  Muslim Christian  |
| 1. How long does it take to reach school?  <15minutes [0], 15-30minutes[1], 30-60 mins [2],  1-2hrs [3] >2hrs[4]
 |
| 1. What level of education has your **mother** received?

No formal education [0] Some secondary (7-10th year) [3]Some primary (1-4th year) [1] Completed secondary (13th year) [4]Completed primary (6th year) [2] Further education (university, etc) [5]Arabic [6] I don’t know [99] |
| 1. What level of education has your **father** received?

No formal education [0] Some secondary (7-10th year) [3]Some primary (1-4th year) [1] Completed secondary (13th year) [4]Completed primary (6th year) [2] Further education (university, etc) [5]Arabic [6] I don’t know [99] |
| 1. How many rooms do you have in your household? |\_\_|\_\_|
 |
| 1. Including yourself, how many people sleep in these rooms? |\_\_|\_\_|
 |
| 1. What are the walls of your household made of?

Mud[0]Cement[1] Other [88] \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| 1. What are the floors of your household made of?

Mud[0] Cement[1] Tile [2] Other [88] \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| 1. Do you have or own and of the following items? (select all that apply)

 Sofa/Couch [0]    Radio [1] Television[2]   Refrigerator [3] Gas cooker/stove [4] Mobile [5]  Electricity (Generator, solar panel)[6] Bicycle [7]    Motorbike [8]    Car/Truck [9]   Animal cart/wagon[10] Boat without motor [11] Boat with motor[12]  |
| 1. What is your household heads main source of income?

Farming [0] Business [1]  Salary [2] Petty Trading[3] Other [88] \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| 1. Over the past 6 months, what is the main source of water for the members of your household?

Household standpipe[0] Household Handpump[1] Community standpipe[2] Community handpump[3] Protected well [4] Rain water [5] River/Stream water [6] Unprotected well [7] (polliyo) |
| 1. How long does it take to go there, get water, and come back?

Less than 15 minutes[0] 15-29 minutes[1] 30-59 minutes [2] 1-3 hours [3] More than 3 hours[4] |
| 1. What is the main toilet facilities members of your household usually use?

Flush toilet [0] Pit latrine with a slab[1] Pit latrine without a slab [2] Pour flush toilet[3] Bucket [4] Use the bush[5]  |
| **SECTION 2.Knowledge and attitudes about menstruation.**  |
| 1. Start date of your last menstrual cycle |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|
 |
| 1. End date of your last menstrual cycle |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|
 |
| 1. At what age did you have your first menstrual period? \_ \_ \_ \_
 |
| 1. What grade/year did you learn about menstruation? \_ \_ \_ \_
 |
| 1. Did you learn about menstruation before or after menarche? Before[1] After [2]
 |
| 1. Who did you ***First*** learn about menstruation from?

Grandmother [0] Mother [1] Sister [2] Father [3] Teacher [4] Peers [5] Other [88] \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| 1. Who else have you learnt about menstruation from? Grandmother [0] Mother [1] Sister [2] Father [3]

Teacher [4] Peers [5] Other [88] \_ \_ \_ \_ \_ |
| 1. Who would you go to for advice on menstruation?

Grandmother [0] Mother [1] Sister [2] Father [3]  Teacher [4] Peers[5] Other [88] \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
|  |  Yes [1] No[0] I don’t know [2] |
| 1. When women are very old, do they menstruate?
 |   |
| 1. Is menstruation a disease?
 |  |
| 1. Do pregnant women menstruate?
 |  |
| 1. Does menstrual blood come from the stomach where the food is digested?
 |  |
| 1. Does menstrual blood come from the womb?
 |  |
| **SECTION 3. Menstrual hygiene management practices** |
| *Now we are going to ask some questions regarding your normal habits of dealing with menstruation.* |
| 1. Which of these products used to absorb menstrual blood have you heard of?

Disposable sanitary pad [0] Tampon [2] Menstrual cup [3] Reusable Pad (you can use again) made from old cloth or towel [1] |
| 1. What do you ***normally*** use during your period?

Disposable sanitary pad [0] Knickers [2] Other [88] ------------Reusable Pad (you can use again) made from old cloth or towel [1] |
| 1. What ***other*** products do you use during your period?

Disposable sanitary pad [0] Other [88] ------------------------Reusable Pad (you can use again) made from old cloth or towel [1] |
| 1. Have you ever wanted to buy disposable sanitary pads from a shop but been unable to?
 |  Yes [1] No [0] (skip to Q35) |
| 1. Why were you unable to buy disposal sanitary products from the shop? I did not have enough money to buy disposable sanitary products from a shop. [0] There were no disposable sanitary products in the shops. [1]

I felt embarrassed to go buy sanitary products from the shop [2] Other [88] \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| 1. Does your school give girls a supply of pads?
 | Yes [1]No [0] (skip to Q38) |
| 1. How many pads are you provided with each month? \_ \_ \_
 |
| 1. Does your school have a supply of pads for emergencies? Yes[1] No[0]
 |
| 1. How often would you change the absorbent material on one of the more heavy days of bleeding?

Once a day [0] Twice a day [1] Three times a day or more [2]Other [88]\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| 1. Where do you normally change your absorbent material when you are at home?

In the bathroom [0] a private room in the house [1]In the open, near a bush, river or field [2] |
| 1. How is the material washed at home?

 With water [0] With water and soap/detergent [1] Other [88] \_ \_ \_ \_ \_ |
| 1. After washing it, how is it dried? (please select the main one)

Dry it in the sun or open space [0] Dry it inside the house or a room [1] In the bathroom [2]Under the mattress [3]Other [88] \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| 1. How often do you wash yourself (bath or Vaginal wash) during menstruation (select the main one)

Only the first days of menses [0]Once a day [1]Twice a day or more [2]Only when you finish your menses [3] |
| **SECTION 4.Missing school - It can often be difficult to get to school every day, even when you are trying your hardest** |
| 1. In the last 30 days how many days do you miss of school because of illness (not including your period)

0 ½ 1 2 3 4 5 6 7 8 9 10 10+ |
| 1. In the last 30 days how many days do you miss of school because of lack of money?

 0 ½ 1 2 3 4 5 6 7 8 9 10 10+ |
| 1. In the last 30 days how many days do you miss of school because of burden of domestic duties (including farming/gardening)? 0 ½ 1 2 3 4 5 6 7 8 9 10 10+
 |
| 1. In the last 30 days how many days do you miss of school because of your period? 0 ½ 1 2 3 4 5 6 7 8 9 10 10+
 |
| 1. Did you go to school whilst having your last period?

Yes all the time [1] Yes some of the time [2] No not at all[0] |
| 1. I miss school during my period because: *(please select all that apply)*

I am afraid of staining my clothes [0]I am afraid it makes me smell bad [1]Periods cause me a lot of pain [2]Periods can make me feel uncomfortable or tired. [3]There isn’t anywhere for girls to wash and change at school [4] I am afraid others will suspect I am on my period and will tease me [5] |
| **SECTION 5. Comfort and satisfaction** |
| 1. Average level of pain experienced during your period? No pain,[0] Mild pain, [1] Extreme pain[2]
 |
| 1. How did you feel the first time you saw menstrual blood? *(select all that are appropriate)*

Scared [0] Shocked [1] Disgusted [2] Ashamed [3] Worried [4] Happy [5] None of the above [6] Other[88]\_ \_ \_ |
|  | Unhappy [1] | Neither happy nor sad [2] | Happy [3] |
| 1. In general how did you feel about going to school this month during your menstrual cycle?
 |  |  |  |
| 1. How did you feel about using your menstrual absorbent this month?
 |  |  |  |
| 1. Do you feel comfortable using the school latrines while menstruating?
 |  |  |  |
| 1. How did you feel to continue with your usual activities while menstruating at **home**?
 |  |  |  |
| 1. How did you feel to continue with your usual activities while menstruating at **school**?
 |  |  |  |
| 1. How do you feel about changing your absorbent at school?
 |  |  |  |
| 1. How did you feel about the risk of leaking/staining at school?
 |  |  |  |
| 1. How did you feel about participating in class during your period?
 |  |  |  |
| 1. How did you feel to talk about menstruation **at home**?
 |  |  |  |
| 1. How did you feel to talk about menstruation **at school**?
 |  |  |  |
| 1. How confident do you feel when you are on your period as compared to when you are not.
 |  |  |  |
|  |
| **SECTION 6. MENTAL HEALTH –** *we will discuss your personal feelings and how you cope with day to day life in the* ***past 2 weeks****, including today. Please do not choose more than one statement per group.*  |
| 1. *Feelings of Sadness*I do not feel sad [0]

I feel sad much of the time [1] I am sad all the time [2] I am so sad that I can’t stand it [3]  |
| 1. *Pessimism*

I am not discouraged about my future [0] I feel discourage about my future [1] I feel I have nothing to look forward to [2] I feel my future is hopeless and will only get worse [3]  |
| 1. *Past failure* I do not feel like a failure [0]

I have failed more than I should have [1] As I look back, I see a lot of failures [2] I feel I am a total failure as a person [3]  |
| 1. *Loss of pleasure*

I get as much pleasure as I ever did from the things I enjoy. [0] I don't enjoy things as much as I used to. [1] I get very little pleasure from the things I used to enjoy. [2]I can’t get any pleasure from the things I used to enjoy. [3] |
| 1. \*\**Guilty feelings*  I don’t feel particularly guilty [0]

 I feel guilty over many things I have done or should have done [1]  I feel quite guilty most of the time [2] I feel guilty all of the time [3] |
| 1. *Punishment feelings*

 I don’t feel I am being punished [0]  I feel I may be punished [1]  I expect to be punished [2] I feel I am being punished [3]  |
| 1. *Self-dislike*

 I feel the same about myself as ever [0]  I have lost confidence in myself [1]  I am disappointed with myself [2]  I dislike myself [3]  |
| 1. *Self-criticise*

 I don't criticize or blame myself more than usual. [0]  I am more critical of myself than I used to be [1]  I critisise myself for all my faults [2] I blame myself for everything bad that happens [3]  |
| 1. *Suicidal thoughts or wishes*

 I do not have any thoughts of killing myself [0]  I have thoughts of killing myself, but I would not carry them out [1]  I would like to kill myself [2] I would kill myself if I had the chance [3]  |
| 1. *Crying*

 I don’t cry any more than usual [0] I cry more now that I used to [1] I cry over every little thing [2] I feel like crying, but I can’t [3]  |
| 1. *\*\*Agitation*

 I am no more restless or wound up than usual [0]  I feel more restless or wound up than usual [1]  I am so restless or agitated that it’s hard to stay still [2] I am so restless or agitated that I have to keep moving or doing something [3]  |
| 1. *Loss of interest*

 I have not lost interest in other people and activities [0]  I am less interested in other people or things than before [1]  I have lost most of my interest in other people or things [2]  It’s hard to get interested in anything [3]  |
| 1. *Indecisiveness*

 I make decisions about as well as ever [0]  I find it more difficult to make decisions than usual [1]  I have much greater difficulty in making decisions than I used to [2]  I have trouble making any decisions [3]  |
| 1. *Worthlessness*

 I do not feel I am worthless [0]  I don’t consider myself as worthwhile and useful as I used to [1]  I feel more worthless as compared to other people [2]  I feel utterly worthless [3]  |
| 1. *Loss of energy*

 I have as much energy as ever [0]  I have less energy than I used to have [1]  I don’t have enough energy to do very much [2]  I don’t have enough energy to do anything [3]  |
| 1. *Changes in sleep pattern*

I have not experienced any changes in my sleep pattern. [0] I sleep somewhat more or less than usual.[1] I sleep a lot more or less than usual.[2] I sleep most of the day or I wake up earlier than normal and cannot go back to sleep. [3]  |
| 1. *Irritability*

 I am no more irritable than usual [0]  I am more irritable than usual [1]  I am much more irritable than usual [2]  I am irritable all the time [3]  |
| 1. *Change in appetite*

I have not experienced any change in my appetite [0] My appetite is a little less or greater than usual [1] My appetite is much less or greater than usual [2] I have no appetite at all or I crave food all the time[3]  |
| 1. *Concentration difficulty*

 I can concentrate as well as ever [0]  I can’t concentrate as well as usual [1]  It’s hard to keep my mind on anything for very long [2] I find I can’t concentrate on anything [3]  |
| 1. *Tiredness or fatigue*

 I am no more tired or fatigued than usual [0]  I get more tired or fatigued more easily than usual [1]  I am too tired or fatigued to do a lot of things I used to do [2] I am too tired or fatigued to do most of the things I used to do [3]  |
| **SECTION 7. Symptoms of urinary tract infections** |
| Did you have any of the following symptoms in the last **24hrs**? *(please select all that apply)* |
|  | **Yes [1]** | **No [0]** |
| 1. Feeling of burning or discomfort when urinating.
 |  |  |
| 1. Have you had to wake up and pass urine more than once at night?*.*
 |  |  |
| 1. Cloudy urine or blood in your urine.
 |  |  |
| 1. Have you noticed your urine is smelling bad?
 |  |  |
| **SECTION 8. Symptoms of reproductive tract infections** |
| Did you have any of the following symptoms in the last **2 months**? *(please select all that apply)*  |
| 1. Abnormal vaginal discharge (unusual texture and color e.g. a milky vaginal discharge, more abundant than normally)
 |  |  |
| 1. Feeling of burning or itching in the genitalia.
 |  |  |
| 1. Lower abdominal/vaginal pain
 |  |  |
| 1. Foul-smelling/fishy smell from genital area?
 |  |  |
| 1. Heavy menstrual bleeding?
 |  |  |
| 1. Bleeding between menses?
 |  |  |
| 1. Was urine sample given? Yes [1] No [0]
 |
| 1. If no, why was a sample not given …………………………………………….
 |
| **Urine dip stick test results Positive Negative**Leukocytes -Nitrites - Blood -  |