**APPENDIX**

**English questionnaire**

DEMOGRAPHIC DATA

Date of Interview

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ID number……………
2. Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Sex:
4. Male
5. female
6. Location
7. District
8. Tribe:
9. Lomwe
10. Chewa
11. Tumbuka
12. Ngoni
13. Yao
14. Sena
15. Others (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Patient skin color description

1. Dark
2. light

8. Education:

1. None
2. std 1-5
3. std 6-8
4. Secondary school

5. Tertially education

9. Occupation:

1. Employed
2. Unemployed
3. Self-employment
4. housewife

Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH INFORMATION

10) What sort of disease do you have?

11) Date of Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Question 14: in patient only

12) Date of admission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13) How many times have you been admitted because of the disease?

1. Once
2. Twice
3. Others(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14) What is your HIV sero-status?

1. Unknown
2. Negative
3. Positive

15) If HIV positive, are you on ARVs?

1. Yes

2. No

16) If yes, what sort of ARVs and for how long have you been on ARVs?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17) What other medication/drugs are you on?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Question 17: In-patients only

18) During the day how much time do you spend in the sun?

1. None
2. < 30 minutes
3. >30-60 minutes>
4. >1hr
5. others (specify)\_\_
6. Question 18 -20 for out patients only

19. What activities do you do while you are exposed to the sun?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. How much time do you spend on the sun while doing each of the mentioned activity per day?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. How much time do you spend on the activity / week?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22) Patient weight/kg\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23) Height\_\_\_\_\_\_\_\_\_\_

24) Measured Vitamin D levels

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25) FOOD FREQUENCY QUESTIONNAIRE

|  |  |
| --- | --- |
| Type of food | How often do you eat … per week |
| Egg |  |
| Liver |  |
| Beef |  |
| Margarine fortified |  |
| Cat fish- Mlamba |  |
| Cat fish-kampango |  |
| Pork fat(lard) |  |
| Butter |  |
| Cheese |  |
| Milk |  |

26) Marital status

27) Type of fish often eaten

28) Alcohol intake

29) Smoking

30) Religion