

Main Study Questionnaire

Study ID:

1.2 - Date:

1.3 - Religion:

- Muslim
- Christian
- Other

1.4 - Specify other religion:

1.5 - How do you reach school?

- Walking
- Cycling
- Vehicle
- Other

1.6 - Specify other means:

1.7 - What level of education has your mother received?

- No formal education
- Arabic
- Some Primary
- Completed Primary
- Some Secondary
- Completed Secondary
- Further education (university, etc.)
- I Don't Know

1.8 - What level of education has your father received?

- No formal education
- Arabic
- Some Primary
- Completed Primary
- Some Secondary
- Completed Secondary
- Further education (university, etc.)
- I Don't Know

1.9 - What are the walls of your household made of?

- Mud
- Cement
- Other

1.10 - Specify other wall:

1.11 - What are the floors of your household made of?

- Mud
- Cement
- Tile
- Other

1.12 - Specify other floors:

1.13 - Do you have or own any of the following items?

- Sofa
 - Radio
 - Television
 - Refrigerator
 - Gas cooker
 - Mobile
 - Electricity/Solar
 - Bicycle
 - Motorbike
 - Car or Truck
 - Animal cart
 - Boat without motor
 - Boat with motor
- (Select all that apply)

1.14 - Over the past 6 months, what is the main source of water for the members of your household?

- Unprotected well (polliyo)
- Protected well
- Community hand pump
- Community standpipe
- Household water
- Other

1.15 - If Other, please specify:

1.16 - How long does it take to go there, get water, and come back?

- Less than 30 minutes
- More than 30 minutes

1.17 - What is the main toilet facilities members of your household usually use?

- Pit latrine without a slab
- Pit latrine with a slab
- Pour flush/flush toilet
- Other

1.18 - If 'Other', please specify:

1.19 - How many bathrooms you have in your house?

- No bathroom
- Separate for men and women
- Bathroom shared by women and men

SECTION 2. Missing School

2.1 - In the last 30 days how many days of school did you miss?

2.2 - In the last 30 days how many days of school did you miss?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Other

2.3 - Specify other number of days missed:

2.4 - In the last 30 days how many days of school did you miss because of domestic duties?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Other

2.5 - Specify other number of days missed:

2.6 - In the last 30 days how many days of school did you miss because of fever or diarrhea?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Other

2.7 - Specify other number of days missed

2.8 - In the last 30 days how many days of school did you miss because of menstruation?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Other

2.9 - Specify other number of days missed

2.10 - In the last 30 days how many days of school did you miss because of menstrual pain?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Other

2.11 - Specify other number of days missed

2.12 - Did you menstruate in the last 30 days?

- Yes
 No
-

2.13 During your last period how many days of school did you miss?

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 Other
-

2.14 - Specify other number of days missed

2.15 - During your last period how many days of school did you miss because of menstrual pain?

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 Other
-

2.16 - Specify other number of days missed

2.17 - Average level of pain experienced during your period?

- No pain
 Mild pain
 Extreme pain
-

2.18 - Has menstrual ever made you miss school?

- Yes
 No
-

2.19 - Has menstrual pain ever made you miss school?

- Yes
 No

SECTION 3. Knowledge and Attitudes about Menstruation.

3.1 - At what age did you have your first menstrual period?

3.2 - Did you learn about menstruation before or after menarche?

- Before
 After

3.3 - What age did you learn about menstruation?

(**I want open text or have not learnt as yet, is that possible?)

3.4 - Who do you talk to about menstruation the most?

- Grandmother
 Mother
 Sister
 Father
 Teacher
 Peers
 Other

3.5 - If Other, please specify:

3.6 - When you were told about menstruation, what did you talk about?

- How to be clean
 What absorbent material to use
 How to use/wash/dry/dispose the absorbent material
 How to manage pain
 What menstruation is
 How to know when you will expect your next period
 To abstain from sex/avoid contact with boys
 Have not talked about it
 Other
(Select all that apply)

3.7 - If Other, please specify:

	No	Yes	I Don't Know
3.8 - When women are very old, do they menstruate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.9 - Is menstruation a disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.10 - Do pregnant women menstruate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.11 - Does menstrual blood come from the stomach where the food is digested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.12 - Does menstrual blood come from the womb?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.13 - Do disposable sanitary pads cause disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.14 - Is it safe for a girl to dry her reusable material under the mattress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.15 - Can a girl get pregnant before having her first period?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.16 - If someone sees/gets your used menstrual absorbent can it cause infertility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.17 - Must girls and women start their period on the same day every month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.18 - Is it acceptable to burn menstrual absorbents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.19 - Is it acceptable for a girl or woman to cook while menstruating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.20 - Is it acceptable for women to go out when they are menstruating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.21 - Is it acceptable for a girl to go to school while menstruating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.22 - How long does a girl usually bleed for during her period?

- Between 2 to 7 days
- Exactly 28 days
- Exactly 5 days
- 1 day
- Exactly 31 days
- Between 21-45 days
- I don't know

3.23 - How long is the menstrual cycle (i.e. the number of days between periods?)

- Between 2 to 7 days
- Exactly 28 days
- Exactly 5 days
- 1 day
- Exactly 31 days
- Between 21-45 days
- I don't know

SECTION 4. Menstrual Hygiene Management Practices

4.1 - Now we are going to ask some questions regarding your normal habits of dealing with menstruation.

4.2 - Which of these products used to absorb menstrual blood have you heard of?

- Reusable local materials like cloth or towel
 Commercially made reusable cloth/pads
 Disposable sanitary pad
 Tampon
 Menstrual cup
 (Select all that apply)

4.3 - What absorbent material did you usually use during your last period at home?

- Reusable local materials like cloth or towel
 Commercially made reusable cloth/pads
 Disposable sanitary pad
 Both disposal and reusable
 None
 Other

4.4 - Specify other absorbent material:

4.5 - What absorbent material did you usually use during your last period at school?

- Reusable local materials like cloth or towel
 Commercially made reusable cloth/pads
 Disposable sanitary pad
 Both disposal and reusable
 None
 Other

4.6 - Specify other absorbent material:

4.7 - Which absorbent do you prefer using?

- Reusable local materials like cloth or towel
 Commercially made reusable cloth/pads
 Disposable sanitary pad

4.8 - How often would you change the absorbent material on one of the more heavy days of bleeding?

- Once a day
 Twice a day
 Three times a day or more

4.9 - Does your school give girls a supply of pads?

- Yes
 No

4.10 - Have you gone to request any pads this year?

- Yes
 No

4.11 - How many pads were you given the last time you went to collect some?

4.12 - In the past 3 months have you ever changed your menstrual absorbent in school?

- Yes
 No

4.13 - What do you normally do with your used menstrual absorbent that you have changed at school?

- Throw it in the school toilet
 Bring it home
 Throw it away in any other place

4.14 - If you use reusable material, where is the material dried?

- Under the mattress
 Dry it inside the house or a room
 In a bathroom or toilet with a roof
 In a bathroom or toilet without a roof
 Dry it in the sun or open space
 Does not use reusable menstrual absorbent
 Other
 (Please select the main one)

4.15 - Specify other drying method:

SECTION 5. Menstrual Stress When in School

	Unhappy	Happy
5.1 - How did you feel to continue with your usual activities while menstruating at school?	<input type="radio"/>	<input type="radio"/>
5.2 - Do you feel comfortable/happy using the school toilets while menstruating?	<input type="radio"/>	<input type="radio"/>
5.3 - How did you feel about using your menstrual absorbent in the school this month?	<input type="radio"/>	<input type="radio"/>
5.4 - How confident/happy do you feel about participating in class during your period?	<input type="radio"/>	<input type="radio"/>
5.5 - How confident/happy do you feel when you are on your period as compared to when you are not -	<input type="radio"/>	<input type="radio"/>

	Yes	No
5.6 - Do you worry you do not have access to absorbent material when you are menstruating in school?	<input type="radio"/>	<input type="radio"/>
5.7 - Do you worry about what to do with the used absorbent material when you change in the school (or if you had to change in school)?	<input type="radio"/>	<input type="radio"/>
5.8 - Do you worry that the amount of water you have in the toilet at school, is not enough to use the toilet or clean yourself when menstruating?	<input type="radio"/>	<input type="radio"/>
5.9 - Do you worry about staining your uniform at school when you are menstruating?	<input type="radio"/>	<input type="radio"/>
5.10 - Are you concerned people will know that you are menstruating, when you don't go to pray while menstruating in school?	<input type="radio"/>	<input type="radio"/>

SECTION 6. Social (Community and School) Support

	UnHappy	Neither Happy Nor Unhappy	Happy
6.1 - In general how did you feel about going to school during your last period?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 - How did you feel to continue with your usual activities while menstruating at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 - How do you feel to talk with your mother/female care giver about menstruation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 - How do you feel to talk with teachers about menstruation in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 - How do you feel to talk about menstruation with other friends or school peers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.6 - Are you ever worried boys will tease you in school because you are menstruating?

Very Worried
 Worried
 Not Worried

6.7 - Do you feel your mother/care giver prepared you enough for menstruation?

Not prepared at all
 A bit prepared
 Well prepared

6.8 - In the past 6 months who have you heard about menstruation from?

- Grandmother
 Mother
 Sister
 Father
 Teacher
 Peer health councilors
 External trainers
 No-one
 Other

6.9 - Specify other:

SECTION 7. Symptoms of Urinary Tract Infections

7.1 - Did you have any of the following symptoms in the last Week?

	Yes	No
7.2 - Feeling of burning or discomfort when urinating -	<input type="radio"/>	<input type="radio"/>
7.3 - Have you had to wake up and pass urine more than usual?	<input type="radio"/>	<input type="radio"/>
7.4 - Have you noticed your urine is smelling bad?	<input type="radio"/>	<input type="radio"/>

SECTION 8. Symptoms of Reproductive Tract Infections

8.1 - Did you have any of the following symptoms in the last Week?

	Yes	No
8.2 - Abnormal vaginal discharge (unusual texture and color e.g. a milky vaginal discharge, more abundant than normally)	<input type="radio"/>	<input type="radio"/>
8.3 - Feeling of burning or itching in the genitalia.	<input type="radio"/>	<input type="radio"/>
8.4 - Foul-smelling/fishy smell from genital area?	<input type="radio"/>	<input type="radio"/>

SECTION 9. Intervention Exposure

9.1 - At School did you have a session on menstruation last term?

- Yes
 No

9.2 - Who did you have the session with?

- Teacher
 Peer health Coordinators
 An outsider to the school
 other
 (Select all that apply)

9.3 - Specify other

9.4 - Did you attend any of the sessions? Yes
 No

9.5 - Did you see any posters about menstruation around the school? Yes
 No

9.6 - Did you receive any material with information about menstrual tips? Yes
 No

9.7 - Did you learn how to track your menstruation cycle? Yes
 No

9.8 - Do you know if your parents had any talks about menstruation? Yes
 No

9.9 - Which parent attended the talks? Mother
 Father

Section 10. COVID-19

10.1 - During the past 30 days, how stressful have the COVID-related restrictions on living home been for you? Not at all stressful
 Somewhat stressful
 Very stressful

10.2 - Since the school closures due to COVID-19, has it been more difficult to obtain the type of sanitary product you normally use? Yes
 No

10.3 - If yes, specify the difficulties you faced.

10.4 - Have you observed any of the following changes in the school since they re-opened?

More toilets functioning
 Less toilets functioning
 More hand-washing stations
 Less hand-washing stations
 More soap available
 Less soap available
 More Kettles available
 Less kettles available
 Posters
 Other changes
 None of the above
(Select all that applies and specify if 'Other Changes' happened)

10.5 - Specify if other changes happened.

10.6 - When schools reopened, were you happy to return to school? Yes
 No
 Indifferent

10.7 - Since you school reopened are you more likely or less likely to attend school? More likely
 Less likely
 No change

10.8 - Have you had any concerns attending school since they reopened?

- Yes
- No

10.9 - If yes, explain

Username

Main Study Urine Test

Study ID: _____

Urine Collection

1 - Sample tested by: Vishna Shah
 Isatou Jammeh

2 - Date _____

3 - Was urine sample given? Yes
 No

4 - If no, why was a sample not given? _____

Urine dip stick test results

5 - Leukocytes: +
 ++
 +++
 Negative

6 - Nitrites: Positive
 Negative

7 - Blood: Positive
 Negative

8 - Overall dipstick test: Positive
 Negative