

## Appendix S2: Participants Questionnaire Form

DEPARTMENT OF BIOCHEMISTRY, COLLEGE OF SCIENCE AND TECHNOLOGY,  
COVENANT UNIVERSITY, OTA, NIGERIA

**Study Title: Biochemical and gene expression study on uterine fibroid patients in Ibadan Oyo-State, Nigeria.**

**Patient number:** \_\_\_\_\_

**Dear participant,**

This is a comparative cross-sectional study on the determination of biochemical and molecular characterisation of fibroid in Nigerian women. All the answers provided in this study will be kept confidential. No identifying information would be used. The study data would be reported in a summary fashion and will not identify any person.

*Kindly circle appropriate answer(s)*

### QUESTIONNAIRE

#### Section A: Socio-demographic data

1. Location \_\_\_\_\_
2. Sex: Female ( )
3. Marriage: Single (...) Married ( )
4. At what age did you get married? 18 ( ), 18-24 ( ), 25-35 ( ), 36-40 ( ), Others ( )
5. Ethnicity: Yoruba ( ), Hausa ( ), Ibo ( ) and others \_\_\_\_\_
6. Residence: Ibadan ( ), Lagos ( ), Ogun ( ), others \_\_\_\_\_
7. Age: below 18 ( ), 18 – 24 ( ), 25- 35 ( ), 36 – 45 ( ), 46 – 55 ( ), 56 - 65, and above 65 ( )
8. Highest Education: None ( ), Primary ( ), Secondary ( ), Tertiary ( )
9. No of Children born alive (...), how many Still Birth (...)
10. Occupation: None ( ...), apprentice ( ...), Business ( ...), Civil Servant ( ), Private ( ), retired ( ...), others \_\_\_\_\_

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**Section B: Anthropometric data**

- 11 Height: \_\_\_\_\_
- 12 Weight: \_\_\_\_\_
- 13 Body mass index: \_\_\_\_\_
- 14 Abdominal circumference: \_\_\_\_\_
- 15 Hip circumference \_\_\_\_\_
- 16 Do you spend more time watching television: Yes ( ...); No (...)
- 17 If yes, how long \_\_\_\_\_
- 18 How long do you sleep: 8 hrs above (...), 7 hrs (...), 6 hrs ( ), 5hrs (...), 4hrs below (...)

**Section C: Clinical data**

- 19 Your Blood pressure value (diastolic/systolic): \_\_\_\_\_
  - 20 Do you have any illness you are treating/managing: \_\_\_\_\_
  - 21 What is the nature of the sickness
  - 22 Do you use any medication(s) currently: Yes (...); No (...)
  - 23 If Yes, state the drug(s) currently in use: \_\_\_\_\_
  - 24 Frequency of drug(s) medication usage: daily use ( ), weekly use ( ), once in while ( ) and never ( ).
  - 25 Use of herbal medication: Yes ( ), No ( )
  - 26 If yes, name of herbal medication \_\_\_\_\_
  - 27 Frequency of herbal medication usage: daily use ( ), weekly use ( ), once in a while ( ) and never (...)
  - 28 Do you have health challenges relating to cancer – Yes ( ) No ( )
  - 29 Did any of your relations or family have a cancer history – Yes ( ) No ( )
  - 30 How is your menstrual flow? Regular (...), Irregular (...), Excessive (...), Low (...)
  - 31 Do you experience any pain during the menstrual period Yes (...), No (...)
  - 32 Do you experience pain before or after the menstrual period Yes (...), No (...)
  - 33 Were you clinically diagnosed with having fibroid tumour? Yes (...), No (...)
  - 34 31 Do you have any history relating to diabetes Yes (...), No (...)
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**Section D: Lifestyle habits**

- 35 Do you practice healthy eating? No (...); Yes (....)
- 36 Eating pattern: At intervals (...), 111(...), 101(...), 011(...), 110(...)
- 37 Types of food regularly taken in a week: \_\_\_\_\_
- 38 How often do you take fluids: When thirsty ( ), As recommended ( ), Regularly ( ), Just after meals ( )
- 39 What type of fruits do you take often:-----
- 40 Do you consume: Alcohol (...), Cigarette (...), Indian herb (...), others \_\_\_\_\_
- 41 Do you participate in sporting activities? No (...); Yes (...)
- 42 If yes, what type of sporting activities: \_\_\_\_\_
- 43 How frequent do you participate in sports? 1-2 times per week (...), 3-4 times per week (...),  
5-6 times per week (...), 7 times and above per week (...)
- 44 Do you get involved in any other forms of exercise: No (...); Yes (...)
- 45 If yes, what type of exercise: \_\_\_\_\_

**[Thank you so much.**