

**Part A (Lifestyle)**

**1. Are you a UAE National?**

- A. Yes
- B. No

**2. Nationality of parents-**

**Father**

**UAE national**

**other nationality**

**Mother**

**UAE national**

**other nationality (Please specify-.....)**

**3. Location of residence-**

Abu Dhabi  Dubai  Sharjah  Ajman

Fujairah  Ras Al Kaimah  Umm Al Qwain

**4. Which year did you join Zayed University?**

Year:

**5. What program are you currently enrolled in?**

Program-

- A. Academic Bridge Program
- B. General Education/Colloquy
- C. Majors (Please specify, your Major)\_\_\_\_\_

**3. What is your age?**

- A. <17 years
- B. 17-19 years
- C. 19-21 years
- D. Above 21 years

**4. Your body weight is -**

- A. Less than 50 kgs
- B. 50-60 kgs
- C. 60-70 kgs
- D. More than 70 kgs

**5. Your height is -**

- A. Less than 140cms
- B. 140-160cms
- C. More than 160cms

- 6. Are you married?**  
A. Yes  
B. No
- 7. Do you have children?**  
A. Yes  
B. No
- 8. Did you need medical help (treatment) for having children?**  
A. Yes  
B. No
- 9. Do you smoke?**  
A. Yes  
B. No
- 10. If you do smoke, what do you prefer smoking?**  
A. Cigar  
B. Shisha  
C. Cigarette  
D. E-cigarette  
E. Other
- 11. What kind of physical activity do you perform as part of your daily life? (you can select more than 1 option)**  
A. Walking/jogging  
B. Cycling  
C. Housework/Washing  
D. Any sport  
E. Dancing  
F. Shopping
- 12. What is the total time you spend for all selected activities in a week?**  
A. Less than 5 hours per week  
B. 5- 10 hours every week  
C. More than 10 hours every week
- 13. What type of fast food do you prefer eating outside home? (you can select more than 1 option)**  
A. French fries/wedges/crisps  
B. Burger/sandwich/Subs  
C. Pizza  
D. Fried chicken  
E. Doughnuts, Pastries, Cakes
- 14. How many times do you eat fast food in a week?**  
A. Less than 5 times a week  
B. 5-10 times a week  
C. More than 10 times a week

**15. How many soft drinks/sodas do you have in a day?**

- A. None
- B. 1- 3
- C. 4-6
- D. More than 6

**Part B (Reproductive Knowledge)**

**16. To what extent do you know about the following topics related to female reproductive system-**

	Very well	Know well	Know little	Don't know
A. Ovary (مبيض)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Uterus (الرحم)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Menstrual periods (فترة الحيض)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Hormones (الهormونات) (هرمون البروجسترون, Progesterone, FSH, Estrogen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Pregnancy (حمل)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Child birth (الولادة)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. Select an option based on your knowledge about infertility (not being able to have children)**

	True	False	Not sure
A. Disease in ovaries is not serious and not related to being able to have children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Absent/irregular periods are normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. When hormone levels are not normal, it can cause infertility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Male hormones are not present in women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part C (PCOS)**

**18. Poly Cystic Ovarian Syndrome (PCOS) is a disease of the ovary, where there may be some "growth/cyst or liquid filled bubbles" inside the ovary. Have you heard about this disease?**

<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19. How often (between how many days) do you get your monthly periods?**

- A. Less than 22 days
- B. Between 22- 40 days
- C. More than 40 days

**20. Have you been diagnosed with PCOS?**

- A. Yes
- B. No

**21. Have you experienced any of these symptoms of PCOS at any point of time in your life?**

	Always	Many times	Few times	Never
A. Absent bleeding/Excess bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Excess hair growth on face, chest, abdomen, upper thighs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Oily skin and pimples (Acne)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Patches of thick dark skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. Do you know anybody in your family or friends who show signs of PCOS or have been diagnosed with PCOS?**

- A. Yes
- B. No

**22. Are you aware that diet control, exercise and medication can be used to treat PCOS.**

- A. Yes
- B. No

### Medical History

**23. Have you ever got your hormone levels tested?**

- A. Yes
- B. No

**24. Have you ever been tested with high androgen (male hormone) levels in your blood?**

- A. Yes
- B. No
- C. Not sure

- 25. Have you ever undergone an ultrasound scan of uterus or ovaries?**  
A. Yes  
B. No  
C. Not sure
- 26. Are you taking medication for high blood sugar/Diabetes?**  
A. Yes  
B. No
- 27. Has anybody in your family been diagnosed with High blood sugar/ Diabetes?**  
A. Yes  
B. No
- 28. Are you currently taking any medication for PCOS?**  
A. Yes  
B. No

**General**

- 29. After completing this survey, do you think you are more aware about PCOS and its symptoms?**  
A. Yes  
B. No  
C. Not sure
- 30. Do you think its is important for girls of your age to know more about this disease?**  
A. Yes  
B. No  
C. Not sure
- 31. From what source would you prefer to get more information about PCOS?**  
A. Schools/teachers  
B. Health center/Health professionals (Doctor, nurse, pharmacist)  
C. Internet/self  
D. Media- Television/radio/newspapers