

Factors Associated with Student Performance at the Copper belt University School of Medicine

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Supplementary

Appendix I: Questionnaire

The questionnaire is divided into two parts, PART A and PART B. Part A assesses your academic performance and Part B assesses different factors being studied in the research.

Part A

Assessing Grade Point Average (GPA)

Year of study: _____

Programme: _____

Sex: _____

Fill in the table below, listing all the courses taken in an academic year. Credit hours refer to number of hours per course in a week and Grade refers to your overall grade per course ranging from A+ to D.

Name of course	Credit hours	Grade

Part B

Section 1: Stress

This section contains statements dealing with student-life stressors. Read it carefully and respond to each statement as it relates to you as a student.

Use the 4-point scale to rank the level of stress each student stressor brings to your life experience as a student. TICK ONLY ONE ANSWER FOR EACH STATEMENT.

0 = NEVER, 1= ALMOST NEVER, 2 = SOMETIMES, 3 = ALWAYS

S.no	Statement /rating	0	1	2	3
	Academic stressors				
1	Greater academic demands				
2	Receiving a failing grade in an important course				
3	Not being able to take good notes in class				
4	Lower than expected grades				
5	Increased workload from lecturers				
6	Keeping up with the required readings				
7	Course load				
	Financial stressors				
8	Loss of financial support from university				
9	Borrowing money for tuition fees				
10	Worried about financial responsibilities				
	Time management stressors				
11	Difficulty finding time to study				
12	Hard time getting assignments done on time				
13	Not getting enough time to sleep				
14	Change in sleeping habits				
	Social stressors				
15	Hard time making friends				
16	Problems with roommate				
17	Exposure to new people, ideas and temptations				
18	I can't find a balance between my social life and school life				

Section 2: Sleep (using a Sleep Quality Scale)

Using a four-point, Likert-type scale indicates how frequently you exhibit certain sleep behaviors.

0 = RARELY, 1= SOMETIMES, 2 = OFTEN, 3 = ALMOST ALWAYS

S.No	Statement/rating	0	1	2	3
1	I have difficulty falling asleep				

2	I have difficulty getting back to sleep once I wake up in the middle of the night				
3	I feel refreshed after sleep				
4	My sleep hours are enough				
5	Poor sleep makes it hard for me to think				
6	Poor sleep makes me lose interest in work or others				
7	Poor sleep makes it hard for me to be attentive in class				
8	I would like to sleep more after waking up				
9	Poor sleep gives me headaches				
10	My fatigue is relieved after sleep				

Section 3: Time management

Tick once for each statement below

S.No	Statement/rating	Always	Sometimes	Never
1	I do things in order of priority			
2	I accomplish what needs to be done during the day			
3	I always get my assignments done on time			
4	I feel I use my time effectively			
5	I prepare a daily or weekly to do list			

Section 4: Lifestyle

Please fill in this form as completely and honest as possible

Q1. In the last 6 months how often have you participated in some kind of exercise?
(Circle)

- (a) 3 to 4 times per week
- (b) 1 to 2 times per week
- (c) 1 to 2 times per month
- (d) Not at all

Q2. Are you active in any sports or form of exercise?

Underline which option suits you best for the following questions

Q3. Do you think you eat a healthy diet? Yes/No

Q4. Do you smoke? Yes/No

Q5. Do you take alcohol? Yes/No

Q6. On a scale of 1 to 10 how can you rate your nutrition? (1= very poor -10= excellent)

Appendix II: Information sheet

My name is Molly Temwa Mzumara and I am a medical Student at the Michel Chilufya Sata School of Medicine at the Copperbelt University. I am carrying out a study based on

factors associated with Student performance at the School of Medicine and is strictly for academic purposes.

This study will benefit both the Students and facilitators of learning for it will help the University to implement ways were possible of which Student performance can be improved and for the Students in that it will create a sense of responsibility to Students regarding academic success.

I therefore request your participation in this study by responding to the questions in the questionnaire. Please be informed that you are at liberty to withdraw from this study and that confidentiality will be maintained throughout the study and that there are no risks associated to this study. Your participation will be highly appreciated.

If you have any doubts and wish to seek clarity on the research please contact the researcher using the contact details below:

If you have any complaints about the study please contact the secretary of the TDRC Ethics Review Committee at the following address:

Consent form

I _____ have read and understood the terms and conditions of this study and I hereby agree to participate in the above research study. I understand that my participation is voluntary, that confidentiality will be maintained and that I am free to withdraw at any point. My signature is therefore proof that I have understood the above.

Signature of Research Participant: _____

Date: _____

Name of Researcher: _____

Signature of Researcher: _____

Appendix III: Work plan

TASK	July 2020	July 2021	May 2022	September 2022	October 2022
Handing in of the research project proposal					
Submission to TDRC					
Data collection					
Data entry					
Data analysis					
Report writing					
Submission					

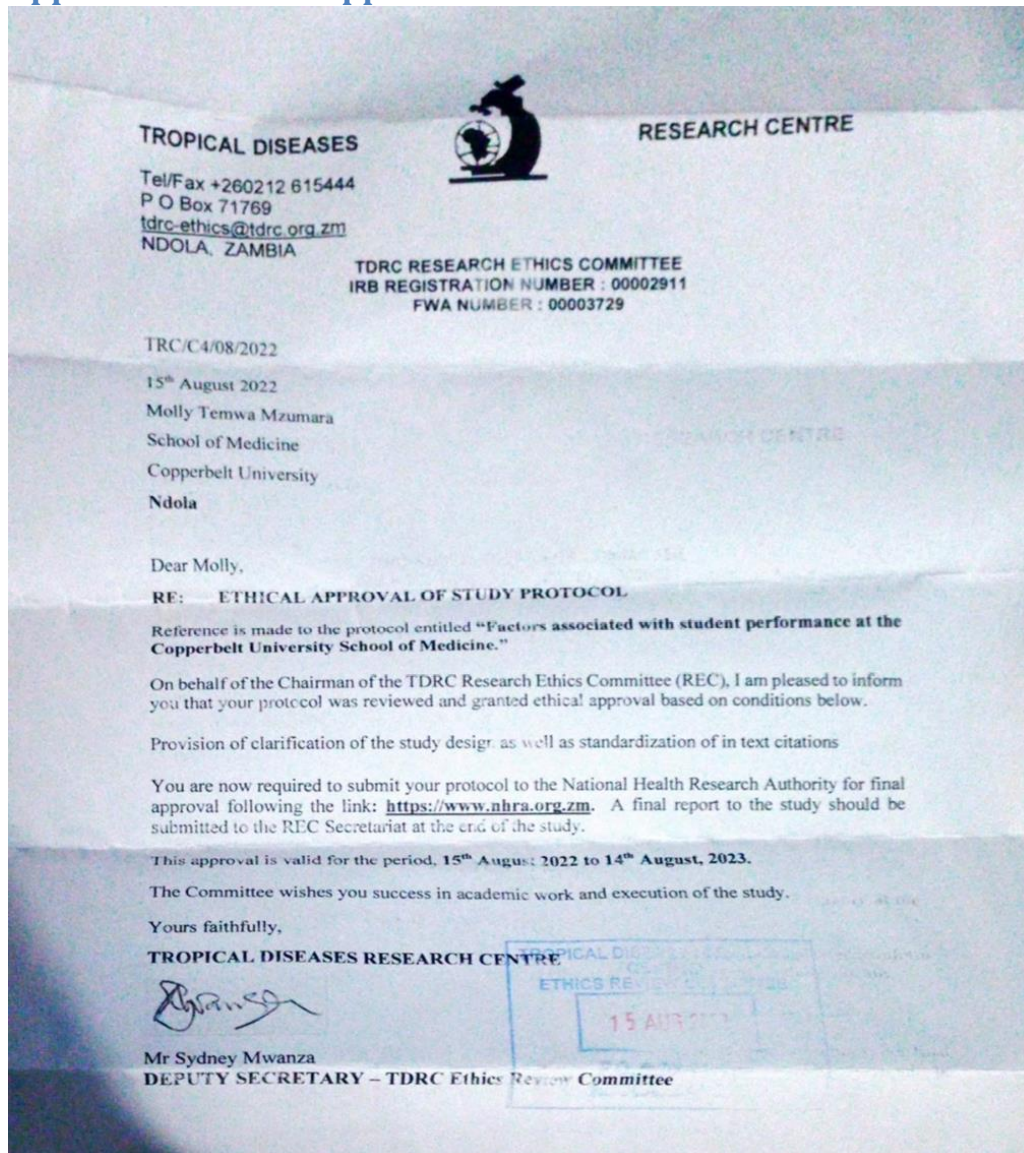
Appendix IV: Budget

Activity	Unit measure	Unit price (ZMW)	Quantity	Total price (ZMW)
Stationery (pens and rim of paper)	Each item	K80		K80
Printing proposal	Each page	K20	1	K20
Binding proposal	Each copy	K10	1	K10
Printing report	Each copy	K150	1	K150

Binding report	Each copy	K10	1	K10
Printing questionnaires	Per copy	K3	385	K1155
Ethical clearance		K500		K500
Grand total				K1,925

NB: Due to issues of fluctuating prices, a contingency of K300 has been included to deal with any unforeseen price fluctuations and emergencies hence coming to a total of K2,225.00

Appendix V: Ethical approvals



All Correspondences should be addressed to the
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Email: copperbeltpho@gmail.com



REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH
COPPERBELT PROVINCIAL HEALTH OFFICE

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P.O. Box 70032,
Kansenshi
NDOLA

14th November, 2022

Molly Temwa Mzumara
The Copperbelt University
School of Medicine,
P.O Box 71191
NDOLA

Dear Mzumara,

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Reference is made to your letter regarding the above captioned subject.

I am pleased to inform you that Management has favourably considered your request and has granted you permission to conduct the Research entitled: **"factors associated with students Performance at the Copperbelt university school of Medicine,"** Copperbelt Province.

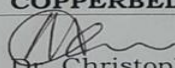
Kindly note that the data you will collect should not be used for any other purposes other than for academic purposes only.

Share your findings with this office for our reference and information purposes.

I wish you a successful study.

Yours faithfully

COPPERBELT PROVINCIAL HEALTH OFFICE


Dr. Christopher M. Dube
Public Health Specialist
For/PROVINCIAL HEALTH DIRECTOR

