Annexes1: Questionnaires

Section I: Socio-demographic and economic information

S.No	Question	Response	Remark
001	Age in year		
002	Level of education	Unable to read and write-------1 Primary education----------2 Secondary education----------3 Tertiary education (College and above---4	
003	Religion	Orthodox----------1 Muslim ----------2 Protestant----------3 Catholic ----------4 Other specify----------5	
004	Occupation	Employed (salaried)----------1 Waged Labor----------2 Business ----------3 Housewife ----------4 Others----------5	
005	Marital status	Married ----------1 unmarried ----------2 divorced----------3	
006	Head of the household	Husband ----------1 Wife/Respondent-------2	
007	Partner occupation	Employed (salaried)----------1 Waged Labor----------2 Business ----------3 Others----------4	
008	How many members of the household are there?		
009	How much is your household monthly Income?		

Section2: Ante Natal Care, Health status and nutrition information

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S.no	Question	Response	Remark
010	Parity/no of pregnancy		
011	Gestation in weeks/trimester		
012	How many times have you attended	Once ----------1	

	Ante Natal Clinic?	Two times ----------2 Three times----------3 Four times----------4 More than 4 times--------5	
013	Duration of pregnancy at starting ANC		
014	Have you been sick in the last two weeks?	No ----------1 Yes ----------2	
015	If yes, what illness were you suffering from?	Dyspepsia /heart bur-----1 Hypertension----------2 DM----------3 Anaemia----------4 Worm infestation --------5 Sexually transmitted illnesses--6 Others----------7	
016	Do you have taking iron/folate supplementation?	Yes----------1 No----------2	
017	If yes, how long do you take it?	<1 month----------1 1-3 month----------2 above 3 month----------3	
018	In the past month did you see or hear any message about dietary diversity or additional meal during pregnancy?	Yes----------1 No----------2	
019	If yes, where did you see or hear it?	Health institution (Health center, hospital, dispensary, clinic)-----1 Radio----------2 Television ----------3 Others----------4	
020	Did the information is important to you?	Yes----------1 No----------2	

Section 3:.Food restriction information

No	Food group	Examples	Do you avoid these food items during your pregnancy? 1=yes 0=no	If yes, Why? 1,culture/food taboo 2,personal/Food aversion 3,morbidity/Hyperemesis 4,Lack of awareness about its important
1	Cereals (Grains, white roots and tubers, and plantain)	corn/maize, rice, wheat, sorghum, teff, millet or any other grains or foods made from these (e.g. biscuits, pasta, Macaroni, bread, noodles, porridge or other grain products) + insert local foods e.g Enjera,kocho, chechepsa, white potatoes, white yam, white cassava, or other foods made from roots		
2	Pulses (beans, peas and lentils)	dried beans, dried peas and lentils		
3	Nuts and seeds	nuts, seeds or foods made from these (eg. peanut butter)		
4	Dairy products	milk, cheese, yogurt, butter or other milk products		
5	Meat, poultry, and fish	Beef, pork, sheep, goat, chicken and others meat, Omega, fresh or dried fish or shellfish.		
6	Eggs	eggs from chicken		
7	Dark green leafy vegetables	dark green leafy vegetables, including wild forms + locally available vitamin A rich leaves such as Salad(lettuce), kale, spinach(cabbage)		
8	Other	Pumpkin(duba), carrot, sweet potato that are orange inside		

	vitamin A-rich fruits and vegetables	+ other locally available vitamin A rich vegetables (e.g.red sweet pepper), ripe mango, apple, avocado, melon(habab), lemon, apricot (fresh or dried), strawberry, ripe papaya, dried peach, and 100% fruit juice made from these + other locally available vitamin A rich fruit		
9	Other vegetables	other vegetables (e.g. tomato, onion, eggplant) + other locally available vegetables		
10	Other fruits	other fruits, including wild fruits and 100% fruit juice made from these		

SECTION 4: Dietary diversity practice information.

24 HOUR RECALL QUESTIONNAIRE.

No. (code)..... Tick day of week that you are recalling.

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐

Friday ☐ Saturday ☐ Sunday ☐

Steps for the interviewer to follow when interviewing each participant.

Step 1: The interviewer can start the interview as follows; "I want you to think back to when you woke up yesterday morning. What time was it? Try and remember what you ate and drank yesterday from the moment that you woke up until you went to sleep again last night. Run through the whole day in your mind and try to remember everything that you ate and drank. The interviewer must then give the subject a little time to do what she was asked to do- during this time the interviewer must be quiet. Then the interviewer can then carry on, —Now I would like you to tell me what you ate and drank yesterday in the morning after you got up.

After a subject has mentioned an item, the interviewer should prompt her by saying, —and then?" It is important that the interviewer does not try to ask any specific detail at this point. Enter the information in Form 1 (Column 1)

Step 2: To check whether the subject forgot anything, the interviewer asks the following:

—Did you have any drinks yesterday?

—Did you have any sweets or chocolate yesterday?

—Did you have any cake/ cookies yesterday?

—Did you have any savoury snacks like chips/popcorn/salty biscuits yesterday?

—Did you have any (other) fruit/ vegetables yesterday?

—Did you have any breads or rolls yesterday?

Enter this information on Form 1(Column 2) At this point you need to ask the participant whether what she ate /drank the previous day is the same as usual, more than usual or less than usual. The answer must be entered at the bottom of Form 1.

Form 1.Data sheet for both self-remembered and forgotten food items

STEP 1:Food/Drink eaten/drank during the day	Step 2: Forgotten Foods(PROMPTED)

Step 3: To find out more details about each item and source of food that was eaten or drunk, the following can be said and asked: Now I am going to ask you more about each food or drink that you ate or drank yesterday. Let us start with the first item on the list. At what time did you eat..... (Item 1 on the list). Enter item 1 on form 2. Do not spend a lot of time trying to find out the exact time. Now I want you to tell me more about this food item. This will now include a description of the food as well as the source. Enter this information on form 2.

Form 2: Data sheet for information collected in the 24 hr recall interview.

Time of day	Food Item	Detailed description of the item	*Primary Source of the food

Step 4: To help the subject to make sure that she has not forgotten any food item, the interviewer can ask her to think back very carefully to make sure she has not forgotten anything.

Food group category of 24 hrs recall of pregnant women dietary diversity practice

No	Food group	Examples	Yes=1 No=0
1	Cereals (Grains, white roots and tubers, and plantain)	corn/maize, rice, wheat, sorghum, teff, millet or any other grains or foods made from these (e.g. biscuits, pasta, Macaroni, bread, noodles, porridge or other grain products) + insert local foods e.g Enjera,kocho, chechepsa, white potatoes, white yam, white cassava, or other foods made from roots	
2	Pulses (beans, peas and lentils)	dried beans, dried peas and lentils	
3	Nuts and seeds	nuts, seeds or foods made from these (eg. peanut butter)	
4	Dairy products	milk, cheese, yogurt,butter or other milk products	

5	Meat, poultry, and fish	Beef, pork, sheep, goat, chicken and others meat, Omega, fresh or dried fish or shellfish.	
6	Eggs	eggs from chicken	
7	Dark green leafy vegetables	dark green leafy vegetables, including wild forms + locally available vitamin A rich leaves such as Salad(lettuce), kale, spinach(cabbage)	
8	Other vitamin A-rich fruits and vegetables	Pumpkin(duba), carrot, sweet potato that are orange inside + other locally available vitamin A rich vegetables (e.g.red sweet pepper), ripe mango, apple, avocado, melon(habab), lemon, apricot (fresh or dried), strawberry, ripe papaya, dried peach, and 100% fruit juice made from these + other locally available vitamin A rich fruit	
9	OTHER VEGETABLE	other vegetables (e.g. tomato, onion, eggplant) + other locally available vegetables	
10	OTHER FRUITS	other fruits, including wild fruits and 100% fruit juice made from these	
	Pregnant women	Did you eat anything (meal or snack) outside the home yesterday?	