

Questionnaire

Addis Ababa University School of Public Health

Annex 1: English version Questionnaire

Questionnaire identification _____

Level of breast milk fat content and its association with dietary intake and BMI of the breastfeeding mothers in Burrayu town, Oromia region, Ethiopia, 2017

Subject information sheet

Dear respondent

Good morning/Good afternoon. Thank you for your interest in talking with me today. I am ___ who is a member of a team conducting a study to assess the Level of breast milk fat content and its association with dietary intake and BMI of the breastfeeding mothers in your locality. The study is carried out as part of a MPH research which is conducted under the School of Public Health of Addis Ababa University. The purpose of my visit today is to take information from you on the abovementioned topic. If you are willing to participate in the study, I will ask you questions lasting for about 30-40 minutes it may take some of your time. I will also measure your weight, height, the past 24 hour food intake, as well as your habitual food intake so as to assess your nutritional status. In addition, I will take about 15ml of breast milk sample. The breast milk will be drawn by yourself express of your breast; it will not pose you to any risk. The breast milk sample collected will only be analyzed for the level of fat in the breast milk and it will not be used for any different purpose. It will also be discarded after the end of the study. In the study the 24 hour food recall will be taken for three days including one week end day. However, no financial payment will be made for your participation.

Your name will never be used in connection with any of your information that you will provide. You do not have to answer any question that you do not feel comfortable with, and you may end this task any time you want to. However, your honest answers to these questions and your continuous interest to participate study will help us in understanding of the situation of maternal nutrition and other maternal issue of relationship with level of fat in breast milk in your locality, and will eventually help in designing and implementing appropriate intervention programs. Hence we would greatly appreciate your help in taking part in the study. Your participation is fully based on your interest and choice. Your participation or non participation will not be related with the health service that you will get from governmental and non governmental institutions. If you have any unclarity on my visit you can ask me now so that I will elaborate it. During my stay if you come across with any concern, you can stop me and raise it anytime you want to. It is also possible to contact with the principal investigator through 0910175031.

Informed Consent Form

With due understanding of the aforementioned information, are you willing to participate in the study?

Yes Signature/finger print of the participant

Name _____ Signature/finger print _____ date _____ (Proceed with the interview)

No Signature of the interviewer

Name _____ Signature _____ date _____ (Terminate the interview)

Supervisors/Researcher remark and signature Name _____ Signature _____ date _____

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Annex 2 .Survey questionnaires on the association between dietary intake and breast milk fat content of the lactating mother.

Part I: Background information

Signature_____

Date_____ starting time_____ ending time_____

Part 1. Socio demographic question			
No	Questions	Response	Remark
	Questionnaire code	_____	
101	How old are you?	_____ In completed years	
102	What is your religion?	1.Orthodox 2.Muslim 3.Protestant 4.Catholic 5.Other specify_____	
103	What is your Ethnicity?	1.Oromo 2.Amhara 3.Tigire 4.Gurage 5.Other specify_____	
104	What is your educational status?	1.Unable to read and write 2. Able to read and write but not formal education 3.Grade 1-4 4.Grade 5-8 5. Grade 9-10 6. Grade 11-12 7.College or university	
105	What is your occupation?	1.House wife 2.Farmer 3.Merchant 4.Government Employ 5.Daily laborer 6.Other specify_____	
106	What is your current marital status?	1. Single 2. separated/divorced 3. widowed 4. married and live together	
Part 2: Economic information			
No	Question	Response	Remark
207	Do you have your own income?	1. Yes 2. No	—————▶ If noQ209

208	If Yes, how much do you earn in a typical Month?	1 _____birr 2.I do not know 3.No response	
209	In total, how much is the monthly income of your household? (DC: Please help her to remember different sources of income).	1. _____ Birr 2.I do not know 3.No response	
210	Does any member of this household own:		
	A kerosene/pressure lamp?	1.Yes	2.No
	A bed?	1.Yes	2.No
	A Chair?	1.Yes	2.No
	A table?	1.Yes	2.No
	A radio	1.Yes	2.No
	An electric mitad?	1.Yes	2.No
	A bicycle?	1.Yes	2.No
	Car	1.Yes	2.No
	A mobile telephone?	1.Yes	2.No
	A non-mobile telephone?	1.Yes	2.No
	An animal-drawn cart?	1.Yes	2.No
	A motorcycle?	1.Yes	2.No
	A television?	1.Yes	2.No
	A mill?	1.Yes	2.No
211	What is the main material of the floor of your house?	1. Natural floor 2. Wood or bamboo floor 3. Finished floor 4.ceramic and cement 5. If other specify _____	
212	What is the main material of the roof your house?	1. Thatched/Leaf 2. Plastic sheet 3. Corrugated iron 4. If other specify _____	
213	What is the main material of the wall of your house?	1. Bamboo/Wood 2. Stone with mud 3. Trunks with mud 4. Bricks/Cement 5. If other specify _____	
214	What type of fuel does your household mainly use for cooking?	1. Wood 2. Charcoal 3. Animal dung 4. Kerosene 5. Electric power 6. If other specify _____	

215	What is the main source of drinking water for members of your household including you?	1.piped water 2.borehole 3.dug well 4.water from spring 5.surface water 6.bottled water 7.other specify _____	
216	What kind of toilet facility do members of your household usually use including you?	1.Flush or pour flush toilet 2. Pit latrine 3. Open pit 4. Other specify _____	
217	Are you fasting?	1.Yes 2.No	
Part 3: Reproductive history			
301	How old were you when you first got married?	1. _____ years 2. I do not remember 3. No response	
302	How old were you when you first got child?	1. _____ years	
303	Did you have ANC follow up during pregnancy?	1. Yes 2. No	—————> If no Q 305
304	If yes, how many months pregnant were you when you first receive ANC for this infant?	_____ months	
305	Did you remember your weight during your pregnancy time? Especially after seven (7) month?	1. yes 2. no	
306	If yes, how many “kg” you were?	1. _____ kg	
307	Was (name) delivered by CS that is done by cut your belly open to take the baby out?	1. Yes 2. No	
308	What was your other delivery method, mention	_____	
309	Did your child start breastfeeding as soon as you gave birth within one hour?	1. yes 2. no	
310	If no, how many hour or day it takes to initiate your neonate feeding?	_____	
311	How many child did you have including the breastfeeding now?	1. _____ children	
312	Do you have any child /neonate death after birth?	1. Yes 2. No	—————> If no Q 314
313	If yes, how many child/ neonate is/are lost their live after birth?	_____ children /neonate	

314	How many times did you breastfeed last night between sunset and sun rise?	1. _____ times 2. I do not remember	
315	How many times did you breastfeed yesterday during the daylight hours?	1. _____ times 2. I do not remember	
316	How old your infant you breastfeeding now?	1 _____ month	
317	Which method are you used for family planning before this pregnancy? If more than one mentioned circle all mentioned	1. IUD 2. Inject able 3. Implants(implanon,jedde/norplant) 4. Pills 5. Male condom 6. Standard day method 7. Lactation amenorrhea method 8. Rhythm method 9. Withdrawal 10. Emergency contraceptive	
318	Weight of the mother	_____ kg	BMI= Kg/(ht in m) ² _____
319	Height of the mother	_____ cm (_____ m)	
Part 4: Maternal dietary history			
401	Did you feel hunger when you breast feed?	1.yes 2.No	→ If no Q403
402	If yes to the above question, did you eat soon or stop breastfeeding?	1.Stop breastfeeding 2.I eat soon 3.I continue feeding	
403	Did you drink alcohol during breastfeeding?	1. Yes 2. No	
404	Did you have any sickness which affects your appetite?	1. Yes 2. No	→ If no Q406
405	If yes, how did that sickness affect your appetite?	1. Increase 2. Decrease 3.I do not know	
406	Do you have any food which is taboo in the area and you are not eating?	1.yes 2.no	→ If no Q 408
407	If yes, what kind of food?	_____	
408	Do you have any food you do not like to eat?	1.yes 2.no	
409	If yes, what kind of food?	_____	

Part 5. Qualitative Food Frequency Questionnaire (FFQ)							
Instruction: For each food item listed below, indicate with a checkmark (√) the category that best describes the frequency with which the mother usually eats that particular food items in past one (1) month.							
Food items (13)	once per day	Twice per day	More than 3- times per day	More than 4 & above per day	Twice per week or less	Once per month	
501	1. Bread, injera, injera firfir, ambasha, gonfo, pasta, chechebsa, chiko, yeaja atmit or any food made from cereals, grains (e.g. made of maize, sorghum, millet, wheat, barley, teff etc)						
502	2. Any foods made from potatoes, sweet potatoes, onion, dinich, carrot, key sir, and other foods made from root and tubers?						
503	3. Enset and its products (kocho, bulla)						
504	4. Any vegetables, dark green vegetables (kale, lettuce, cabbage, tikil goman, kosta, tomatosause, fosoliya,)?						
505	5. Any fruits (mango, avocado, banana, Orange, papaya, lemon etc)						
506	6. Any beef, lamb, chicken goat, ox sheep, meat roasted or raw meat, siga wet, tuna, other organ meat?						
507	7. Any eggs (fired egg, whole boiled						
508	8. Any fresh or dried fish, or shell fish?						
509	9. Any food made from beans (e.g., kidney beans, haricot beans, field peas, cowpeas, chickpeas, Shiro wet, mitin shiro, ater kik, misir kik, or others)?						
510	10. Any cheese or yogurt, whole milk, whey?						
511	11. Any food with oil, fat, or butter?						
512	12. Any sugar or honey, sweet/soft check, pizza?						
513	13. Any other foods and drink, tea, tella, beer, beverage, macchiato, tej, w						

eyin, spiris, coffee?						
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Part 6: Physical activity level

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, Terracing, fishing, seeking employment. [Insert other examples if needed]. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

NB: (interviewer: Please ask the questions carefully and fill up the boxes appropriately)

code	Question	Response	Escape
	Type of activity		
P1	Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work] for at least 10 minutes continuously?	1. Yes 2. No	If Yes Go to P1A Else go to P2
P1A	Please note the number of days a week and time spent each day on the following activities listed below which are considered to be vigorous. Consider only those activities that are carried out by you in a typical week		

P1A	Activity	Number of days a week	Time spent in a day
P1A1	Carrying, loading or stacking wood	____	hrs ____ :mins ____
P1A2	Drawing water from the well, river and bringing water from other house	____	hrs ____ :mins ____
P1A3	Manual grinding	____	hrs ____ :mins ____
P1A4	Pounding grains	____	hrs ____ :mins ____
P1A5	Chopping wood-splitting logs	____	hrs ____ :mins ____
P1A6	Carrying heavy loads such as bricks	____	hrs ____ :mins ____
P1A7	Ploughing or digging	____	hrs ____ :mins ____

P1A8	Weeding		hrs :mins
P1A9	Mowing		hrs :mins
P1A10	Threshing		hrs :mins
P1A11	Terracing		hrs :mins
P1A12	Any other..... (Please specify)		hrs :mins
Code	Questions	Response	
P2	Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads] for at least 10 minutes continuously?	1. Yes 2. No	If No go to P3
P2A	Please note the number of days a week and time spent each day on the following activities listed below which are considered to be moderate. Write aside only those activities that is carried out by you in a typical week		

P2A	Activity	Number of days a week	Time spent in a day
P2A1	Washing clothes		hrs :mins
P2A2	Washing dishes		hrs :mins
P2A3	Sweeping floor (inside or outside house)		hrs : mins
P2A4	Mopping floor(bend on knees and using hand)		hrs : mins
P2A5	Drawing and bringing water from outside tap		hrs : mins
P2A6	Animal care: feeding animals, washing animals ,cleaning animal house, etc)		hrs : mins

P2A7	Walking to bring grass, leaves, etc for feeding animals		hrs : mins
P2A8	Milking cow		hrs : mins
P2A9	Gardening: watering plants, pruning, sowing seeds, cleaning, etc		hrs : mins
P2A10	Patient and elderly care		hrs : mins
P2A11	Tailoring		hrs : mins
P2A12	Child care-standing, dressing, bathing, grooming, feeding and occasional lifting of the child		hrs : mins
P2A13	Cooking or food preparation, baking injera, bread		hrs : mins
P2A14	Shopping and carrying packages		hrs : mins
P2A15	Any other..... (Please specify)		hrs : mins

Code	Questions	Response	
P3	Do you walk for at least 10 minutes continuously to get to and from places?	1. Yes 2. No	If Yes go to P3A If No, go to P 4
P3A	Activity	Number of days a Week	Time spent in a day
P3A1	To work		
P3A2	To market		
P3A3	To shops		
P3A4	To bring children from school		
P3A5	To see friends, relatives or others		
P3A6	To church or mosque		

Recreational activities

The next questions exclude the work and transport activities that you have already mentioned.

Now I would like to ask you about sports, fitness and recreational activities (leisure)

P4	Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running] for at least 10 minutes continuously?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes go to P5 If No, go to P7
P5	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days <input type="text"/>	
P6	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs: mins	
P7	Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, swimming for at least 10 minutes continuously?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes go to P8 If No go to P10
P8	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities	Number of days <input type="text"/>	
P9	How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/>	

Sedentary Behavior: The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent [sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping.

P10	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/>
P11	How many hours do you sleep on average during night?	Hours : minutes <input type="text"/> : <input type="text"/>

Part 7: 24-hour Dietary Intake Questionnaire
Form for Recording the Interactive 24-hour dietary recall

Day food eaten: _____	Age: _____
Interview date: _____	Weight: _____

Time	Place eaten	Food or drink	Description and cooking Method	Ingredient	Amount eaten(g)	weight equivalent(g)	Food code

*The amount of fat level from the laboratory result _____ml
Thank you very much