

APPENDIX I

QUESTIONNAIRE

S/NO

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

CHILD INFORMATION

1. Age of child (last birthday): []
2. Sex of child: (a) Male [] (b) Female []
3. Number of siblings of child: []
4. The child was exclusively breastfed: (a) Yes [] (b) No []
5. How old was the child when the mother stopped breastfeeding?
(a) 3-6 months [] (b) 6-9 months [] (c) 9-12 months [] (d) 12-24 months []
(e) More than 24 months
6. Type of food for complementary feeds:
(a) Locally available foods [] (b) Processed Foods [] (c) Both []

MOTHER'S INFORMATION

1. Age (last birthday): []
2. Marital Status: (a) Single [] (b) Married [] (c) Divorced []
(d) Widowed [] (e) Separated []
3. Religion: (a) Christian [] (b) Islam [] (c) Traditional [] (d) Others _____
4. Ethnic group: (a) Yoruba [] (b) Igbo [] (c) Hausa [] (d) Others _____
5. Highest level of education: (a) Primary [] (b) Secondary [] (c) Tertiary []
(d) Vocational [] (e) Quranic [] (f) None []
6. Occupation:
7. What is the net average monthly income of your family (in Naira)?
(a) <20,000 [] (b) 20,001–80,000 [] (c) 80,001–200,000 [] (d) >200,000 []
8. Weight (kg): []
9. Height (m): []
10. BMI (kg/m²): []

SECTION B: FOOD CONSUMPTION PATTERN

1. How much is spent on food per week for the family?
(a) <2,000 [] (b) 2,001–10,000 [] (c) 10,001–100,000 [] (d) >100,000 []

2. What factors affect food selection in the family? (Select all that applies)
- (a) Availability of food [] (b) Taste of food [] (c) Price of food [] (d) Family menu []
 (e) Ease of preparation [] (f) Parents favorite [] (g) Community choice []
 (h) Others _____
3. How often are the following foods eaten by the child?

	Daily	Once in a week	Two times in a week	More than twice in a week	Once a month	Never
Cereal Rice, wheat, corn, custard, pap, oat						
Processed cereal Noodles, spaghetti, cornflakes, golden morn						
Roots and Tubers Yam, Cassava (Garri, Fufu, Lafu),Potatoes, Cocoyam, Plantain						
Fruits Pineapple, pawpaw, orange, watermelon, banana, etc						
Leafy vegetables Bitter leaf, spinach, water leaf						
Non-leafy vegetables Okro, tomato, cucumber, carrot, cabbage						
Dairy products Milk, cheese, yoghurt, ice-cream, skimmed milk/ 0-2% fat milk						
Meat & Products Red meat (Beef, goat/bush meat, pork), Poultry and products (Chicken, turkey, egg), Fish and products (Fish, crayfish, shrimps)						
Bakery Products Bread, Biscuit, cake, meat-pie, doughnuts and other salty snacks						
Fats and Oil Red palm oil, Vegetable/Groundnut oil, Margarine, butter						
Confectionaries Sweets, chocolates						
Beverages Cocoa, milo, bournvita						
Carbonated soft drinks Coke, malt, fanta, pepsi, teem, la casera, etc						
Caffeine (Coffee, tea)						

4. How many meals does your child eat daily?
 (a) Less than 3 times [] (b) 3 times [] (c) More than 3 times []
5. How often does your child eat breakfast (in the morning) in a week?
 (a) Never [] (b) 1-2 days [] (c) 3-4 days [] (d) 5-6 days [] (e) Everyday []
6. How often does your child eat in a buka/ fast food restaurant?
 (a) Never [] (b) 1-2 days [] (c) 3-4 days [] (d) 5-6 days [] (e) Everyday []
7. Select the most appropriate option: (a) My child buys lunch in school []
 (b) My child takes food from home to school [] (c) Both [] (d) Neither []
8. How can you describe your child's eating habit?
 (a) Eats a lot [] (b) Does not eat well [] (c) Eats normal []

SECTION C: PHYSICAL ACTIVITY OF CHILD

- How does your child go to school? (a) Walk to school [] (b) Driven in a car to school []
(c) Ride bicycle to school (d) Joins school bus/ public transport
- What kind of activities does your child engage in often? (Select all that applies):
(a) Playing football [] (b) Swimming [] (c) Skipping [] (d) Jogging/Walking []
(e) Dancing [] (f) Playing games which involves physical activity []
(g) Chores which involves physical activity []
- How long does your child spend on these choice of activities above daily?
(a) < 1 hour [] (b) 1-3 hours [] (c) 3-6 hours [] (d) > 6 hours []
- Which of the following does your child engage in often? (Select all that applies):
(a) Watching TV [] (b) Playing video games [] (c) Spending time on computer/tablet/phone []
(d) Staying indoors Idle [] (e) Playing card/ludo games []
- How long does your child spend on these choice of activities above daily?
(a) < 1 hour [] (b) 1-3 hours [] (c) 3-6 hours [] (d) > 6 hours []

SECTION D: MOTHERS PREVENTIVE PRACTICES

Please tick where appropriate:

CHILD FEEDING QUESTIONNAIRE

Never Rarely Some Often Always
Times

Restriction

- I have to be sure my child does not eat too many sweets
- I have to be sure my child does not eat too many high fat foods
- I have to be sure my child does not eat too much of her favorite food
- I intentionally keep some foods out of my child's reach
- I offer sweets (candy, ice cream, cake, pastries) to my child as a reward for good behavior
- I offer my child her favorite foods in exchange for good behavior
- If I did not guide or regulate my child's eating, she would eat too many junk foods
- If I did not guide or regulate my child's eating, she would eat too much of her favorite foods

Pressure to Eat

- My child should always eat all of the food on her plate
- I have to be especially careful to make sure my child eats enough
- If my child says "I'm not hungry", I try to get her to eat anyway
- If I did not guide or regulate my child's eating, she would eat much less than she should

Concern About Child Weight

- Are you concerned about your child eating too much when you are not around him/her?
- Are you concerned about your child having to diet to maintain a desirable weight
- Are you concerned about your child becoming overweight

SECTION E: ANTHROPOMETRIC MEASUREMENT

Measurement/ Index	1 st measurement	2 nd measurement	Average
Weight (kg)			
Height (m)			
BMI (kg/m ²)			