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 apply)
   - (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?

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>Once</th>
<th>Two</th>
<th>More than</th>
<th>Once</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>in a week</td>
<td>times in a week</td>
<td>twice in a week</td>
<td>a week</td>
<td>month</td>
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</table>

- **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**

1. 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

2. 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 [ ]

3. 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 [ ]

4. 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 [ ]

5. 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:

<table>
<thead>
<tr>
<th>CHILD FEEDING QUESTIONNAIRE</th>
<th>Never</th>
<th>Rarely</th>
<th>Some</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restriction</strong></td>
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<tr>
<td>I have to be sure my child does not eat too many sweets</td>
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<tr>
<td>I have to be sure my child does not eat too many high fat foods</td>
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<td>I have to be sure my child does not eat too much of her favorite food</td>
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<td>I intentionally keep some foods out of my child's reach</td>
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<td>I offer sweets (candy, ice cream, cake, pastries) to my child as a reward for good behavior</td>
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<tr>
<td>I offer my child her favorite foods in exchange for good behavior</td>
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<tr>
<td>If I did not guide or regulate my child's eating, she would eat too many junk foods</td>
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<tr>
<td>If I did not guide or regulate my child's eating, she would eat too much of her favorite foods</td>
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<td><strong>Pressure to Eat</strong></td>
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<td>My child should always eat all of the food on her plate</td>
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<td>I have to be especially careful to make sure my child eats enough</td>
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<td>If my child says “I’m not hungry”, I try to get her to eat anyway</td>
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<td>If I did not guide or regulate my child's eating, she would eat much less than she should</td>
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<td><strong>Concern About Child Weight</strong></td>
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<tr>
<td>Are you concerned about your child eating too much when you are not around him/her?</td>
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<td>Are you concerned about your child having to diet to maintain a desirable weight</td>
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<tr>
<td>Are you concerned about your child becoming overweight</td>
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SECTION E: ANTHROPOMETRIC MEASUREMENT

<table>
<thead>
<tr>
<th>Measurement/Index</th>
<th>1st measurement</th>
<th>2nd measurement</th>
<th>Average</th>
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</thead>
<tbody>
<tr>
<td>Weight (kg)</td>
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<td>Height (m)</td>
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<tr>
<td>BMI (kg/m²)</td>
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