**Study Questionnaire- English Version**

**PREDICTORS OF ANEMIA AMONG PREGNANT WOMEN OF UNDER-PRIVILEGED ETHNIC GROUPS ATTENDING ANTENATAL CARE AT PROVINCIAL LEVEL HOSPITAL OF PROVINCE 2, NEPAL**

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| **SURVEY INFORMATION** |
| Date of interview |

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |  |  |  |  |  |

  |
| Respondent’s Identification No. |

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| **SECTION I: SOCIO- DEMOGRAPHIC INFORMATION** |
| **Q. No.** | **Questions** | **Response options** |
| 1 | Age of respondent (in completed years) | \_\_\_\_\_\_\_\_\_ Yrs |  |
| 2 | Ethnicity of respondent | Dalit | 1 |
| Janajati | 2 |
| Muslim | 3 |
| Madhesi | 4 |
| 3 | Religion of respondent | Hindu | 1 |
| Muslim | 2 |
| Christian | 3 |
| Others (Specify) …………………. | 4 |
| 4 | Highest level of education completed by respondent? | No formal education | 1 |
| Less than primary level | 2 |
| Primary level | 3 |
| Secondary level | 4 |
| Higher Secondary level | 5 |
| College/university level or higher  | 6 |
| 5 | Respondent’s family type | Nuclear | 1 |
| Joint | 2 |
| Extended | 3 |

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| 6 | Occupation of respondent | Agriculture | 1 |
| Business | 2 |
| Job (Public/Private) | 3 |
| Daily laborer | 4 |
| Homemaker | 5 |
| Others (Specify) ……………… | 6 |
| 7 | Place of residence of the respondent | Urban | 1 |
| Rural | 2 |
| 8 | Gestational age of respondent (in completed weeks)*(Verify from ANC card)* | .......... weeks |  |
| 9 | How many times have you been pregnant including current pregnancy (regardless of pregnancy outcome) | ………. TimesIf 1, Skip to Q. No. 11 |  |
| 10 | Have you ever had an abortion/ miscarriage in your previous pregnancies? | No | 0 |
| Yes | 1 |

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| **SECTION II: PREVENTIVE HEALTH PRACTICES** |
| 11 | What is the total number of ANC check-ups you have completed during current pregnancy? | ……….. |  |
| 12 | Have you taken iron/folic acid tablet/syrup during this pregnancy? | No | 0 |
| Yes | 1 |
| 13 | Have you taken any deworming medicine during this pregnancy? | No | 0 |
| Yes | 1 |
| 14 | Do you use mosquito net while sleeping? | No | 0 |
| Yes | 1 |

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| **SECTION III: DIETARY PRACTICES AND DIETARY DIVERSITY** |
| 15 | Yesterday during the day or at night, did you eat or drink: |  |  |
| Description*(Refer to food classification chart for detailed list of food items in each category)* | Response options |
| 15.1 | Any foods made from grains, like | Rice, wheat, maize, barley, millet | No | 0 |
| Yes | 1 |
| 15.2 | Any white roots and tubers or plantains, such as: | Potatoes, turnip, white yams, sweet potatoes (white or pale yellow fleshed) | No | 0 |
| Yes | 1 |
| 15.3 | Any beans or peas, such as: | Lentils/dal, mature beans or peas (fresh or dried) such as soybean, gram, mung bean; bean/ pea products | No | 0 |
| Yes | 1 |
| 15.4 | Any nuts or seeds, like: | Any tree nut, groundnut/peanut, or certain seeds (such as sesame seed, sunflower seed, flax seed or nut/seed butters or pastes | No | 0 |
| Yes | 1 |
| 15.5 | Any milk or milk products, such as: | Milk, cheese/paneer, yoghurt/curd, or other milk products (but not including butter, ice cream, cream) | No | 0 |
| Yes | 1 |
| 15.6 | Any meat made from animal organs, such as: | Liver, kidney, heart, gizzard or other organ meats or blood-based foods | No | 0 |
| Yes | 1 |
| 15.7 | Any other types of meat or poultry, like: | Goat, buffalo, pork, lamb, chicken, duck, pigeon or other birdsRat, reptiles (turtle, sun gohoro) and amphibians | No | 0 |
| Yes | 1 |
| 15.8 | Any fish or seafood | Fresh or dried fish, shellfish | No | 0 |
| Yes | 1 |
| 15.9 | Any eggs | Eggs from poultry or any other bird | No | 0 |
| Yes | 1 |
| 15.10 | Any dark green leafy vegetables, such as: | Spinach, pumpkin leaves, mustard leaves, broccoli, collard greens, carrot leaves | No | 0 |
| Yes | 1 |
| 15.11 | Any vegetables or roots that are orange-colored inside like: | Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside | No | 0 |
| Yes | 1 |
| 15.12 | Any fruits that are dark yellow or orange colored inside, like: | Ripe mango, ripe papaya, peaches | No | 0 |
| Yes | 1 |

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| --- | --- | --- | --- | --- |
| 15.13 | Any other vegetables, like: | Cauliflower, cabbage, tomato, mushroom, cucumbers, bamboo shoots, onion, radish, asparagus, beets | No | 0 |
| Yes | 1 |
| 15.14 | Any other fruits, like: | Apple, banana, grapes, guava, amla, lemon, pineapple, watermelon, jackfruit, litchi, mandarin, orange | No | 0 |
| Yes | 1 |
| 16 | In your current pregnancy, have you avoided any food because of cultural reasons, beliefs or any social restrictions |  | No | 0 |
| Yes | 1 |

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| **SECTION IV: HEMOGLOBIN LEVEL** |
| 17 | Hemoglobin level of respondent(based on estimation from the laboratory) | ……….. g/dl |  |