

Annex 1: Pretested questionnaire adapted from a similar study

SECTION ONE: SOCIO-DEMOGRAPHIC PROFILE AND OBSTETRIC CHARACTERISTICS

1)	ANC Hospital	
2)	Serial Number	
3)	Age	
4)	Marital status	1) Single 2)Married 3)Divorced
5)	Level of education	1) Primary 2) Secondary 3)Tertiary
6)	Occupation	1) Civil service 2) Private sector 3) Self-employed 4) Unemployed
7)	Number of ANC visits for this pregnancy so far	
8)	Residence (where do you stay)	
9)	Gravidity	
10)	Parity	

SECTION TWO: PAST HISTORY

11)	Do you Smoke? If yes, how many sticks/day?	1)Yes 2)No /_____/
12)	Do you consume alcohol during this pregnancy? If yes, how many bottles/week?	1)Yes 2)No /_____/
13)	Past history of diabetes	1)Yes 2)No
14)	Past history of hypertension	1)Yes 2)No

SECTION THREE: GESTATION

15)	Have you been seen by a doctor, nurse, or midwife with regards to your pregnancy since you got pregnant?	1)Yes 2)No
16)	Is this a single or multiple pregnancy?	1)Single 2) Multiple 3)Don't know
17)	Have you been diagnosed with any hypertensive disorder in pregnancy?	1)Yes 2)No
18)	Have you been diagnosed with gestational diabetes mellitus?	1)Yes 2)No

SECTION FOUR: WEIGHT AND BMI

19)	How old is your current pregnancy?	/ _____ / (weeks)
20)	What was your latest pre-pregnancy weight?	/ _____ / kg
21)	Weight and gestational age at your first ANC visit?	/ _____ / kg, / _____ / (weeks)
22)	Current weight	/ _____ / kg
23)	Current height	/ _____ / m
24)	BMI	/ _____ /

SECTION FIVE: GESTATIONAL WEIGHT GAIN

25)	How do you think your current weight is?	1) Underweight 2) Normal Weight 3) Overweight 4) Very overweight or obese
26)	What do you think is the best amount of weight to gain in pregnancy for someone your weight?	

SECTION SIX: COMPLICATIONS OF OBESITY IN PREGNANCY AND EXCESSIVE GESTATIONAL WEIGHT GAIN.

27)	Do you think that too much weight gain in pregnancy or being obese can cause problems or increase already existing problems for the mother?	1)Yes 2)No 3)I don't know
28)	If yes, what problems can it cause? <i>(check all that apply)</i>	<input type="checkbox"/> High blood pressure in pregnancy <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Caesarean Section <input type="checkbox"/> Back pain <input type="checkbox"/> Difficulty moving <input type="checkbox"/> Swollen legs <input type="checkbox"/> Premature Delivery <input type="checkbox"/> Difficulty breastfeeding <input type="checkbox"/> Postpartum retention of gestational weight <input type="checkbox"/> I don't know.
29)	Do you think that too much weight gained in pregnancy can cause problems for the baby?	1)Yes 2)No 3)I don't know

30)	If yes, what problems can it cause? <i>(check all that apply)</i>	<input type="checkbox"/> Macrosomia <input type="checkbox"/> Birth Trauma <input type="checkbox"/> Jaundice <input type="checkbox"/> Death <input type="checkbox"/> Adult obesity <input type="checkbox"/> Childhood obesity <input type="checkbox"/> Cardiovascular problems later in life <input type="checkbox"/> Hospitalization in neonatology <input type="checkbox"/> I don't know
-----	--	---

SECTION SEVEN: WEIGHT GAIN MANAGEMENT IN PREGNANCY

31)	Have fewer soft drinks?	1)Yes 2)No 3)I don't know
32)	Skip Meals	1)Yes 2)No 3)I don't know
33)	Eat low-fat milk and dairy products?	1)Yes 2)No 3)I don't know
34)	Have fewer cakes and chocolate?	1)Yes 2)No 3)I don't know
35)	Avoid exercise?	1)Yes 2)No 3)I don't know
36)	Eat plenty of fruits and vegetables?	1)Yes 2)No 3)I don't know
37)	Exercise 3 or more times each week for at least 30 minutes per session?	1)Yes 2)No 3)I don't know
38)	Have more fruit juice?	1)Yes 2)No 3)I don't know
39)	Stop eating after 8 pm?	1)Yes 2)No 3)I don't know

40)	Remove fat from meat?	1)Yes 2)No 3)I don't know
41)	Have less fried foods?	1)Yes 2)No 3)I don't know
42)	Have a low carbohydrate diet?	1)Yes 2)No 3)I don't know
43)	Have oily fish in your diet?	1)Yes 2)No 3)I don't know
44)	Reduce the amount of oil in your diet?	1)Yes 2)No 3)I don't know
45)	Eat a double portion of food	1)Yes 2)No 3)I don't know