

## **ANNEXES**

### **A. English questionnaire.**

Introduction: how are you? My name is..... I am working as data collector in a survey conducted by Addisu Tesfa in Motta town administrative ART sites. The program supported by Debre Markos University, college of health sciences, public health department so as to assess dietary diversity and associated factors among HIV positive adult patients. You are invited to participate in this study so thank you for your participation.

Study topic: dietary diversity and associated factors among HIV positive adult patients in Motta town administrative, East Gojjam zone, Northwest Ethiopia.

Objective: to assess dietary diversity and associated factors among HIV positive adult patients in Motta town administrative, East Gojjam zone, Northwest Ethiopia

Study period: From April 15 May 5, 2009E.C.

Process of study: For this study, there are different directly related questions which need correct responses. For unclear questions, you can ask any time for further clarification. It takes 20-25 minutes to complete the question.

Risk and benefit: for your participation in this study there is no direct benefit but your honest answer to these questions is very important for the purpose of the study. Additionally because of your participation in this study I am sure that there is no problem. You don't have to answer any questions that you don't want to answers and you may end this interview at any time you want.

Confidentiality: your name will not be written on this form and will never be used with any information you may tell me. Your response on the questions will not disclose other than the principal investigator.

Participation: your participation is based on your interest. You can jump or left after you start to respond for one or more questions if you are not interested and by doing so there will not influence from community or other body.

Do you have any question regarding this study? You can tell me by 09-20-31-93-80 even you can call for ethical clearance committee by phone no..... If yes, precede the question. If

not, proceed to the next respondents. Signature of the interviewer certifying that informed consent has been given verbally by respondents .....

- 01. Questionnaire identification number .....
- 02. Date of interview...../...../.....
- 03. Checked by supervisor; name....., signature.....

Part 1: socio-demographic of clients

s.no	Question	Legal value	
1	Sex	1. male 2. Female	
2	Age	.....	
3	Religion	1. orthodox 2. Muslim 3. protestant 4. other(specify)	
4	Ethnicity	1. Amahara 2. Oromo 3. Tigrie 4. other(specify)	
5	Marital status	1. Single 2. married 3. divorced 4. separated 5. Widowed	
6	Educational status	1. Can't write & read 2. write & read 3. primary 4. secondary 5. certificate and above	
7	Occupation	1. Farmer 2. Government employ	

		3. Merchant 4. Daily laborer 5. Student 6. Others	
8.	Permanent place of Residence	1. Rural 2. Urban	

Part 2: Scio-economic related questions

s.no	Question	Legal value	Remark
1.	Family size	.....	
2.	Household Income.3	.....EBR	
3.	Food source	1.farm/garden  2. purchase  3.relatives	
4.	Do you have farmland?	1. Yes 2. No	
5.	Do you have livestock's?	1. Yes 2. No	
6.	Do you Cultivating dummy vegetables in the garden?	1.Yes 2.No	
7.	Do you have milk in the house?	1.Yes 2.No	
8.	Do you have chicken and eggs in the house?	1.Yes 2.No	

9.	Do you have mobile?	1. Yes 2. No	
10	Do you have radio/television (electrical health)?	3. Yes 4. No	
11	If yes to QS 10, is it functional?	1. Yes 2. No	
12	If yes to QS 11, have you listen it?	1. Yes 2. No	
13	How often do you listen per week?	---- times per week	

Part 3: behaviour and information related questions

s.no	Question	Legal value	Remark
1	Have you received nutrition counseling?	1. yes 2. No	
2	If yes for QS 1, what was the nutritional counseling about?	1. Drugs 2. Infections/illness 3. General feeding 4. Other specify	
3	If your answer for QS 1 is yes, who was the counselor?	1. Media 2. Community 3. Healthy worker 4. Others	
4	Do you drink alcohol?	1. Yes 2. No	
5	Do you smoke cigarettes?	1. yes 2. no	
6	Do you chew chat?	1. Yes 2. No	

Part 4: health related/clinical questions

s.n	Question	Legal value	Remark
1	Confirmed date of the virus(in year)	.....	
2	When you start ART clinic chronic care?	.....	
3	Current functional status of the patient	1. Working 2. Ambulatory 3. Bedridden	
4	Are you taking cotrimoxazole prophylaxis?	1. Yes 2. No	
5	Duration of cotrimoxazole	.....	
6	Have you any drug related problem in the last 1 month which is told to you by health professional after taking cotrimoxazole?	1. yes 2. No	
7	Are you taking isonized preventive therapy?	1. yes 2. No	
8	Have you any drug related problem in the last 1 month which is told to you by health professional after taking isonized?	3. yes 4. No	
9	Are you on HAART?	1. yes 2. No	
10	If yes for question 9, when you start?	.....	
11	What regimen do you take? (Observe the drugs that take the patient.)	1. AZT-3TC-NVP 2. AZT-3TC-EFV 3. TDF-3TC-NVP 4. TDF-3TC-EFV 5. Other (specify)	

12	Have you any drug related problem in the last 1 month which is told to you by health professional after taking ART drug?	1. Yes 2. No	
13	Current WHO staging	a. T-1 b. T-2 c. T-3 d. T-4 e. WHO staging -1 f. WHO staging -2 g. WHO staging -3 h. WHO staging -4	
14	Baseline CD4 count(see the lab request)		
15	What is your last CD4 count?(see the lab request)	.....	
16	Have you got any illness in the last 2 weeks?	1. yes 2. No	
17	If yes, have you been taking any drugs?	1. Yes 2. No	
18	If yes, have you had any side effects?	1. Yes 2. No	
19	Lost to follow up	1. Yes 2. No	
20	If your answer for QS 19 is yes, reason for lost	1. health professionals 2. patient 3. environment 4. others	
21	Adherence of ART drug.	1. very good 2. good 3. fair 4. poor	

22	Follow up interval	1. Monthly 2. Every two months 3. Every three months 4. Other	
23	Do you get supplemental feeding?	1. Yes 2. No	

Part 5. Dietary diversity portion questionnaire

24 hour dietary recall-Dietary diversity score tool

Read the list of foods. Place a one in the box if the food in question was eaten; place a zero in the box if the food was not eaten.

Sr. no	Food groups	Description(examples)	Legal value /1 or 0/	Remark
1	Starchy staples	Any foods made from grain (millet, sorghum, maize, rice, wheat, or teff, oats) Any white potatoes or any other foods made from roots or tubers such as Carrots or sweet potatoes that are yellow or orange inside?		
2	Dark green leafy vegetables	Any dark, green, leafy vegetables such as kale, cabbage		
3	Other vitamin A rich fruit & Vegetables	pumpkin, , any ripe mangoes, ripe papayas, lemon, orange, banana and other locally available vit A rich vegetables		

4	Other fruits and vegetables	Tomato, onion, or any other locally available fruit and vegetables.		
5	Organ meat	liver, kidney, heart, or other organ meats		
6	Meat and fish	Any locally edible meats like beef, lamb, goat, chicken, and fish or other blood-based foods?		
7	Eggs	Any eggs.		
8	Legumes ,nuts and seeds	Dried beans, dried peas, lentils, nuts, seeds or any foods made from beans, peas, lentils or nuts?		
9	Milk and milk products	Any cheese, yogurt, milk or other milk products?		