

## Association of obesity and gestational diabetes mellitus among pregnant women attending antenatal care clinics in Addis Ababa, Ethiopia: A case-control study

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A questionnaire prepared to assess the association of obesity and gestational diabetes mellitus among pregnant women attending antenatal care clinics in Addis Ababa Ethiopia.

Date of interview:			
Name of hospital:			
Code of the pregnant woman:			
Address of the pregnant woman:			
Name of data collector:			
Date of appointment for the next visit:			
<b>Section 1: Socio-demographic characteristics</b>			
No	Questions	Responses (alternative choices)	Code
101	Age of the pregnant woman in years	_____ years	
102	What is your place of residence?	1. Urban 2. Rural	
103	What is your current marital status?	1. Single 2. Married 3. Divorced 4. Widowed 5. Separated 6. Other (specify)-----	
104	What level of schooling have you completed?	1. Illiterate 2. Primary school 3. Secondary school and above	
105	What is your main occupation?	1. Housewife 2. Farmer 3. Government Employee 4. Private employee 5. NGO employee 6. Daily laborer 7. Other (Specify)-----	
106	What level of schooling your spouse has completed?	1. Illiterate 2. Primary school 3. Secondary school and above	
107	What is your spouse's main occupation?	1. Government Employee 2. Farmer 3. Private employee	

		4. NGO employee 5. Daily laborer 7. Other (Specify)-----	
108	What is the amount of your monthly income?	----- Eth birr	
<b>Section 2: Current pregnancy and obstetric history</b>			
201	Including this pregnancy, for how many times have you been pregnant (gravida)	-----	
202	For how many times have you been live birth (parity)	-----	
203	Gestational age (wks.) by	1. LMP-----GA---weeks+--days 2. By ultrasound (if available) GA---weeks+----days	
<b>Section 3: Prior pregnancy and obstetric history</b>			
If she is primigravida, skip this section			
301	Birth weight of the newborn (the most recent newborn)	-----Kg	
302	Have you ever given birth to a large size (macrosomic) baby?	1. Yes 2. No	
303	Have you ever given birth to preterm?	1. Yes 2. No	
304	Have you ever had a baby by caesarean delivery?	1. Yes 2. No	
305	Have you had abortions and/ miscarriages?	1. Yes 2. No	
306	Have you had Still birth?	1. Yes 2. No	
307	Have you delivered a baby with a congenital abnormality?	1. Yes 2. No	
308	Have you experienced GDM in previous pregnancies?	1. Yes 2. No	
309	Have you experienced high blood pressure during previous pregnancies?	1. Yes 2. No	
<b>Section 4: General medical (personal and family) history</b>			
401	Family history of T2DM	1. Yes 2. No	

402	The first-degree relative having gestational diabetes mellitus	1. Yes 2. No	Who?, mother, sister....
403	Presence of confirmed chronic hypertension	1. Yes 2. No	
<b>Section 5: Assessment of Minimum Dietary Diversity for Women (MDD-W)</b>			
The next question focuses on the ten women's dietary diversity or varieties of foods from the lists of food with one type or conjugates within 24 hours from yesterday 12:00 to today 12:00 o'clock.			
<u>No</u>	Food group	Examples	Consumed Yes=1 No=0
501	Grains/cereals, roots & tubers	Bread, pasta, rice, biscuit, cookies or dried food made from oats, maize, barley, wheat, millet, sorghum, and others. Any food made from teff (injera, pen cake, porridge) cerifam, faffa (pre-processed baby foods) and other packed baby foods: Potato, boina/cassava, buila, kocho, beetroot, and other roots	
502	Pulses	Bean, pea, lentil	
503	Nuts and seeds	Sesame, flax, sunflower, and nuts	
504	Dairy	Milk, cheese, yogurt or other milk products	
505	Meat, Poultry and fish	Beef, lamb, goat, chicken, fish	
506	Eggs	Egg	
507	Dark green leafy vegetables	Kale/gomen, spinach, kosta, green pepper	
508	Other vitamin A-rich vegetables and fruits	Pumpkin, carrot, papaya, mango, sweet potato	
509	Other vegetables	cucumber, tomato, Green pepper, Mushroom, Zucchini, Onion	
510	Other fruits	Orange, banana, Apple, Avocado, Guava, Lemon	
<b>Total score</b>			
<b>Section 6: Assessment of physical activities</b>			
<b>International Physical Activity Questionnaire</b>			
We are interested in finding out about the kind of physical activities that women do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question, even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get place to place, and in your spare time for recreation, exercise or sport. Now, I would like to ask you about the physical activity in the past (1) week, including today.			

No.	Questions	Questions	Responses (alternative choices)	Skip	Skip
Think about all the <b>vigorous</b> activities that you did in the <b>last 7 days</b> . <b>Vigorous</b> physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think <i>only</i> about those physical activities that you did for at least 10 minutes at a time.					
601	During the <b>last 7 days</b> , on how many days did you do <b>vigorous</b> physical activities like heavy lifting, digging, aerobics, or fast bicycling?		1. ____ days per week 2. No vigorous physical activities		If No, Skip <b>Q 603</b>
602	How much time did you usually spend doing <b>vigorous</b> physical activities on one of those days?		1. ____ hours per day 2. ____ minutes per day 3. Don't know/Not sure		
Think about all the <b>moderate</b> activities that you did in the <b>last 7 days</b> . <b>Moderate</b> activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think <i>only</i> about those physical activities that you did for at least 10 minutes at a time.					
603	During the <b>last 7 days</b> , on how many days did you do <b>moderate</b> physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.		1. ____ days per week 2. No moderate physical activities		If No, Skip <b>Q 605</b>
604	How much time did you usually spend doing <b>moderate</b> physical activities on one of those days?		1. ____ hours per day 2. ____ minutes per day 3. Don't know/Not sure		
Think about the time you spent <b>walking</b> in the <b>last 7 days</b> . This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.					
605	During the <b>last 7 days</b> , on how many days did you <b>walk</b> for at least 10 minutes at a time?		1. ____ days per week 2. No walking		If No, Skip <b>Q 607</b>
606	How much time did you usually spend <b>walking</b> on one of those days?		1. ____ hours per day 2. ____ minutes per day 3. Don't know/Not sure		
The last question is about the time you spent <b>sitting</b> on weekdays during the <b>last 7 days</b> . Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television					
607	During the <b>last 7 days</b> , how much time did you spend <b>sitting</b> on a <b>weekday</b> ?		1. ____ hours per day 2. ____ minutes per day 3. Don't know/Not sure		
608	Overall level of physical activity		1. High 2. Medium 3. Low		
<b>Section 7: Anthropometric and clinical assessments</b>					
701	Current weight (kg)		-----Kg		
702	Height		-----Cm		

703	MUAC	-----Cm	
704	Blood pressure (systolic /diastolic)	SBP (mmHg)----- DBP (mmHg)-----	
705	Presence of GDM	1. Yes 2. No	

**Comments:**

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**Thank you for your participation!**