

Appendix

Dear Respondent:

I am a graduate student seeking my doctoral degree in the Department of Nutrition and Food Science at the University of Maryland, College Park. The study is being conducted with funding from the Ministry of Health in Saudi Arabia. The enclosed questionnaire has been approved by the IRB (539976-1) on January 14, 2014.

Obesity is a complex, multifactorial condition in which excess body fat may put a person at health risk. The Saudi National health survey indicated that the prevalence of obesity in Saudi Arabia was significantly more in women than in men. The purpose of the enclosed survey is to determine the prevalence of obesity and to identify the most common risk factors that are associated with obesity among Saudi women of reproductive age who are attending Jeddah Primary Health Care (JPHCC). Moreover, it helps identify perceived barriers to weight maintenance among them.

I'm inviting you to participate in this research project because you will be a valued participant in helping to find solution for the problem of increasing prevalence rates of obesity and its complications among Saudi women. With your participation, this study will provide information to reverse these trends that requires changes in individual behavior and the elimination of societal barriers to healthy lifestyle choices.

Be assured that this study will cause you no harm and it will take 30 to 35 minutes to complete. After you have read and signed this consent and agreed to participate, I will ask you some questions in an empty room on how you manage your weight, your knowledge and attitude about eating habits and physical activity and lifestyle. If you give me permission, I will also need to take some physical measurements such as, weight, height, and waist circumference (WC). A trained nurse will take these measurements.

If you choose to participate, all your responses will be kept confidential and your name will not be identified on the questionnaire. Your information will be protected to the maximum extent possible. The information will not be seen by anyone else except me and my professor in the United States.

Your participation in this research is completely voluntary. You may choose not to take part at all. If you do decide to participate in this research, you can stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized and this will not influence your benefits and services provided by the clinic.

Thank you for taking the time to assist me in this research.

Sincerely,

Muneera Alharbi

University of Maryland Department of

Nutrition and Food Science

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Date: / /	Health sector name:	
File number:	PHC name:	Application No:

Section 1: Socio-demographic

- 1.1 Ageyears
- 1.2 How many years of academic education have you completed?
.....years
- 1.3 What is your current occupation?
(1) housewife (2) student (3) employee (4) Other ----- (specify)
- 1.4 What is your marital status?
(1) never married (2) married (3) separate (4) divorced (5) widowed
- 1.5 Average monthly household income:
(1) less than 8000 SR (2) 8,000 to SR-17.999 SR (3) 18.000 SR and more (4) Unknown
- 1.6 Do you have a maid (household help)? yes no
- 1.7 How many servants do you have at home? (a)----- servants (b) none
- 1.8 Do you: (1) own home (2) rent home (3) Installment (4) government
- 1.9 How many persons do you live with? -----Person (s)
- 1.10 How many rooms in your house? -----Room(s)

Check items in section (2) if you are married or you had married before
OTHERWISE (never married and not have been pregnant or abortion, and not have children), go to section (3)

Section 2: Obstetric history

- 2.1 How many times had you been pregnant (regardless of whether the pregnancies were interrupted (by abortion, or fetal death) or resulted in a live birth.)? times
- 2.2 How many parity do you have? (Parity refers to the number of pregnancies of 24 weeks (6months) gestation or more).
..... times
- 2.3 How many children do you have? children
- 2.4 How many children had you been breastfed? children none
- 2.5 How long did an average of breastfeed your children? months never

Section 3: Medical and Family History of Chronic Diseases

- 3.1 Do you have any of the following health conditions (you can select more than one):
(1). Obesity (2) diabetes (3) hypertension (4) cardiovascular diseases (5) high cholesterol level
(6) high triglyceride level (7) none
- 3.2 Does anyone in your family (blood relatives) have any of the following health conditions (you can select more than one):
(1). Obesity (2) diabetes (3) hypertension (4) cardiovascular diseases (5) high cholesterol level
(6) high triglyceride level (7) none

Section 4: Eating habits

- 4.1 How many regular main meals (breakfast, lunch, and dinner) do you eat daily?
(1) one (2) two (3) three (4) none

4.2 Do you eat breakfast?

(1) always (2) often (3) sometimes (4) never

4.3 Do you eat at least 2 portions (200gm) of fruit every day? (One portion of fruits equal to one piece of fruit (size of a tennis ball), 1/2 cut-up fruit, raw, cooked, frozen, or canned, or one-quarter cup dried fruit, or three quarters cup 100 % fruit juice).

(1) always (2) often (3) sometimes (4) never

4.4 Do you eat at least 2 portions (200gm) of vegetables every day (1/2 cut up vegetables, raw, cooked, frozen, or canned, ½ cup cooked, canned or frozen legumes, one-cup leafy greens, or three quarters cup 100 % vegetable juice)?

(1) always (2) often (3) sometimes (4) never

4.5 Do you usually eat whole grain bread? (A whole grain contains all edible parts of the grain, including the bran, germ, & endosperm).

(1) always (2) often (3) sometimes (4) never

4.6 Do you eat snacks?

(1) always (2) often (3) sometimes (4) never

4.7 Do you usually consume at least 1 cup of milk products every day such as milk, yogurt, buttermilk, or cheese?

(1) always (2) often (3) sometimes (4) never

4.8 Do you drink at least 8 cups of water every day?

4.9 Do you usually eat a cake or a dessert right after meals?

(1) always (2) often (3) sometimes (4) never

Fats in food are always a mix of different types of fatty acids – when we say “saturated fat”, we really mean the saturated fatty acids in the particular fat source. Typically, we get the greatest proportion of our saturated fat intake from cooking fats like lard, butter, margarine, palm and coconut oil.

4.10 Do you usually use these types of fat when you cook your meals?

(1) always (2) often (3) sometimes (4) never

4.11 Do you usually eat late at night (after 8 pm)?

(1) always (2) often (3) sometimes (4) never

4.12 Do you usually eat while watching the TV?

(1) always (2) often (3) sometimes (4) never

4.13 Do you usually add sugar to drink?

(1) always (2) often (3) sometimes (4) never

4.14 Do you usually add table salt to your foods (after cooking)?

(1) always (2) often (3) sometimes (4) never

4.15 Do you eat fast food?

(1) always (2) often (3) sometimes (4) never

Section (5): Physical activity

(Physical activity is any body movement that works your muscles and requires more energy than resting (that increase energy expenditure above a basal level such as, walking, running, dancing, swimming, yoga, and gardening, walking up the stairs).

a. Physical activity

5.1a. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, aerobics, using a stair climber machine at a fast pace, or fast bicycling?

Think about only those physical activities that you did for at least 10 minutes at a time.

_____ days per week or No vigorous physical activities (Skip to question 5.2a)

5.1b. How much time in total did you usually spend on one of those days doing vigorous physical activities?

_____ hours _____ minutes Don't know/Not sure

5.2a. Again, think only about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, using a stair climber machine at a light-to- moderate pace, bicycling at a regular pace, or doubles tennis? Do not include walking.

_____ days per week or No moderate physical activities (Skip to question 5.3a)

5.2b. How much time in total did you usually spend on one of those days doing moderate physical activities?

_____ hours _____ minutes Don't know/Not sure

5.3a. During the last 7 days, on how many days did you walk for at least 10 minutes at a time? This includes walking at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise or leisure.

_____ days per week or No walking (Skip to question 5.4)

5.3b. How much time in total did you usually spend walking on one of those days?

_____ hours _____ minutes Don't know/Not sure

The last question is about the time you spent sitting on weekdays while at work, at home, while doing course work and during leisure time. This includes time spent sitting at a desk, visiting friends, reading traveling on a bus or sitting or lying down to watch television.

5.4. During the last 7 days, how much time in total did you usually spend sitting on a week day?

_____ hours _____ minutes Don't know/Not sure