

## Supplementary file 1

### Questionnaire in English

Questionnaire code \_\_\_\_\_

#### Part I: Socio-demographic characteristics of respondents

S no	Questions	Responses
1.1	Sex	1. Male 2. Female
1.2	Age( in years)	_____ years
1.3	Level of education	1. Can't read and write 2. Primary education(Grades 1-8) 3. Secondary education 4. College and above
1.4	Marital Status	1. Single 2. Married 3. Divorced 4. Widowed
1.5	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other (specify) -----
1.6	Place of residence	1. Urban 2. Rural
1.7	Ethnicity	1. Amhara 3. Tigray 2. Oromo 4. Other(Specify)-----
1.8	Diabetes related complications that affect your feeding practice?	1. Yes 2. No
1.9	Weight	-----KG
2.0	Height	_____cm
	BMI	-----KG/M <sup>2</sup>

## Part II: Dietary Adherence of diabetes patients

S. No	Questions Aimed COVID-19	Response		
		Always	Sometimes	Never
		0	1	2
2.1	Do you forget to plan the meals you eat ahead?			
2.2	Did you miss your dietary plan yesterday?			
2.3	Over the past two weeks, were there any days when you did not take your dietary plan properly?			
2.3	Do you sometimes forget to comply your dietary plan with everyday life?			
2.4	When you feel like your DM is under control, do you sometimes stop taking your dietary plan?			
2.5	Do you ever feel hassled about sticking to your dietary plan?			
2.6	Did you have Feelings of dietary deprivation?			
2.7	Do you miss to include fruits in your food daily?			
2.8	Do you miss to include vegetables in your food daily?			
2.9	Do you forget to cut down butter and fat intake in your food?			

## Part III: Knowledge about COVID-19

S.no.	Knowledge Questions	Yes	No
3.1	Main clinical symptom of COVID-19 is fever, cough, shortness of breath, and fatigue		
3.2	Unlike the common cold, stuffy nose, running nose, and sneezing are less common in persons infected with COVID-19 virus		
3.3	COVID-19 symptoms appear within 2–14 wee		
3.4	Currently, there is no effective treatment or vaccine for COVID-19, but early supportive treatment can help most patients to recover from infection		
3.5	Not all persons with COVID-19 will develop severe cases. Those who are elderly, have chronic illness, and suppressed immunity are more likely to have severe cases		
3.6	Touching or shaking hands of an infected person would result in being infected by COVID-19		
3.7	Touching an object or surface with the virus on it, touching your mouse, nose, or eye with unwashed hands would result in infection by COVID-19 virus		
3.8	The COVID-19 virus was spread via respiratory droplet of infected individuals		
3.9	Persons with COVID-19 cannot spread the virus to others if they have no symptoms of COVID-19		
3.10	Wearing a mask when moving out of home is important to prevent infection with COVID-19 virus		
3.11	Children and young adults do not need to take measures to prevent the infection by COVID-19 virus		
3.12	Washing hands frequently with soap and water for at least 20 seconds or use of an alcohol based sanitizer (60%) is important to prevent infection with COVID-19		
3.13	To prevent COVID-19 infection individuals avoid going to crowded place such as public transportation, market, religious place hospital, and work place		
3.14	Traveling to an infectious area or having contact with someone who has traveled to an area where infection is present is a risk for developing infection		
3.15	solation and treatment of COVID-19 patients are effective ways to reduce the spread of the COVID-19 virus		
3.16	People who have contact with someone infected with the COVID-19 virus should be immediately isolated in a proper place		

#### Part IV: Respondents' Health related information

S. no	Question	Response
4.1	Duration of disease? (When was the disease start or diagnosed as DM)?	_____yrs.
4.2	Do you have any other chronic illness that affects your feeding practice?	1. Yes 2. No
4.3	Diabetes related complications that affect your feeding practice?	1. Yes 2. No
4.4	Are you given nutrition education in the clinic/hospital( based on your status)	1.Yes 2.No
4.5	Are you given journals and pamphlets (about diabetes)?	1.Yes 2.No
4.6	Do you get any visual diabetic nutrition education?	1. Yes 2. No

### **Part V: Behavioral and Food related information**

S. no	Question	Response
	Aimed COVID-19	
5.1	When you eat at a restaurant or in social events, do you make menu choices that will help control your blood sugar?	1. Yes 2. No
5.2	Do you have a habit of smoking?	1.Yes 2.No
5.3	Do you forget to limit your alcohol intake?	1. Yes 2. No
5.4	Do you consider holidays and other days of celebrations “free days” when you can eat whatever you want?	1. Yes 2. No
5.5	Do you do physical exercise?	1. Yes 2. No
5.6	Do you check your fasting blood glucose daily?	1. Yes 2. No
5.7	Are the meals you eat prepared in ways that help control your diabetes?	1. Yes 2. No
5.8	Do you have difficulty choosing foods?	1. Yes 2. No
5.9	Do you have friends/ family support?	1.Yes 2. No
5.10	Do you have enough information about food planning to control your DM?	1.Yes 2. No
5.12	Do you think the availability of fruits and vegetables is enough?	1.Yes 2.No
5.13	Is there shortage of food supply related to the pandemic?	1.Yes 2.No
5.14	How many servings of fruits and vegetables do you think you have to eat on daily bases?	1. Once 2. 2-4 times 3. I don't know

5.15	Which fat do experts say is most important for people to cut down on?	1. Liquid oils 2. Fats and butter 3. Not sure
5.16	According to the food pyramid Which foods do you think you have to cut down a lot	1. Fruits and vegetables 2. Carbohydrates 3. Milk and milk products 4. Sweets 5. Don't know
5.17	Which one is healthy	1.Butter 2.Olive oil 3.Don't know
5.18	How many regular meals do you think you have to eat daily	1. One meal 2. Two meals 3. Three meals 4. .Don't know
5.19	How many Snacks do you think you have to eat daily	1. One snack 2. Three Snacks 3. Two snacks 5. Don't know

### Part V: Socio-economic status of respondents

S. no	Questions	Response
2.1	Occupation?	1. Farmer 2. House wife 3. Government employee 4. Merchant 5. Pension 6. Daily laborer 7. Other(Specify)_____
2.2	Monthly income?	_____ETH. Birr
2.3	Family size?(write number)	1. Female----- 2. Male----- 3. Total-----
2.4	Which one do you use for cooking?	1. Electricity 2. Gasoline 3. Charcoal 4. Animal Dung/Wood 5. Cylinder(Oxygen gas)
2.5	Which one do you use for travelling?	1. Private car 2. Public bus 3. Taxi 4. Walk 5. Other(specify)-----
2.6	Which one of this do you have in your house?	1. Television      1.Yes 2. No 2. Radio            1.Yes 2. No 3. Refrigerator    1.Yes 2. No 4. Car                1.Yes 2. No 5. Electric Stove   1.Yes 2. No 6. Table             1.Yes 2. No 7. Chair             1.Yes 2. No

		8. Bed 1.Yes 2. No 9. Cotton matters 1.Yes 2. No 10. Foam mattress 1.Yes 2. No 11. Gas light 1.Yes 2. No 12. Electric light 1.Yes 2. No 13. Mobile phone 1.Yes 2. No 14. Fixed phone 1.Yes 2. No
2.7	The house you are living is?	1. Private 1. Yes 2. No 2. Government 1. Yes 2. No 3. Rent 1.Yes 2. No 4. Other(Specify)_____
2.8	The number of rooms of your house?	_____rooms
2.9	The material your house is built?	1.Wall_____ 2.Roof_____ 3.Floor_____
2.10	Do you have agricultural land?	1. Yes 2. No
2.10.1	If yes	-----
2.11	Do you have farm animals?	1. Yes 2. No
2.11.1	If yes, how many?	1. Cow_____ 2. Oxen_____ 3. Chicken_____ 4. Goats_____ 5. Sheep_____ 6. Horse_____ 7. Donkey_____ 8. Mule_____ 9. Other(specify)_____