

English version Questionnaire

Questionnaire code: _____

Woreda name: _____

Woreda code: _____ Altitude: _____

School name: _____

School code: _____

Date: _____

Part I - socio-demographic characteristics

S.No	Questions	Responses
101	What is your age?	_____ Years
102	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Other _____
103	What is your ethnicity?	1. Bench 2. Amhara 3. Sheko 4. Keffa 5. Tigre 6. Other _____
104	Place of residence	1. Urban 2. Rural
105	What is your marital status	1. Single 2. Married 3. Divorced 4. Widowed 5. Separated
106	What is the highest level of school you attended?	1. Cannot read and write 2. Primary education(1-8) 3. High school education(9-12) 4. Tertiary education(college, university)
107	What is the highest level of school your husband/partner attended?	1. Cannot read and write 2. Primary education(1-8) 3. High school (9-12) 4. Tertiary education(college, university)
108	What is your occupation?	1. Housewife 2. Farmer 3. Merchant 4. Government employee 5. Self-employee 6. Daily laborer 7. Other _____
109	What is your husband/partner occupation?	1. Farmer 2. Merchant 3. Government employee 4. Self-employee

		5. Daily laborer 6. Other _____
110	Family size (number)	_____
111	Estimated family monthly income	_____ Ethiopian Birr

Part II - Household Wealth Assessment

S.no	Questions	Responses
201	Main material of the floor of house	1. Soil/sand 2. Wood planks 3. Cement 4. Ceramic tiles 5. Others(specify) _____
202	Main material of roof	1. Thatch 2. Corrugated iron/metal 3. Cement 4. Others (specify) _____
203	Does member of this household own,	
	A bicycle?	1. Yes 2. No
	A motorcycle?	1. Yes 2. No
	An animal-drawn cart?	1. Yes 2. No
	A car or truck?	1. Yes 2. No
204	Does household own any agricultural land	1. Yes _____ 2. No
205	Does this household own any livestock, herds, other farm animals, or poultry?	1. Yes 2. No
206	Does the household own the following? If yes please specify the amount	
	1. Cows/bulls/oxen	1. Yes _____ 2. No
	2. Horses/donkeys/mules	1. Yes _____ 2. No
	3. Goats	1. Yes _____ 2. No
	4. Sheep	1. Yes _____ 2. No
	5. Chickens	1. Yes _____ 2. No
	6. Beehives	1. Yes _____ 2. No
207	How many of the following does this household own?	1. Teff (kuntal) _____ 2. Coffee (kilo) _____ 3. Gold (gram) _____ 4. Silver (gram) _____ 5. Spices (kilo) _____
208	Does this household have a bank or microfinance saving account?	1. Yes 2. No
209	Does your household have:	
	Electricity?	1. Yes 2. No
	A watch/clock?	1. Yes 2. No
	A radio?	1. Yes 2. No
	A television?	1. Yes 2. No
	A mobile telephone?	1. Yes 2. No
	A non-mobile telephone?	1. Yes 2. No

A refrigerator?	1. Yes	2. No
A table? A chair?	1. Yes	2. No
A bed with cotton/sponge/spring mattress?	1. Yes	2. No
An electric oven?	1. Yes	2. No
A kerosene lamp/pressure lamp?	1. Yes	2. No

Part III – Iodized salt related awareness of the mother/caregiver and source of water

S.No.	Questions	Response categories
301	Have you ever heard about iodized salt?	1. Yes 2. No
302	If yes to Q 301, where do you get the information?	1. Health workers 2. Friends 3. Relative 4. Family 5. Advertisements 6. Others (specify)_____
303	Could you able to differentiate iodized salt from non-iodized salt?	1. Yes 2. No
304	If yes to Q 303, how do you differentiate iodized salt?	1. See the labeling 2. By the taste 3. By color 4. Others (specify)_____
304	Do you use salt for food?	1. Yes 2. No
305	If yes to Q 304, when do you add salt to the food	1. Initial 2. Mid-point 3. At the end 4. After completed
306	What is the main source of drinking water for members of your household?	<u>Piped water/supply water</u> Piped inside dwelling 11 Piped to yard/plot..... 12 Public tap..... 13 <u>Water from spring</u> Protected well/spring 21 Unprotected well/spring..... 22 <u>Water from Dug well</u> Protected well 31 Unprotected well 32 <u>Water form borehole</u> Borehole in yard/plot 41 Public borehole 42 <u>Surface water</u> Pond/lake/River/stream/spring/Dam.....51 <u>Rain water</u> 61 <u>Tanker truck</u> 71 <u>Vendor</u> 81

		<u>Bottled water</u> 91 <u>No fixed facility</u> 96 <u>Other (specify)</u> 99
307	What is the main source of water used by your household for other purposes such as cooking and hand washing?	<u>Piped water/supply water</u> Piped inside dwelling 11 Piped to yard/plot..... 12 Public tap..... 13 <u>Water from spring</u> Protected well/spring 21 Unprotected well/spring..... 22 <u>Water from Dug well</u> Protected well 31 Unprotected well 32 <u>Water form borehole</u> Borehole in yard/plot..... 41 Public borehole 42 <u>Surface water</u> Pond/lake/River/stream/spring/Dam.....51 <u>Rain water</u> 61 <u>Tanker truck</u> 71 <u>Vendor</u> 81 <u>Bottled water</u> 91 <u>No fixed facility</u> 96 <u>Other (specify)</u> 99

Part IV - Helen Keller Modified food frequency questionnaire (FFQ)

Food frequency questionnaire to be answered by mothers					
Food item	≥ 1x/day	3-6x/ week	1-2x/w	≤ 2x/month	Never
Cereals/cereal based food items					
Teff					
Sorghum					
Millet					
Corn					
Wheat					
Barley					
Macaroni					
Spaghetti					
Rice					
Vegetables					
Tomato					
Potatoes					
Beetroot					
Collard green					
Cabbage					
Abyssinian cabbage					
Carrot					
Lettuce					
Sweet potatoes					
Cocumber					
Roots					
Godere					
Ensete					
Pulses					
Beans					
Peas					
Kidney beans					
Lentils					
Chickpeas					
Haricot beans					
Fruits					
Orange					
Banana					
Mango					
Avocado					
Papaya					
Guava					

Animal products					
Egg					
Beef					
Milk					
Fish					
Chicken					

Part V - Child characteristics

Sn. No	Questionnaire	Responses
501	Child ID	_____
502	What is the age of a child?	_____year and _____months
503	What is the sex of a child?	1. Boy 2. Girl
504	School grade of the child?	1. Grade 1 2. Grade 2 3. Grade 3 4. Grade 4 5. Grade 5 6. Grade 6

Part VI - Anthropometric and thyroid palpation of the child

Child ID _____ Age _____

S.No.	Activity	Result	remark
601	Height	_____ cm	
602	Weight	_____ Kg	
603	Thyroid gland palpation and staging	1. grade 0 2. grade 1 3. grade 2	

Part VII - salt sample test reporting format

Child ID _____ Age _____

S.No.	Type of test	Result	Remark
701	Simple rapid test	1. 0 ppm (white) 2. <15ppm (light grey) 3. >15ppm (dark grey)	

Part VIII - Laboratory result reporting format

Name of health institution-----

Child *ID* -----

Age.....

	Type of test	Result	Remark
1	Urinary iodine concentration	UIC_____µg/L	

Name of laboratory investigator-----

Signature-----

Date-----