**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  |
| 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. Yes_______ 2. No  |
|      | 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:                                                | 1. Yes 2. No  |
|      | 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? | Piped water/Supply water 11. Piped inside dwelling 12. Piped to yard/plot 13. Public tap 21. Water from spring 22. Unprotected well/spring 31. Water from Dug well 32. Protected well 41. Water from borehole 42. Public borehole 51. Surface water 61. Rain water 71. Tanker truck 81. Vendor |

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| 307 | What is the main source of water used by your household for other purposes such as cooking and hand washing? |
|-----|---------------------------------------------------------------------------------------------------|
|     | Bottled water ................................................. 91 |
|     | No fixed facility .............................................. 96 |
|     | Other (specify) ............................................... 99 |
| Piped water/supply water | Piped inside dwelling ............................. 11 |
|     | Piped to yard/plot .................................. 12 |
|     | Public tap ................................................. 13 |
| Water from spring | Protected well/spring ......................... 21 |
|     | Unprotected well/spring ......................... 22 |
| Water from Dug well | Protected well ......................... 31 |
|     | Unprotected well ......................... 32 |
| Water form borehole | Borehole in yard/plot ......................... 41 |
|     | Public borehole ......................... 42 |
| Surface water | Pond/lake/River/stream/spring/Dam............. 51 |
| Rain water  | .......................................................... 61 |
| Tanker truck  | .......................................................... 71 |
| Vendor  | .......................................................... 81 |
| Bottled water  | .......................................................... 91 |
| No fixed facility | .......................................................... 96 |
| Other (specify)  | .......................................................... 99 |
| 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                                        |          |            |        |            |       |
| Cucumber                                              |          |            |        |            |       |
| **Roots**                                             |          |            |        |            |       |
| Godere                                                |          |            |        |            |       |
| Ensete                                                |          |            |        |            |       |
| **Pulses**                                            |          |            |        |            |       |
| Beans                                                 |          |            |        |            |       |
| Peas                                                  |          |            |        |            |       |
| Kidney beans                                          |          |            |        |            |       |
| Lentils                                               |          |            |        |            |       |
| Chickpeas                                             |          |            |        |            |       |
| Haricot beans                                         |          |            |        |            |       |
| **Fruits**                                            |          |            |        |            |       |
| Orange                                                |          |            |        |            |       |
| Banana                                                |          |            |        |            |       |
| Mango                                                 |          |            |        |            |       |
| Avocado                                               |          |            |        |            |       |
| Papaya                                                |          |            |        |            |       |
| Guava                                                 |          |            |        |            |       |
### 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

| 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

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