

Annex II: Questionnaire

Date of interview	Date	Month	Year
Interviewer's name			Signature
Supervisor's name			Signature

Part I: Socio-demographic characteristics

S.No	Variable	Response	Skip to
Q01	Age of child?Month	
Q02	Sex of child?	1. Male 2. Female	
Q03	Religious of child?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other (specify).....	
Q04	Sex of care giver?	1. Male 2. Female	
Q05	What is the marital status of care giver?	1. Married 2. Divorced 3. Widowed	

		4. Single 5. Other (specify)_____	
Q06	What is the educational level of care giver?	1. Unable to read and write 2. Able to read and write 3. Grade 1-8 4. Grade 9-12 5. College and above	
Q07	What is the current occupational status of care giver relation to child?	1. Herder 2. House wife 3. Merchant 4. Farmer 5. Private employee 6. Government employee 7. Other (specify) _____	
Q08	Sex of household head?	1. Male 2. Female	
Q09	Number of individuals in the house hold?	1. Two 2. Three 3. Four 4. Five and above	
Q10	Place of residence?	1. Urban 2. Rural	
Q11	Monthly income of care giver?	1. < 750 ETB 2. 750-1500 ETB 3. > 1500 ETB	

Part II Feeding related factor

Q12	Do you practice dietary diversity during food preparation?	1. Yes 2. No	
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Q13	Which product use in dietary diversity?	1. Animal product 2. Plant product 3. Both	
Q14	When start introduction of complementary foods?	1. < or = 6 months 2. > 6 months	
Q15	Duration of breast feeding practice?	1. < 6month 2. 6-12month 3. 1-2year 4. Above 2years	
Q16	Do you have nutritional knowledge?	1. Yes 2. No	
Q17	In the past four weeks, did you worry that your household would not have enough food? (Food insecurity)	1. Yes 2. No	
Q18	A child does take animal products (meat, egg milk...?)	1. Yes 2. No	
Q19	Meal frequency per day?	1. One times 2. Two times 3. Three times 4. Four times and above	

Part III: Health Care and Diseases Characteristics

No_	Question	Response	Skip to
Q20	Recent history of acute blood loss in past 4 week?	1. Yes 2. No	
Q21	History of recent blood transfusion	1. Yes	

	reaction?	2. No	
Q22	History of recent surgical procedure?	1. Yes 2. No	
Q23	Recent history of accident?	1. Yes 2. No	
Q24	History of intestinal protozoan infections (Amoebiasis, Giardiasis) in past weeks?	1. Yes 2. No	
Q25	History of soil-transmitted helminthic infection?	1. Yes 2. No	
Q26	History of malaria infection?	1. Yes 2. No	
Q27	Recent history of epistaxis?	1. Yes 2. No	
Q28	History of Chronic diseases?	1. Yes 2. No	

Annex III: Laboratory report form

Serial no _____

Date of specimen collection: _____ time: _____

Blood examination

- CBC examination report