Supplementary file: Data collection tool

Questionnaire Identification Code: _________________________________

Consent Form
Hello, I am __________________ working with a research team from Yanet Health Science College. We are contacting you to collect information for a study conducted to assess “Prevalence of intestinal parasites and associated factors among food handlers in food establishments in the Lideta sub-city of Addis Ababa, Ethiopia”. This questionnaire is prepared to collect food handlers personal and food establishment related information.

Thank you so much for agreeing to be interviewed for this research work. All of the information we got from you will be completely confidential and coded with unique number. Your name will not be written down and will never be used in connection with any of the information you provided. There will not be any direct benefit that you will get associated with participation in this study. If you do not want to answer all or some of the questions, you have the right to refuse participation at any time. However, we would greatly appreciate your help in responding to this questionnaire. This questionnaire is expected to be completed in 10 minutes.

Do I have your permission to continue?
1. **Yes**, continue your interview with thanks after signing the consent __________________________
2. **If no**, skip to the next participant by writing reasons for his/ her refusal; __________________________

Data collector: Name: __________________ Signature: ___________ Date: ___________
Time started: ___________________ Time completed: __________________

<table>
<thead>
<tr>
<th>Filled by field supervisors</th>
<th>Result of interview:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Completed 2. Not completed 3. The respondent does not complete the whole questions</td>
<td></td>
</tr>
<tr>
<td>Name of Supervisor: __________ Signature: __________ Date: __________</td>
<td></td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Code</th>
<th>Questions</th>
<th>Response</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Part 1: Socio-demographic information of food handlers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>Sex</td>
<td>1. Male 2. Female</td>
<td></td>
</tr>
<tr>
<td>102</td>
<td>Age (in complete years)</td>
<td>____________________</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>What is your monthly income?</td>
<td>____________________</td>
<td></td>
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<tr>
<td>105</td>
<td>How many years of work experience do you have in food handling?</td>
<td>____________________</td>
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<tr>
<td></td>
<td><strong>Part 2: Food handlers’ personal hygiene conditions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>201</td>
<td>Condition of fingernails</td>
<td>1. Trimmed 2. Untrimmed</td>
<td></td>
</tr>
<tr>
<td>202</td>
<td>Regular hand washing with soap after toilet</td>
<td>1. Yes 2. No</td>
<td></td>
</tr>
<tr>
<td>203</td>
<td>Regular hand washing with soap before eating</td>
<td>1. Yes 2. No</td>
<td></td>
</tr>
<tr>
<td>204</td>
<td>Wearing clean protective clothes regularly</td>
<td>1. Yes 2. No</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Part 3: Food establishment related factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>301</td>
<td>Food safety training</td>
<td>1. Yes 2. No</td>
<td></td>
</tr>
<tr>
<td>302</td>
<td>Medical checkup (in last 6 month)</td>
<td>1. Yes 2. No</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Intestinal parasites identified (to be filled based on the laboratory results)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please carefully read the laboratory reports and write the intestinal parasites identified in the space provided. If no ova of parasites detected, write “No ova of parasites detected”.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>