**Table S3 Affirmative responses to items on the Household Food Insecurity Access Scale (HFIAS) in the Wonago district of southern Ethiopia, 2017 (n=861)**

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| --- | --- | --- |
| **HFIAS questions**  | **Frequency** | **Percent** |
| Q1.  | Worry for food | 437 | 50.8 |
| Q2.  | Unable to eat preferred foods | 358 | 41.6 |
| Q3.  | Eat a limited variety of foods | 291 | 33.8 |
| Q4.  | Eat foods that you did not want to eat | 193 | 22.4 |
| Q5.  | Eat a smaller meal | 121 | 14.1 |
| Q6.  | Eat fewer meals in a day | 48 | 5.6 |
| Q7.  | No food to eat of any kind | 29 | 3.4 |
| Q8.  | Go to sleep at night hungry | 17 | 2.0 |
| Q9.  | Go day and night without eating anything | 10 | 1.2 |
| Prevalence of food insecurity  | Food secure | 424 | 49.2 |
| Mild food insecurity | 252 | 29.3 |
| Moderate food insecurity | 155 | 18.0 |
| Severe food insecurity | 30 | 3.5 |

Dear professor,

Thank you so much for your comments and suggestions. I will send the revised text. If you can, would you please look at the introduction because I also added some text.

One question: As you observed, editors asked for diagram showing interrelationship between variables and I used to show interrelationship in bar graph. Is it good graph?

Another question: in the discussion section lines: 390-391: CAS was found to be a moderate public health problem ([De Benoist et al., 2008](#_ENREF_9); [de Onis et al., 2019](#_ENREF_11)) among schoolchildren in southern Ethiopia.There is no cut value to classify as low, moderate or high public health problem for co-existence of anemia and stunting. However, I found two reference for these classification for anemia or stunting.

*What criteria justifies a qualification of "moderate", "high" or else and what are the references?*