

APPENDIX IX
COMPLIANCE SCHEDULE

Name _____

Mother code _____

Contact (tick) 1 2 3 4 5

Date of interview _____

SECTION I: RECEIPT AND CONSUMPTION

1. Have you received iron tablets during this pregnancy/during this month? (show them the iron tablets and elicit the information, red, black or others)

Red	1 Yes	2 No	R
Black	1 Yes	2 No	B
Others	1 Yes	2 No	O

2. If yes, when did you receive these tablets first, during this pregnancy.

Red	R
Black	B
Others	O

(derive gestational age in weeks at which she started receiving the tablets, later)

3. How many tablets/doses did you receive the first time

Red	R
Black	B
Others	O

(Derive the information through detailed questioning)

4. Derive from 3 the total receipt of iron and folic acid

1. Iron (mg)	Iron
2. Folic acid (mcg)	Folic acid

5. Were these tablets given to you free of cost or did you purchase them?

Red	1 Free	2 Purchased	R
Black	1 Free	2 Purchased	B
Others	1 Free	2 Purchased	O

6. Have you been consuming these tablets regularly (daily or most of the time) 1 Yes 2 No

Red	R
Black	B
Others	O

If she has not taken at all or refused totally then go to

7. How many of these have you been consuming daily (doses)

Red	_____	R
Black	_____	B
Others	_____	O

Code:actual number

8. For how long did you consume these tablets regularly in the doses mentioned earlier?

Red	_____	R
Black	_____	B
Others	_____	O

9. Derive actual consumption (No.of tablets)

Iron	_____	Iron
Folate	_____	Folate

10. Check: 1. with remaining tablets _____
(record number consumed)
2. with calender _____
(record number consumed)

11. Derive actual consumption after cross checking Q.9
1. Iron
2. Folate

SECTION II : PROBLEMS WITH COMPLIANCE

12. Did you feel better after taking the tablets

Red	1. Yes	2. No	R
Black	1. Yes	2. No	B
Others	1. Yes	2. No	O

13. Of yes, in what way
(free list followed by checklist)

- | | |
|-------------------------|-----------------------------|
| 1. General good feeling | 5. Decreased breathlessness |
| 2. Feeling energetic | 6. Decreased back ache |
| 3. Feel less tired | 7. Decreased leg pain |
| 4. Improved appetite | 8. Improved work capacity |
| 9. Any other | |

14. If she never consumed them ask why?

- | | |
|-----------------------------------|-----------------------|
| 1. Tablets are expensive | 5. Supply not regular |
| 2. Causes side effects | 6. Others |
| 3. Felt it is not necessary | |
| 4. No improvement after consuming | |

15. Did you experience any problems after taking the tablets?

(mark only those the respondent mentions; for the last interview (37th week of gestation) ask if she would ascribe any of these effects to the taking of tablets free list).

- | | |
|---------------------|--------------------|
| 1. Loss of appetite | 8. Black stools |
| 2. Nausea | 9. diarrhoea |
| 3. Belonging | 10. abdominal pain |
| 4. heart burn | 11. drowsiness |
| 5. vomiting | 12. dizziness |
| 6. constipation | 13. headache |
| 7. Intestinal gas | 14. any other |

16. Did you continue to have them or did they disappear
1. Continued having them
 2. Disappeared after some time
 3. Any other
17. What did you do when you had side effects?
1. No action taken
 2. reduced dose
 3. changed the formulation
 4. Consulted ANM/AWW/doctor
 5. Took the tablets with food or milk
 6. Any Other
- (If she says she consulted the doctor or ANM, find out what specific action was recommended after recommending this)
18. If you consulted a Dr/ANM/AWW what were you advised?
1. Take tablets with meals
 2. Discontinue tablets
 3. Reduce the frequency of tablet consumption
 4. Given symptomatic treatment
 5. To continue taking the tablets
 6. Gave no advice
 7. Any other
19. Was the action helpful? 1.Yes 2.No
20. Apart from iron tablets, note if she received any other tablets/supplements

Tablets/ supplements	Who pres- cribed	Free(F) or purchased	Dose presc ribed	No.of tablets consumed	Brand name & specification
1. B Complex					
2. Multivitamin					
3. Calcium					
4. Any other					

Ask if she has been treated for 1. Worms 2. Malaria