

## Appendix V

### COMPLIANCE SCHEDULE

Name : \_\_\_\_\_  
Mother code : \_\_\_\_\_  
Contact (tick) : 1 / 2 / 3 / 4 / 5 /

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#### 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)  
1) Yes  
2) No
- 2 How many tablets/doses did you receive?  
(Derive the information through detailed questioning)
- 3 How many tablets did you consume? Iron:  
Folic acid:
- 4 How many of the tablets have you consumed which was provided to you last month in the present study?
- 5 Derive actual consumption (No. of tablets) Iron:  
Folate:
- 6 Check : A with remaining tablets  
(record number consumed)  
: B with calendar  
(record number consumed)  
: C Reasons for not marking calendar

#### SECTION II : PROBLEMS WITH COMPLIANCE (Repeated each month)

- 7 Did you feel better after taking the tablets?  
1) Yes  
2) No
  - 8 If Yes, in what way?  
1) General good feeling  
2) Feeling energetic  
3) Feel less tired  
4) Improved appetite  
5) Decreased breathlessness  
6) Decreased back-ache  
7) Decreased leg pain  
8) Improved work capacity  
9) Any other
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Appendix V (contd..)

- 9 If tablets were not consumed in the required amounts, ask why? :
- 1) Causes side effects :
  - 2) Felt it is necessary :
  - 3) No improvement after consuming :
  - 4) Supply not regular :
  - 5) Others :
- 10 Did you experience any problems after taking the tablets? :
- 1) Yes :
  - 2) No :
- 11 If Yes, what were they? :
- (Mark only those the respondent mentions) :
- 1) Loss of appetite 8) Black stool :
  - 2) Nausea 9) Diarrhoea :
  - 3) Beloning 10) Abdominal pain :
  - 4) Heart burn 11) Drowsiness :
  - 5) Vomiting 12) Dizziness :
  - 6) Constipation 13) Head-ache :
  - 7) Intestinal gas 14) Any other :
- 12 Did you continue to have them or did they disappear? :
- 1) Continued having them :
  - 2) Disappeared after some time :
  - 3) Any other :
- 13 If tablets were discontinued provide counselling. :
- 14 Apart from iron tablets, note if she receives any other tablets/supplements :

Tablets/Supplements	Who purchased	Dose prescribed	No. of tablets consumed	Brand name & Specification
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1 B Complex:	:	:	:	:
2 Multi-vitamin :	:	:	:	:
3 Calcium :	:	:	:	:
4 Any other:	:	:	:	:

Ask if she has been treated for -

- 1) Worms
- 2) Malaria