

A Study on Acceptability and Compliance of Calcium Supplementation in Selected VDCs of Banke District, 2010
(MOHP/ NFHP II/ MCHIP/ VaRG)
Questionnaire for Pregnant Women
(Second Round of Interview)

Form No.			
ID # of 1 st round			

1. District: Banke	
2. Name of VDC:	
3. Ward Number:	
4. Village name:	
5. Name of the household head:	
6. Name of the respondent:	
7. Name of interviewer:	
8. Interview date:	

Section 1: Respondent's Background

Q. #	Question	Codes	Go to Q
101-106	NAP		
107	In which month of pregnancy are you in?	Completed months: _____	
108	NAP		

Section 2: Knowledge of Calcium Supplement

Q. #	Question	Codes	Go to Q
201	What danger signs during pregnancy can it be prevented from the use of calcium? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Severe headache 1 Blurred vision 2 Upper abdominal pain 3 Convulsion and fit 4 Other (specify) _____ 5 Do not know 8	→203
202	Why do you think it is important to prevent the above danger signs during pregnancy? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	To reduce the risk of mothers' death..... 1 To reduce the risk of baby's death 2 Other (specify) _____ 3	
203	For how many months a pregnant woman should take calcium?	Months: _____ Till the baby delivers 9	
204	From which month of pregnancy should a woman start to consume calcium?	Month of pregnancy: _____ Do not know 98	

Q. #	Question	Codes	Go to Q
205	How many times a day should a woman take calcium?	One time 1 Two times 2 Three times 3 Do not know 8	

Section 3: Use of Calcium Supplement during the Third Month

Q. #	Question	Codes	Go to Q
301	Which form of calcium did you receive for this month (third month)?	Tablet form 1 Powder form 2	→325
301a (206)	Do you know how many calcium tablets a woman should take each day?	Two tablets 1 Others (specify) _____ 2 Do not know 8	
301b (207)	At what time of the day a woman should take the calcium tablets?	In the morning after breakfast..... 1 Other (specify) _____ 2 Do not know 8	
301a	Did you like FCHVs distributing the calcium to you?	Yes 1 No 2	
302-303	NAP		
Ask questions on calcium tablets: Now I would like ask about the <u>calcium tablets</u> that you have consumed in the <u>third month</u>.			
304	You just mentioned that you have taken calcium tablets <u>for this third month</u> . Can you tell me when you received the calcium tablets? Please mention day and month.	Day: _____ Month: _____	
305	Did you start taking the calcium tablets from the same day when you received?	Yes 1 No 2	→307
306	After how many days did you start taking the calcium tablets?	After days: _____	
307	How many days did you take the calcium tablets that you received in the third month?	Number of days: _____	
308	Have you ever missed taking calcium tablets any day during that period?	Yes 1 No 2	→310
308a	If yes, how many days did you miss taking calcium tablets?	Days: _____	
309	If yes, what did you do with the tablets that you missed taking?	Did nothing 1 Taken two doses on the next day 2 Other (specify) _____ 3	
310	Altogether how many calcium tablets did you receive in <u>the third month</u> ?	Number of tablets: _____	
310a	Did you take less than two tablets any time in the third month?	Yes 1 No 2	→311
310b	If yes, how many days did you take less than two tablets?	Days: _____	

Q. #	Question	Codes	Go to Q
311	How many calcium tablets did you take during the third month? (Ask the respondent to show the packet of calcium tablets)	Number of tablets: _____ (if respondent has consumed 60 tablets skip to Q314)	
312	You got 60 calcium tablets but you did not take some/any of them after receiving these tablets. What are the reasons for not taking any/some of the calcium tablets? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Forgot to take..... 1 Lost or misplaced the tablets 2 Fear of side effects..... 3 Family members did not allow 4 Inconvenient to take every day 5 Thought of affecting the unborn baby 6 Away from home 7 Was experiencing symptoms that the woman attributed to the calcium..... 8 Difficulty taking the calcium e.g. due to tablet size 9 Other (specify)..... 10	
313	What did you do with the leftover tablets?	It is with me 1 Thrown away 2 Returned to FCHV 3 Given to others..... 4 Other (specify)..... 5	
314	How frequently did you take calcium tablets?	Every day 1 Other (specify)..... 2	
315	How many calcium tablets did you take each time?	Two tablets 1 Others (specify)..... 2	→317
316	What are the reasons for not taking two tablets each time? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Do not know that 2 tablets be taken each time..... 1 Difficult to swallow 2 tablets..... 2 Forgot to take..... 3 Other (specify)..... 4	
317	At what time of the day did you usually take calcium tablets?	In the morning after breakfast..... 1 Other (specify)..... 2	→319
318	What are the reasons for not taking calcium tablets in the morning after breakfast? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Do not know that it should be taken in the morning after breakfast..... 1 Forgot to take..... 2 Inconvenient to take in the morning after breakfast 3 Other (specify)..... 4	
319	Have you ever experienced any side effects or problems from the use of calcium tablets?	Yes 1 No 2	→321
320	If yes, what problems did you experience? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Belching or gas in stomach..... 1 Heaviness in stomach 2 Constipation..... 3 Other (specify)..... 4	

Q. #	Question	Codes	Go to Q
321	During the course of calcium tablets consumption, did you eat less than usual, about the same amount as usual, or more than usual?	Less than usual..... 1 Same as usual..... 2 More than usual 3	→323 →323
322	What are the reasons for eating the food less than usual? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Do not know that same or more than usual amount of foods be taken 1 Less appetite 2 Big baby..... 3 No sufficient food..... 4 Because I am taking calcium 5 Other (specify)..... 6 Do not know 98	
323	To what extent the instructions given about the calcium tablets in the packet or leaflet clear to you? (Show instruction or leaflet)	Very clear 1 Clear 2 Not clear 3 Do not know/have not read yet..... 8	
324	<i>Now I would like to ask about the size of the calcium tablet.</i> Did you find the size of the calcium tablets too small or large or just about right size to take it?	Too small 1 Just about right..... 2 Too large..... 3	→345 →345 →345
Ask questions on calcium packets: Now I would like ask about the calcium packets that you have consumed in the third month. Check Q301 and, and ask question to the respondent accordingly.			
325a (208)	Do you know how many packets of calcium powder a woman should take each day?	One small packets 1 Others (specify)..... 2 Do not know 8	
325b (209)	At what time of the day a woman should take the calcium powder?	In the morning with the breakfast..... 1 Other (specify)..... 2 Do not know 8	
325c (210)	How do you take calcium powder – mixing it with food, mixing it with water or taking the powder alone?	Mixing with food 1 With water 2 Powder only 3 Sometime with food and sometime calcium only 4 Do not know 8	
325	You just said that you have taken calcium packets for this third month. Can you tell me when you received the calcium packets? Please mention day and month.	Day: _____ Month: _____	
326	Did you start taking the calcium packets from the same day when you received?	Yes 1 No 2	→328
327	After how many days did you start taking the calcium packets?	After days: _____	
328	How many days did you take the calcium packets that you received in the third month?	Number of days: _____	

Q. #	Question	Codes	Go to Q
329	Have you ever missed taking calcium packets any day?	Yes 1 No 2	→331
329a	If yes, how many days did you miss taking calcium packets?	Days: _____	
330	If yes, what did you do with the packets that you missed taking?	Did nothing 1 Taken two doses on the next day 2 Other (specify) _____ 3	
331	Altogether how many calcium packets did you receive in <u>the third</u> month?	Number of small packets: _____	
332	How many calcium packets did you take during that period? (Ask the respondent to show the packet of calcium powder)	Number of small packets: _____ (if respondent has consumed 30 small packets skip to Q335)	
333	You got 30 calcium small packets but you did not take some/any of them after receiving these packets. What are the reasons for not taking any/some of the calcium packets? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Forgot to take 1 Lost or misplaced 2 Fear of side effects 3 Family members did not allow 4 Inconvenient to take every day 5 Thought of affecting the unborn baby 6 Away from home 7 Calcium spoil the taste of foods 8 Experienced side effects 9 Other (specify) _____ 10	
334	What did you do with the leftover packets?	It is with me 1 Thrown away 2 Returned to FCHV 3 Given to others 4 Other (specify) _____ 5	
335	How many calcium packets did you take each time?	One packet 1 Other (specify) _____ 2	
336	At what time of the day did you usually take calcium packet?	In the morning with the breakfast 1 Other (specify) _____ 2	→338
337	What are the reasons for not taking calcium packet in the morning after breakfast? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Do not know that it should be taken in the morning with the breakfast 1 Forgot to take 2 Inconvenient to take in the morning with the breakfast 3 Calcium spoil the taste of foods 4 Other (specify) _____ 5 Do not know 8	
338	How did you take the calcium packet?	Mixing with food 1 With water 2 Powder only 3 Sometime with food and sometime calcium only 4 Do not know 8	→340

Q. #	Question	Codes	Go to Q
339	Why did not you take calcium packet by mixing with food?	Do not know that it should be mixed with food..... 1 Inconvenient to mix 2 The taste of food is spoiled..... 3 Other (specify)_____ 4 Do not know 8	
340	Have you ever experienced any side effects or problems from the use of calcium packets?	Yes 1 No 2	→342
341	If yes, what problems did you experience from the use of calcium packets? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Belching or gas in stomach..... 1 Heaviness in stomach 2 Constipation..... 3 Other (specify)_____ 4	
342	During the course of calcium packet consumption, did you eat less than usual, about the same amount as usual, or more than usual?	Less than usual..... 1 Same as usual..... 2 More than usual 3	→344 →344
343	What are the reasons for eating the food less than usual? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Do not know that same or more than usual amount of foods be taken 1 Less appetite 2 Big baby..... 3 No sufficient food..... 4 Because I am taking calcium 5 Other (specify)_____ 6 Do not know 98	
344	To what extent the instructions given about the calcium powder in the packet or leaflet clear to you? (Show instruction or leaflet)	Very clear 1 Clear 2 Not clear 3 Do not know/have not read yet..... 8	
345	Have you taken the following foods during your pregnancy? (Read All)	Yes	No
	1 Green vegetables	1	2
	2 Milk and other dairy products	1	2
	3 Eggs	1	2
	4 Meat/fish	1	2
	5 Other (specify)	1	2
346	Did you take the XX form of calcium the next day after completing the XX form?	Yes 1 No 2	→349
347	If no, after how many days did you start taking the XXX form after completing the XX form?	After days:_____	
348	What are the reasons for not taking the XXX form of calcium from the next day after completing the XX form?	Not received in time 1 Forgot to take..... 2 Did not like to take 3 Other (specify)_____ 4	

Q. #	Question	Codes	Go to Q
349	Who else in your family know that you are taking calcium? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Husband 1 Mother-in-law 2 Father-in-law 3 Other (specify)_____ 4	

Section 4: Opinion on Calcium

Q. #	Question	Codes	Go to Q
401	Is the taste of calcium tablets acceptable or not acceptable to you?	Acceptable 1 Not acceptable 2	
402	Is the taste of calcium powder acceptable or not acceptable to you?	Acceptable 1 Not acceptable 2	
403	Do you feel that the taste of the calcium should be changed?	Yes 1 No 2	
404	Where do you normally keep the calcium?	Under the pillow 1 Under the mattress 2 In the cupboard 3 Under the roof ceiling 4 Place where sunshine is not there 5 Other (specify)_____ 6	
405	Did you find any difficulty in storing the calcium tablets/powder?	Yes 1 No 2	→407
406	What problems did you face in storing the calcium tablets/powder? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	No suitable place to store..... 1 Children throw them way 2 Other (specify)_____ 3	
407-409	NAP		
410	If you become pregnant in the future, would you like to take calcium?	Yes 1 No 2	→411
410a	If you could not get the preferred form of calcium would you accept any form of calcium that is available?	Yes 1 No 2	
411	Have you recommended others to use calcium?	Yes 1 No 2	
412	Would you like to recommend calcium to other pregnant women?	Yes 1 No 2	→414

Q. #	Question	Codes	Go to Q
413	If yes, why do you like to recommend?	→501
414	If no, why you do not like to recommend?	

Section 5: Antenatal care

Q. #	Question	Codes	Go to Q
501	When you were pregnant this time, did you visit health facility for antenatal care?	Yes 1 No 2	→504
502	How many times did you visit for consultation/checkups?	Times:.....	
503	Did the health worker advise you to take calcium during ANC visit?	Yes 1 No 2	→506 →506
504	Why did not you visit any health facilities/ health personnel for checkups or consultation? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Do not know where to go..... 1 Health facility too far..... 2 Too expensive..... 3 No one was there to accompany 4 No good service 5 Currently taking calcium 6 Other (specify)_____ 7	→506
505	If no, is it because you are taking calcium at home?	Yes 1 No 2	
506	Where are you planning to deliver your baby for your current pregnancy?	At home 1 At a health facility 2 Other (specify)_____ 3 Do not know 4	→509
507	Why are you not planning to deliver in a health facility? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Cost too much..... 1 Too far/no transportation 2 Do not trust facility/poor quality service 3 No female provider at a facility 4 Husband/family not allow..... 5 Not necessary..... 6 Not customary..... 7 Other (specify) _____ 8	

Q. #	Question	Codes	Go to Q
508	If planning to deliver at home, whose assistance are you thinking of taking during delivery?	Doctor 1 Staff nurse/ ANM 2 MCHW 3 HA/AWH/CMA..... 4 TBA 5 FCHV 6 Neighbor/friend /relative 7 Other (specify)_____ 8 Nobody 97	
509	Have you taken iron tablets during your current pregnancy?	Yes 1 No 2	→513
510	At what month of pregnancy did you start taking iron tablets?	Months: _____	
511	Are you currently taking iron tablets?	Yes 1 No 2	
512	What time of the day do you take iron tablets?	Morning 1 Evening..... 2	
512a	Have you ever missed taking iron tablets during the consumption of calcium (in the last 90 days)?	Yes 1 No 2	→512e
512b	If yes, what are the reasons that you missed taking the iron tablets? (CIRCLE ALL RESPONSES GIVEN)	Forgot to take..... 1 Not available in time..... 2 Due to the use of calcium 3 Do not know that it should be taken every day 4 Other (specify)..... 5	
512c	Did you miss some of your doses of iron because of the complications of taking calcium at one time of the day and iron at another?	Yes 1 No 2	→512e
512d	If so, about how many days did this cause you to miss your iron dose over the 3 rd month?	Days: _____	
512e	Do you feel comfortable to take different types of tablets (calcium and iron) everyday?	Yes 1 No 2	
512f	What would be more convenient and acceptable to you- taking iron and calcium tablets at the same time or taking them at different time?	At the same time 1 At different time 2	→Stop →Stop
513	What are the reasons for not taking iron tablets? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	Not available nearby 1 Do not know that it should be taken 2 Not necessary..... 3 Cause side effects 4 Currently taking calcium 5 Other (specify) 6	→Stop

Q. #	Question	Codes	Go to Q
514	If no, is it because you are currently taking calcium?	Yes 1 No 2	

D:\Questionnaire English\MCHIP\Second round\Questionnaire for pregnant women (2nd round final) April 21, 2010