

## Household Screening Tool for the Household Survey

**A Study on Coverage and Compliance of Calcium Supplementation in Dailekh District,  
2012–2013**

(MOHP/NFHP II/MCHIP)  
JHSPH IRB \_\_\_\_\_ - NHRC 964  
**Questionnaire for Recently Delivered Women**

1. District:	DAILEKH
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	How old are you?	Age in completed years:	
102	Have you ever attended school?	Yes ..... 1 No ..... 2	→105
103	What is the highest class you completed?	Grade.....	
104	<b>(Interviewer: Check Q. 103)</b>	Grade 5 or below ..... 1 Grade 6 and above ..... 2	→106
105	Now, I would like you to read out loud as much of this sentence as you can. “Churot khanu ramro bani hoina” (Show card to the respondents)	Cannot read at all..... 1 Able to read only parts of sentence 2 Able to read whole sentence..... 3	
106	What is your caste or ethnicity?	_____	
107	In which month did you deliver?	Month (name): _____	
108	How old is your child?	Number of months completed: _____	
		IF 6 MONTHS OR OLDER, STOP INTERVIEW AND THANK WOMAN FOR HER TIME.	



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**IRB No.:** 4332

## Section 2: Antenatal Care

Q. #	Question	Codes	Go to Q
201	When you were pregnant this time, did you visit health facility for antenatal care?	Yes..... 1 No ..... 2	→206
202	How many times did you visit for consultation/checkups?	Times:.....	
203	At what gestational age did you go for your first ANC visit?	Number of months completed:_____	
204	Where did you receive ANC?	Sub health post..... 1 Health post ..... 2 PHCC ..... 3 Hospital..... 4 Private clinic..... 5 Other (specify)_____ ..... 6	
205	From whom did you receive ANC?	Doctor..... 1 Staff nurse/ANM ..... 2 MCHW ..... 3 HA/AHW/CMA..... 4 TBA ..... 5 FCHV ..... 6 Other (specify)_____ ..... 7	→207
206	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 Not necessary/needed..... 6 Not customary ..... 7 Other (specify)_____ ..... 8	→208
207	Did the health worker advise you to take <u>iron</u> during the ANC visit?	Yes..... 1 No ..... 2	
208	Did you receive any iron during your pregnancy?	Yes..... 1 No ..... 2	→210
209	If not, why did you not receive iron?	Do not want it..... 1 None was available (stockout) ..... 2 Needed to discuss with husband .... 3 Needed to discuss with mother in law ..... 4 Other (specify) ..... 5	→214
210	If yes, how many iron tablets did you receive?	30 tablets ..... 1 60 tablets ..... 2 Other (specify) ..... 4	
211	Did you ever get a resupply of iron?	Yes..... 1 No ..... 2	→214

Q. #	Question	Codes	Go to Q
212	If yes, where did you get the iron resupply from?	ANC/health facility..... 1 FCHV ..... 2 Pharmacy/medical shop ..... 3 Other (specify) ..... 4	
213	If not, why did you not receive iron resupply?	Do not want it..... 1 None was available (stockout) ..... 2 Needed to discuss with husband .... 3 Needed to discuss with mother in law ..... 4 Forgot to collect it..... 5 Could not collect it..... 6 Other (specify) ..... 7	
<b>CHECK QUESTION 201. IF NO, END INTERVIEW HERE FOR WOMEN WHO DID NOT RECEIVE ANTENATAL CARE AT A HEALTH FACILITY.</b>			
214	Did the health worker advise you to take <u>calcium</u> during the ANC visit?	Yes ..... 1 No ..... 2	
215	Did you receive any calcium?	Yes ..... 1 No ..... 2	→217
216	If not, why did you not receive calcium?	Do not want it..... 1 None was available (stockout) ..... 2 Needed to discuss with husband .... 3 Needed to discuss with mother in law ..... 4 Other (specify) ..... 5	→219
217	If yes, from who did you receive the calcium?	Doctor ..... 1 Staff nurse/ANM ..... 2 MCHW ..... 3 HA/AHW/CMA..... 4 TBA ..... 5 FCHV ..... 6 Neighbor/friend /relative..... 7 Other (specify) ..... 8	
218	How many bottles of calcium did you receive?	1 bottle ..... 1 2 bottles..... 2 3 bottles..... 3 Other (specify) ..... 4	
219	Did you receive materials about calcium?  (CIRCLE ALL RESPONSES GIVEN)	Bag ..... 1 Brochure/flyer ..... 2 Other (specify) ..... 3	
<b>PRE-ECLAMPSIA/ECLAMPSIA SCREENING</b>			
220	During ANC, did the health worker ever test your <u>blood pressure</u> ?	Yes ..... 1 No ..... 2	→223
221	If yes, was your blood pressure tested at every visit?	Yes ..... 1 No ..... 2	

Q. #	Question	Codes	Go to Q
222	Did the health worker ever tell you that your blood pressure was too high?	Yes ..... 1 No ..... 2	
223	During ANC, did the health worker ever test your <u>urine</u> ?	Yes ..... 1 No ..... 2	→226
224	If yes, at every visit was your urine tested visit?	Yes ..... 1 No ..... 2	
225	Did the health worker ever tell you that there was a problem your urine test (protein in urine)?	Yes ..... 1 No ..... 2	
226	Where did you <u>plan</u> to deliver your baby for your recent pregnancy?	At home ..... 1 At a health facility ..... 2 Other (specify) _____ 3 Do not know ..... 4	→229
227	Why did you not plan 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	
228	If you planned to deliver at home, whose assistance did 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	
229	Where did you <u>actually deliver</u> your baby for your recent pregnancy?	At home ..... 1 At a health facility ..... 2 Other (specify) _____ 3 Do not know ..... 4	

### Section 3: Knowledge about Calcium

Q. #	Question	Codes	Go to Q
301	What signs and symptoms during pregnancy can be prevented from the use of calcium?  Probe: Any other?  <b>(CIRCLE ALL RESPONSES GIVEN)</b>	Severe headache ..... 1 Blurred vision ..... 2 Upper abdominal pain..... 3 Convulsion and fit ..... 4 Swelling of hands and face..... 5 Other (specify)..... 6 Do not know ..... 8	→203
302	Why do you think it is important to prevent the above signs and symptoms during pregnancy?  Probe: Any other?  <b>(CIRCLE ALL RESPONSES GIVEN)</b>	To reduce the risk of mothers' death ..... 1 To reduce the risk of baby's death .. 2 Other (specify)..... 3	
303	For how many months should a pregnant woman take calcium?	Months: _____ Until the baby delivers..... 9	
304	From which month of pregnancy should a woman start to consume calcium?	Month of pregnancy: _____ Do not know ..... 98	
305	How many times a day should a woman take <u>calcium</u> ?	One time..... 1 Two times..... 2 Three times ..... 3 Do not know ..... 8	
306	How many calcium tablets should a woman take each day?	Two tablets..... 1 Others (specify)..... 2 Do not know ..... 8	
307	At what time of the day should a woman take the calcium tablets?	In the morning after breakfast ..... 1 Other (specify)..... 2 Do not know ..... 8	
308	How many <u>iron</u> tablets should a pregnant woman take each day?	One tablet ..... 1 Two tablets..... 2 Others (specify)..... 3 Do not know ..... 8	
309	At what time of the day should a woman take iron tablets?	In the evening with a meal ..... 1 In the morning after breakfast ..... 2 Other (specify)..... 3 Do not know ..... 8	

FOR RDW WHO DID NOT RECEIVE ANY CALCIUM,  
STOP INTEVIEW AND THANK THEM FOR THEIR TIME AND PARTICIPATION

**Section 4: Use of Calcium**  
**Completed only by RDW who Received Calcium**

Q. #	Question	Codes	Go to Q
401	Can you tell me when you received the calcium tablets? Please mention the month	Month: _____	
402	During which ANC visit did you receive calcium?	#1 ..... 1 #2 ..... 2 #3 ..... 3 #4 ..... 4 Other (specify) _____ 5 Do not know ..... 98	
403	From which month of pregnancy did you start consuming the calcium?	Month: _____	
404	Did you start taking the calcium tablets from the same day when you received?	Yes ..... 1 No ..... 2	→406
405	After how many days did you start taking the calcium tablets?	After days: _____	
406	How many bottles of calcium did you complete taking?	1 bottle ..... 1 2 bottles ..... 2 3 bottles ..... 3 Other (specify) ..... 4	
407	How many days in total did you take the calcium tablets during your pregnancy?	Number of days: _____	
408	Have you ever missed taking calcium tablets any day?	Yes ..... 1 No ..... 2	→410
409	If yes, what did you do when you remembered?	Did nothing ..... 1 Taken two tablets immediately ..... 2 Taken two doses on the next day... 3 Other (specify) _____ 4	
410	How frequently did you take calcium tablets?	Every day ..... 1 Other (specify) _____ 2	
411	How many calcium tablets did you take each time?	Two tablets ..... 1 Others (specify) _____ 2	→413
412	What are the reasons for not taking two tablets each time?  Probe: Any other?  <b>(CIRCLE ALL RESPONSES GIVEN)</b>	Do not know that 2 tablets be taken each time ..... 1 Difficult to swallow 2 tablets ..... 2 Forgot to take ..... 3 Other (specify) _____ 4	
413	At what time of the day did you usually take calcium tablets?	In the morning after breakfast ..... 1 Other (specify) _____ 2	→415

Q. #	Question	Codes	Go to Q
414	What are the reasons for not taking calcium tablets in the morning after breakfast?  Probe: Any other?  <b>(CIRCLE ALL RESPONSES GIVEN)</b>	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	
415	Did you stop taking calcium before completing the full course (all bottles received)?	Yes ..... 1 No ..... 2	→418
416	If yes, why did you stop taking any/some of the calcium tablets?  Probe: Any other?  <b>(CIRCLE ALL RESPONSES GIVEN)</b>	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 side effects attributed to calcium ..... 8 Difficulty taking the calcium e.g. due to tablet size ..... 9 Delivered ..... 10 Sick/illness ..... 11 Other (specify)_____ ..... 12	
417	What did you do with the leftover tablets?	It is with me ..... 1 Thrown away ..... 2 Gave to FCHV ..... 3 Given to others ..... 4 Other (specify)_____ ..... 5	
418	To what extent the instructions given about the calcium tablets in the packet or leaflet clear to you? <b>(Show leaflet)</b>	Very clear ..... 1 Clear ..... 2 Not clear ..... 3 Do not know/have not read yet ..... 8	
419	<b><i>Now I would like to ask about the size of the calcium tablet.</i></b> 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	
420	Have you ever experienced any side effects or problems from the use of calcium tablets?	Yes ..... 1 No ..... 2	→422
421	If yes, what problems did you experience?  Probe: Any other?  <b>(CIRCLE ALL RESPONSES GIVEN)</b>	Belching or gas in stomach ..... 1 Heaviness in stomach ..... 2 Constipation ..... 3 Other (specify)_____ ..... 4	
422	Have you taken iron tablets during your current pregnancy?	Yes ..... 1 No ..... 2	→425
423	At what month of pregnancy did you start taking iron tablets?	Months: _____	

Q. #	Question	Codes	Go to Q
424	What time of the day do you take iron tablets?	Morning..... 1 Evening ..... 2	
425	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 Sick/illness ..... 6 Taking calcium ..... 7 Other (specify) ..... 8	
426	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	→428 →428
427	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 Fear of big baby ..... 3 No sufficient food..... 4 Because I am taking calcium ..... 5 Because I am taking iron ..... 6 Other (specify)..... 7 Do not know ..... 98	
428	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
429	Who in your family knew that you were taking calcium?  Probe: Any other?  (CIRCLE ALL RESPONSES GIVEN)	Husband..... 1 Mother-in-law ..... 2 Father-in-law ..... 3 Sister in law ..... 4 Other (specify)..... 5	
430	Did the FCHV visit you during your pregnancy?	Yes ..... 1 No ..... 2	→501
431	If yes, how many times during your pregnancy did the FCHV come to your home?	1 ..... 1 2 ..... 2 3 ..... 3 4 ..... 4 Other (specify)..... 5	
432	Did the FCHV discuss the need to take calcium during pregnancy?	Yes ..... 1 No ..... 2	

Q. #	Question	Codes	Go to Q
433	Did the FCHV discuss the need to take iron during pregnancy?	Yes ..... 1 No ..... 2	
434	Did the FCHV discuss the need for ANC during pregnancy?	Yes ..... 1 No ..... 2	

**Section 5: Opinions and Attitudes about Calcium**  
*Completed only by RDW who Received Calcium*

Q. #	Question	Codes	Go to Q
501	Is the taste of calcium tablets acceptable or not acceptable to you?	Acceptable ..... 1 Not acceptable ..... 2	
502	Do you feel that the taste of the calcium should be changed?	Yes ..... 1 No ..... 2	
503	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	
504	Did you find any difficulty in storing the calcium tablets?	Yes ..... 1 No ..... 2	→506
505	What problems did you face in storing the calcium tablets? Probe: Any other? <b>(CIRCLE ALL RESPONSES GIVEN)</b>	No suitable place to store..... 1 Children throw them way ..... 2 Other (specify)..... 3	
506	If you become pregnant in the future, would you like to take calcium?	Yes ..... 1 No ..... 2	
507	Have you recommended others to use calcium?	Yes ..... 1 No ..... 2	
508	Would you like to recommend calcium to other pregnant women?	Yes ..... 1 No ..... 2	→509 →510
509	If yes, why do you like to recommend?	..... ..... .....	
510	If no, why you do not like to recommend?	..... ..... .....	