

Questionnaire S1

Reference No:

Maternal Compliance to Recommended Iron and Folic Acid Supplementation in Pregnancy, Sri Lanka: A Hospital Based Cross-Sectional Study

Part I – Socio demographic data

1. Maternal age:.....years

2. Ethnicity:

I. Sinhala

II. Tamil

III. Muslim

IV. Other

3. Level of maternal education:

I. No school education

II. Up to primary level

III. Up to secondary level

IV. Higher

4. Area of residence:

I. Urban

II. Sub-urban

III. Rural

5. Occupation:

I. Homemaker

II. Working mother ; Type of work.....

6. Monthly household income:

I. Less than 9000 LKR

II. 9000- 13999 LKR

III. 14000-19999 LKR

IV. 20000-31999 LKR

V. More than 32000 LKR

7. Family type:

I. Nuclear family type

II. Extended family type

Part II – Obstetrics data

8. Pre-pregnancy BMI:.....kg/m²

9. Body weight at first antenatal clinic visit:.....kg; at.....gestational weeks

10. Body weight at last antenatal clinic visit:.....kg; at.....gestational weeks

11. Total gestational weight gain:kg

12. Parity:

I. Primiparous

II. Multiparous ; If multiparous, birth order:.....

13. Birth interval/Pregnancy interval (if the previous pregnancy was a miscarriage or abortion):.....
(Please delete the irrelevant part using one line)

14. Regular antenatal clinic visit for this pregnancy:

I. Yes

II. No

15. Total number of antenatal clinic visit during this pregnancy:.....

16. How far from your house to antenatal clinic:.....Km

17. Anti-helminth treatment during this pregnancy:

I. Yes ; At gestational age.....weeks

II. No

18. History of prophylaxis treatment for malaria

I. Yes ; When.....

II. No

19. Previous history of low birth weight delivery:

I. Yes ; if yes, birth weight.....g

II. No

20. Previous history of preterm delivery:

- I. Yes ; if yes, reason for preterm delivery.....; gestational age at delivery.....weeks
- II. No

21. History of miscarriage or abortion:

- I. Yes
- II. No

22. History of anemia during previous pregnancies:

- I. Yes
- II. No

23. History of any intervention for treatment of anemia as injection Iron or blood transfusion in previous pregnancy?

- I. Yes
- II. No

24. History of any intervention for treatment of anemia as injection Iron or blood transfusion during this pregnancy?

- I. Yes
- II. No

25. Hemoglobin test results at booking visit (this pregnancy):.....g/dl; atgestational weeks

26. Hemoglobin test results at third trimester (this pregnancy):.....g/dl; atgestational weeks

Part III – Maternal compliance to antenatal iron, Folic acid and calcium supplementations

27. Did you receive the advices to add food items abundant with iron for your meals?

- I. Yes
- II. No

28. Did you explanations on what benefits you can have from each supplement (Iron, Folic acid, Vitamin C and Calcium Lactate)?

- I. Yes
- II. No

29. Did you receive the instructions (dose, time, frequency, how long, storage etc.) for taking each tablet?

- I. Yes
- II. No

30. Did you receive the explanation on possible side effects of iron tablet intake before or at the time of receiving tablets?

I. Yes

II. No

31. Did you receive the instructions on how to reduce side effects if they occurred?

I. Yes

II. No

32. Did you receive the instructions/explanation regarding micronutrient supplements on;

I. Individual basis

II. Group/ common basis

33. When did you receive the explanation/instructions regarding supplements?

I. When I received the supplements for the first time during this pregnancy:

a. Yes

b. No

II. Every time that I received supplements during this pregnancy:

a. Yes

b. No

III. Along with my hemoglobin test results:

a. Yes ; if yes at what gestational age.....

b. No

IV. During antenatal educational sessions?

a. Yes ; if yes, at what educational session (First/ Second/Third)

b. No

34. Which of the following tablet/s have you taken during this pregnancy?

I. Folic acid

II. Iron-folate /Iron

III. Vitamin C

IV. Calcium Lactate

35. When did you start to take each of following supplement?

- I. Folic acid
 - a. Before becoming pregnant
 - b. After the gestational weeks.....
- II. Iron-Folate/Iron
 - a. Before becoming pregnant
 - b. After the gestational weeks.....
- III. Vitamin C
 - a. Before becoming pregnant
 - b. After the gestational weeks.....
- IV. Calcium Lactate
 - a. Before becoming pregnant
 - b. After the gestational weeks.....

36. Did you intake calcium tablet separately from other supplement tablets?

- I. Yes
- II. No

37. If yes, how long the time gap between calcium tablet intake and Iron-folate tablet intake?

- I. Time gap is within recommended limit ;hours
- II. Time gap is not within recommended limit ;hours

38. Did you take the supplements daily?

- I. Yes
- II. No

39. How long did you continue to take supplements?.....

40. What was your usual time gap between main meals and Iron-folate tablet intake?

- I. Before main meals hrs
- II. After main meals.... hrs

41. What was your usual time gap (before or after) between Iron-folate supplement intake and tea consumption?

- I. Time gap is within recommended limit ;hours
- II. Time gap is not within recommended limit ;hours
- III. Tea consumption pattern:
 - a. Frequency:.....times/day
 - b. Amount:.....ml at one time

42. What was your usual time gap (before or after) between Iron-folate supplement intake and coffee consumption?

I. Time gap is within recommended limit ;.....hours

II. Time gap is not within recommended limit ;.....hours

III. Coffee consumption pattern:

a. Frequency:.....times/day

b. Amount:.....ml at one time

43. What was your usual time gap (before or after) between Iron-folate supplement intake and milk consumption?

I. Time gap is within recommended limit ;.....hours

II. Time gap is not within recommended limit ;.....hours

III. Milk consumption pattern:

a. Type of milk(Fresh milk/Powdered milk/ Malted milk)

b. Frequency:.....times/day

c. Amount:.....ml at one time

44. Did you take any medications for long time while you are taking iron-folate supplements?

I. Yes ; if yes, what type of medication?.....

II. No

45. Did you store each of the tablets separately in glass bottles/ plastic containers and keep lid closed tightly to prevent air entering in to the container:

I. Yes

II. No

46. Did you use a dark colored bottle for storing iron/iron folate tablets?

I. Yes

II. No

47. From where did you receive the supplements?

I. From community antenatal clinic

II. Buy from a pharmacy

48. Did you receive enough tablets in each time until your next clinic visit?

I. Yes

II. No

49. If you stopped taking supplement tablets or if you were unable to take tablets as advised, what are the reasons for not taking supplements as recommended?

- I. Side effects
- II. Family influence to not to take supplements
- III. Forgetfulness
- IV. Negligence
- V. Thinking of "no need to take after the symptoms relieved"
- VI. Fear that too many tablets would harm mother and/or baby
- VII. Discoloration of the teeth
- VIII. Other.....

50. If you continued to take supplement tablets as advised, what are the motivational factors for taking supplements as recommended?

- I. I do not want any unwanted outcome for my baby
- II. I wanted a healthy pregnancy
- III. I strongly trust instructions given by my health care provider
- IV. I wanted to relieve from the anemic symptoms
- V. Other.....

51. Did you experience any of the following side-effects after taking Iron-folate supplements?

- I. Gastrointestinal discomfort
- II. Nausea
- III. Vomiting
- IV. Constipation
- V. Loss of appetite

Part IV – Neonatal data

52. Gestational age:.....weeks

53. Sex: Male Female

54. Birth Weight:.....g

55. Length at birth.....cm

56. OCP at birth.....cm

57. Mode of delivery

- I. Normal Vaginal Delivery
- II. Cesarean section Delivery
 - a. Elective
 - b. Emergency
- III. Forceps Assisted Delivery
- IV. Vacuum Delivery

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