MMS AND CALCIUM ACCEPTABILITY QUESTIONNAIRE FORM

I. BASIC DATA

1.1 RA Code: ☐ CRASM

1.2 Visit Date: ☐☐ / ☐☐ / ☐☐☐☐ VISDTSM
d d m m y y y y

1.3 Participant Number _____ _____ PID

II. PARTICIPANT INFORMATION

2.1 What is your current marital status?			✓	MARSTATBM
Married or living together	☐ 1	Never married and never lived together	☐ 4	
Divorced / separated	☐ 2	Don't know	☐ 8	
Widowed	☐ 3			

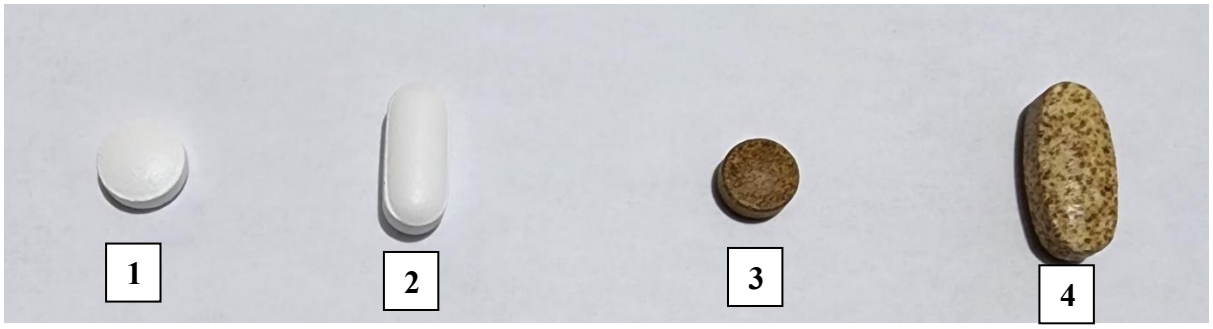
2.2 What is the highest grade you have completed in school?			✓	EDURBM
Preschool	☐ 1	Higher Education	☐ 4	
Primary	☐ 2	Don't know	☐ 8	
Secondary	☐ 3			

2.3 How many times have you been pregnant (including this one)? _____ PREGNOM
[first pregnancy = 1]

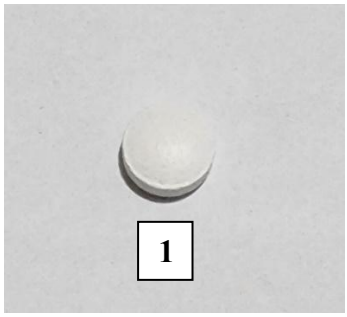
2.4 If yes, did you take nutritional supplements in any of your previous pregnancies (for example FEFO / iron folic acid)?			✓	SUPPBM
Yes	☐ 1			
No	☐ 2	NA -first pregnancy	☐ 9	

III. PILL SIZE AND SHAPE

Pregnant women are given nutritional supplements in pregnancy. However, we don't know what size and shape of nutritional supplements women find acceptable or would like to take during pregnancy. I am going to ask you about your perceptions and preferences for 4 different shapes and sizes of nutritional supplements [*Show the participant all 4 supplements*].



Ask about Supplement #1



3.1.1 Tell me how much you would like to take **Supplement #1** every day in pregnancy.	LIKE1SCALE
Not Like at all 1 · Not like 2 · Ok 3 · Like to 4 · Liked / Love to 5	

3.1.2 If you are ok or would like to take Supplement #1 (3.1.1 Answer 3,4,5), what did you like? Let the participant talk and select all that apply.			✓	LIKE1WHY
Supplement size	☐ 1	Other _____ specify	☐ 3	
Pill shape	☐ 2	NA – Not like or not like at all	☐ 9	
Color	☐ 3			

3.1.3 If you would NOT like to take Supplement #1 (3.1.1 Answer 1 or 2), Why not? Let the participant talk and select all that apply.			✓	NOLIKE1WHY
Supplement Size	☐ 1	Other _____ specify	☐ 3	
Supplement Shape	☐ 2	NA – OK, Like , Liked/Love to	☐ 9	
Supplement Color	☐ 3			

Ask about Supplement #2

3.2.1 Tell me how much you would like to take **Supplement #2** every day in pregnancy.	LIKE2SCALE
Not Like at all 1 · Not like 2 · Ok 3 · Like to 4 · Liked / Love to 5	

3.2.2 If you are ok or would like to take Supplement #2 (3.1.1 Answer 3,4,5), what did you like? Let the participant talk and select all that apply.			✓
Supplement size	☐ 1	Other _____ specify	☐ 3
Pill shape	☐ 2	NA – Not like or not like at all	☐ 9
Color	☐ 3		

LIKE2WHY

3.1.3 If you would NOT like to take Supplement #2 (3.1.1 Answer 1 or 2), Why not? Let the participant talk and select all that apply.			✓
Supplement Size	☐ 1	Other _____ specify	☐ 3
Supplement Shape	☐ 2	NA – OK, Like , Liked/Love to	☐ 9
Supplement Color	☐ 3		

NOLIKE2WHY

Ask about Supplement #3

3.3.1 Tell me how much you would like to take **Supplement #3** every day in pregnancy.

Not Like at all	Not like	Ok	Like to	Liked / Love to
1	2	3	4	5

LIKE3SCALE

3.3.2 If you are ok or would like to take Supplement #3 (3.1.1 Answer 3,4,5), what did you like? Let the participant talk and select all that apply.			✓
Supplement size	☐ 1	Other _____ specify	☐ 3
Pill shape	☐ 2	NA – Not like or not like at all	☐ 9
Color	☐ 3		

LIKE3WHY

3.3.3 If you would NOT like to take Supplement #3 (3.1.1 Answer 1 or 2), Why not? Let the participant talk and select all that apply.			✓
Supplement Size	☐ 1	Other _____ specify	☐ 3
Supplement Shape	☐ 2	NA – OK, Like , Liked/Love to	☐ 9
Supplement Color	☐ 3		

NOLIKE3WHY

Ask about Supplement #4

3.4.1 Tell me how much you would like to take **Supplement #4** every day in pregnancy.	LIKE4SCALE
Not Like at all 1 · Not like 2 · Ok 3 · Like to 4 · Liked / Love to 5	

3.4.2 If you are ok or would like to take Supplement #3 (3.1.1 Answer 3,4,5), what did you like? Let the participant talk and select all that apply.			✓	LIKE3WHY
Supplement size	☐ 1	Other _____ specify	☐ 3	
Pill shape	☐ 2	NA – Not like or not like at all	☐ 9	
Color	☐ 3			

3.4.3 If you would NOT like to take Supplement #3 (3.1.1 Answer 1 or 2), Why not? Let the participant talk and select all that apply.			✓	NOLIKE3WHY
Supplement Size	☐ 1	Other _____ specify	☐ 3	
Supplement Shape	☐ 2	NA – OK, Like, Liked/Love to	☐ 9	
Supplement Color	☐ 3			

Think about all 4 supplements

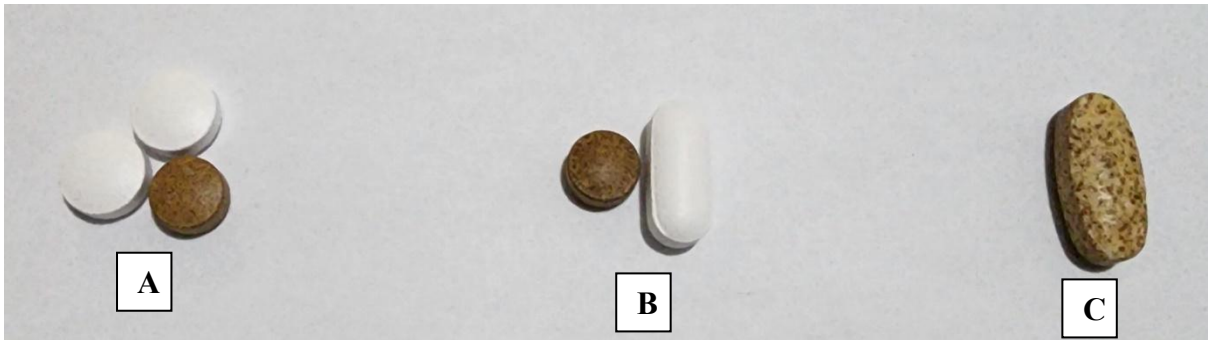
3.5 Of the four supplements, which supplement do you like the most?			✓	SUPBESTM
Supplement #1	☐ 1	Supplement #3	☐ 3	
Supplement #2	☐ 2	Supplement #4	☐ 4	

3.6 Of the four supplements, which supplement do you like the least?			✓	SUPLEASTM
Supplement #1	☐ 1	Supplement #3	☐ 3	
Supplement #2	☐ 2	Supplement #4	☐ 4	

IV. DAILY REGIMENS

Pregnant women may be asked to take MMS and calcium in pregnancy. In order for pregnant women to receive the recommended daily nutrition supplements, the nutrients may be put all in one larger supplement or divided into two or three smaller supplements that you can take one-by-one.

Show the three combinations



4.1 Do you think you can take Regimen A every day during pregnancy?			✓	REGAYNM
Yes	☐ 1			
No	☐ 2	Don't know	☐ 8	

4.1.1 If No to Regimen A, why not?			✓	REGAWHYM
Too many supplements	☐ 1	Other, specify _____	☐ 3	
Supplements too large	☐ 2	NA	☐ 9	

4.2 Do you think you can take Regimen B every day during pregnancy?			✓	REGBYNM
Yes	☐ 1			
No	☐ 2	Don't know	☐ 8	

4.2.1 If No to Regimen B, why not?			✓	REGBWHYM
Too many supplements	☐ 1	Other, specify _____	☐ 3	
Supplements too large	☐ 2	NA	☐ 9	

4.3 Do you think you can take Regimen C every day during pregnancy?			✓	REGCYNM
Yes	☐ 1			
No	☐ 2	Don't know	☐ 8	

4.3.1 If No to Regimen C, why not?			✓	REGCWHYM
Too many supplements	☐ 1	Other, specify _____	☐ 3	
Supplements too large	☐ 2	NA	☐ 9	

Think about all 3 Regimen

4.4 Out of the three regimens, which regimen did you like the most?			✓	REGBEST
Regimen A	☐ 1	Regimen C	☐ 3	
Regimen B	☐ 2	Don't know	☐ 8	

4.4.1 Out of the three regimens, which regimen did you like the least?			✓	REGLEAST
Regimen A	☐ 1	Regimen C	☐ 3	
Regimen B	☐ 2	Don't know	☐ 8	

4.5. If you are asked to take 2 or 3 supplements per day, would you prefer to take the supplements on one occasion or at separately occasions?			✓	REGTIME
On one occasion	☐ 1			
O separate occasions	☐ 2	Don't know	☐ 8	

V. PACKAGING

Supplements can be put in different packaging. If we were to give you multiple pills (Regimen A or B) – would you like to have them in two bottles or be packaged together in one blister pack. **[***Show bottles and blister packs***]**

5.1 Would you prefer two bottles or together in one blister pack?			✓	PACKL
Two bottles	☐ 1			
One blister pack	☐ 2	Don't know	☐ 8	

VI. SUPPLEMENT FORMAT

We have shown you supplements in tablet format. But it is also possible for the supplements to be packaged as food sachets (e.g. solid form or powdery form to be mixed with food).

6.1 What would you prefer given a choice between tablet based, food-based supplements to be eaten directly or food-based supplements to be mixed with food?			✓	SUPLFORMAT
Tablet format	☐ 1	Food-based supplements to be mixed with food	☐ 3	
Food-based supplements to be eaten directly	☐ 2	Don't know	☐ 8	