

| | | | | | |
|----------------|--|--|--|--|--|
| Participant ID | | | | | |
| | | | | | |

Date:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | - | M | M | - | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Baseline Oral Iron Use (Self-report)

Please read each statement then tick or circle one response

Since starting oral iron (tablets or medicine)

1. I have forgotten to take it

| | | | | |
|------------|-------|-----------|--------|-------|
| Very Often | Often | Sometimes | Rarely | Never |
|------------|-------|-----------|--------|-------|

2. I take it at the same time every day

| | | | | |
|--------|---------|-----------|--------|-------|
| Always | Usually | Sometimes | Rarely | Never |
|--------|---------|-----------|--------|-------|

3. When I feel better I stop taking it

| | | | | |
|--------|---------|-----------|--------|-------|
| Always | Usually | Sometimes | Rarely | Never |
|--------|---------|-----------|--------|-------|

4. When I feel worse I stop taking it

| | | | | |
|--------|---------|-----------|--------|-------|
| Always | Usually | Sometimes | Rarely | Never |
|--------|---------|-----------|--------|-------|