



QUESTIONNAIRE FOR CARERS OF CHILDREN ENROLLED IN CMAM PROGRAM

Health district: _____ Health facility: _____

Village: _____ Ethnic group: _____

Team: _____ Date: _____ 2015

1. Is this the first time that your child has been enrolled in CMAM programme?

Yes → Q5 No → Q2

2. How many times has your child been enrolled in CMAM programme?

1 2 3 >3

3. Why has your child returned to the programme?

a. Child has discontinued the programme and returned. a¹. Why? _____
 b. Child was cured and relapsed. b¹. Why? _____

4. Do you have other children enrolled in CMAM programme?

Yes a¹. How many? 1 2 3
 No

5. Why did you decide to enrol your child in CMAM programme?

- | | |
|--|---|
| <input type="checkbox"/> a. Recognition of the disease
<input type="checkbox"/> c. Failed traditional treatment
<input type="checkbox"/> e. Short distance; estimation in km _____
How many minutes on foot? _____
<input type="checkbox"/> g. Accessibility (no seasonal barriers)
<input type="checkbox"/> i. Availability of financial resources for transport
<input type="checkbox"/> k. Support and encouragement of the husband
<input type="checkbox"/> m. Support and encouragement of parents with SAM children
<input type="checkbox"/> o. Support and encouragement of neighbours
<input type="checkbox"/> q. Programme appreciated by the community
<input type="checkbox"/> s. Availability of RUTF
<input type="checkbox"/> u. Free service
<input type="checkbox"/> w. Known child cured
<input type="checkbox"/> y Other, please specify _____ | <input type="checkbox"/> b. Disease diagnosed by health personnel
<input type="checkbox"/> d. Referral by traditional healer
<input type="checkbox"/> f. Minimal or non-existing security risks
<input type="checkbox"/> h. Availability of transport
<input type="checkbox"/> j. Availability of company during the journey to the health centre
<input type="checkbox"/> l. Support and encouragement of another family member
<input type="checkbox"/> n. Support and encouragement of a community health worker
<input type="checkbox"/> p. Support and encouragement of community leaders
<input type="checkbox"/> r. Programme staff is friendly and patient
<input type="checkbox"/> t. Availability of systematic treatment
<input type="checkbox"/> v. Efficiency of treatment (quick and visible results)
<input type="checkbox"/> x. Access to PlumpyNut® |
|--|---|

Thank you!

Comments: