Caregiver acceptability form

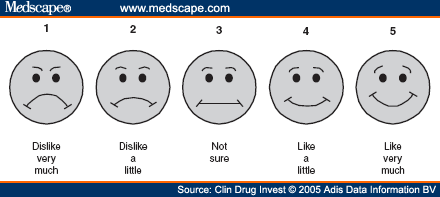
**COWPEA FORTIFIED PORRIDGE ACCEPTABILITY STUDY**

**CAREGIVER FEEDBACK/ACCEPTABILITY**

STUDY ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day / Month / Year

AGE (mos): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: **male / female**

1. What is your opinion on the food the child is receiving;

[](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwieiJXPtbbMAhWGvxQKHWiBCXUQjRwIBw&url=http://www.medscape.com/viewarticle/504566_2&psig=AFQjCNGdsoLJwwRWX7A0xEGvQXUzooUPjw&ust=1462107547486368)

1. If you were given this food for a long period would you feed it to your child

**\_\_\_ 2 times per day**

**\_\_\_ 1 time per day**

**\_\_\_ 1 time per week**

**\_\_\_ 1 time per month**

**\_\_\_ Never**

1. If not, why? **Too hard to make / Child won’t eat it / Worried about feeding new food / Other \_\_\_\_\_\_**
2. Has the child had any health problems after eating the food **Yes / No**

4a. If so, what problems?

**\_\_\_** Couldn’t swallow

**\_\_\_** Diarrhea

**\_\_\_** Stomach pains

**\_\_\_** Crying more

**\_\_\_** Skin rash

**\_\_\_** Other \_\_\_\_\_\_\_\_\_\_

1. General comments by the mother

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1. General observation by data collector

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