



CHILDREN'S FOUNDATION

Participant Survey

Date (month/date/ year): __ __ / __ __ / __ __ Location: _____

Coordinator: _____

Family Name: _____

Supplement Used: _____

1. What do you and your child like most about LCF's Nutritional Program?
2. What would you and your child like least about LCF's Nutritional Program?
3. Does your child like the nutritional supplement? If not, what would your child like as a supplement?
4. How do you make the nutritional supplement?
5. How often do you give your child the nutritional supplement?
6. Are there any other persons in your household that share the nutritional supplement with your child? If so, whom?
7. Do you receive your supplements regularly? How often?
8. Do you have any concerns with the nutritional supplement?

Please list any other comment, suggestions, or concerns below.