

# SAM Coverage Barriers Data Collection Form

PSU ID	ID
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**B1:** Do you know that your child is malnourished or thinner than he/she should be?

|\_|\_| YES      |\_|\_| NO

**B2:** Do you know that there is a programme that can treat malnourished children?

|\_|\_| YES      |\_|\_| NO

If **NO**, thank mother/carer and terminate interview.

**B3:** What do you call this programme? \_\_\_\_\_

**B4:** Where is this programme? \_\_\_\_\_

**B5:** Why is this child not attending this programme?

*Do not prompt. Probe "Any other reasons?"*

- |\_|\_| Programme site is too far away
- |\_|\_| No time/too busy to attend the programme
- |\_|\_| Carer/mother cannot travel with more than one child
- |\_|\_| Woman cannot travel alone
- |\_|\_| Carer is ashamed to attend programme
- |\_|\_| Difficulty with childcare
- |\_|\_| Child has been rejected by the programme

Record all other reasons given:

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**B6:** Has this child ever been to the program site or examined by program staff?

|\_|\_| YES      |\_|\_| NO

If **NO**, thank mother/carer and terminate interview.

**B7:** Why is this child not in the programme now?

- |\_|\_| Previously rejected
- |\_|\_| Defaulted
- |\_|\_| Discharged as cured
- |\_|\_| Discharged as not cured

*Thank mother/carer. Issue a referral slip. Inform mother/carer of site and date to attend.*