

Date \_\_\_\_\_

**B**

(office use only)

Organization Name \_\_\_\_\_ Current Number of Caregivers \_\_\_\_\_

### Nutritional Assessment Questionnaire

Since using PhytoBlend powder, have you noticed any of the following changes in your child(ren):

Better appetite	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Happier and more positive attitudes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
More alert and better focus in school	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Weight gain	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Behavior improvement	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
More energy	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Overall improvement in health (less colds, flu, runny nose, ear infections, etc.)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know

How many children do you nourish daily? How many times a week are the children fed (For example: twice a day for five days)?

\_\_\_\_\_

How do you provide PhytoBlend powder to your child(ren)? (What types of food or liquids do you mix the powder into?)

\_\_\_\_\_

\_\_\_\_\_

What is your general observation of the impact of PhytoBlend powder in children?

\_\_\_\_\_

\_\_\_\_\_

Caregiver Name \_\_\_\_\_ Caregiver Signature \_\_\_\_\_

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### Optional Questions

Your answers to the questions below will help us accurately communicate our cause to the world. In addition to submitting this report, please send pictures of children in your organization to [blessing@mannarelief.org](mailto:blessing@mannarelief.org). If more writing space is needed, please use the back of this page.

Explain how malnutrition, or lack of nutritional support, has affected children in your care.

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Is there anything new that has been going on in your organization that you would like to share?

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Is there anything else you would like to add? Is there anything you would like to say to our donors?

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### Update Organization Information (if applicable)

Organization Name _____	Country _____
Primary Contact Name _____	Phone _____
Address _____	Fax _____
City _____	Email Address _____
State _____	Website _____
Zip Code _____	Blog _____

Caregiver Name \_\_\_\_\_ Caregiver Signature \_\_\_\_\_