

Questionnaire - Nutritional Status of Children with Cerebral Palsy

Child's Study ID..... Date of Examination.....

A. Social demographic characteristics

1. Child's Date of Birth.....

2. Age of mother/caregiver.....

3. Sex

1. Male 2. Female

4. Place of Birth:

1. Hospital

2. Home

3 Other

5. Religion

1. Christian 2. Muslim 3. Other.

6. Residence

1. Rural

2. Urban

7. Mother's Education level

0 No education 1. Primary 2 Secondary 3. Tertiary

8. Father's Education Level

0. No education 1. Primary 2 Secondary 3. Tertiary

9 .Mother's Occupation

1. Not Employed 2. Employed 3 Self employed 4. Business

5 other(specify)

10. Father's occupation

1. Not Employed 2. Employed 3 Self employed 4. Business

5 other(Specify)

Mothers age in years.....

11. Marital status 1 Single Married 2 Separated 3 Widow/widower 4 Other

12. Monthly income

B. Assessment of a Child (Personal factors)

1. Type of Cerebral Palsy

1. Spastic 2. Dyskinetic 3. Ataxic 4. Mixed

2. Anthropometry

1. Weight (in kg): _____

2. Weight for age Percentile.....

3. Length (in cm): _____

Weight for age.....

Length for age.....

Weight for height.....

4. Mid-Upper Arm Circumference (MUAC) (in cm): _____.

5. Presence of bipedal edema 1. Yes 2. No

6. Presence of Contractures

1. Yes 0. No

7. Associated Co-Morbidities /medical conditions (check all that apply)

Gastroesophageal reflux disease

Constipation

Recurrent respiratory infections

Seizures

other

C. Factors associated with Malnutrition

Family characteristics

1. Number of Family member.....

2. What is the relationship to child Primary care giver?

1 Mother 2 Father 3. grandmother 4. grandfather

3. What is the level of Education of primary care giver

0. No education 1. Primary 2 Secondary 3. Tertiary.

4. What is the occupation of primary care giver1?

- Not Employed 2. Employed 3 Self employed 4. Business 5
other(specify)

5. What is the main source of drinking water

- Piped water
 Borehole
 River or stream
 Other

6. What is the monthly household income

7. Monthly income

1. less than 50,000MK
2. 50000MK-100,000MK
3. 100,000mk-200,000mk
4. 200,000MK above

Feeding history

1. Maintained Exclusive breastfeeding for the first 6 months

1. Yes
2. No

2. Does the child have Problems /difficult in Feeding

1. Yes 2. No

3. If yes, what type of Feeding Difficulties?

- 1 Chewing
2 Swallowing
3 Refusal to eat /loss of appetite
4 Reflux
5. Reflux

4. Consistency of Food

1. Liquid 2. both liquid/Solid 3. Blended

5. How does the child feed?

1. Orally 2. NGT 3. Other

6. How many meals does the family afford regularly

1. one time 2 Twice 3. Three times 4. Four times 5. more than five

Other

1. Does the child get nutritional support services ? (Check one)

1. Yes 2. No

2. Recent infections/Hospitalization in Past 6 Months:

1. Yes 2. No

3. Do you have Financial Burdens Due to Child's Condition?

1. Yes 2. No

End of Questionnaire