
CMMB

CATHOLIC MEDICAL MISSION BOARD

End Use Report Questionnaire

CMMB is interested in noting your successes and any problems encountered with our Medical Donation Program. We appreciate your providing this information to us. Please complete and send this assessment to CMMB following the distribution of the items received.

Catholic Medical Mission Board
Attention: Kathryn Rouillard
10 W. 17th St.
New York, NY 10011
Fax: (212) 645-1485
Email: krouillard@cmmmb.org

Consignee Organization: _____

CMMB Shipment #: _____

Date Shipped: _____

Country of Destination: _____

1. Did you receive all of the items on the packing list?

Yes: _____

No: _____

If NO, which items were missing?

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2. Were the products labeled clearly enough for identification and legibility?

Yes: _____

No: _____

If NO, please explain:

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3. Did you encounter any customs problems with the products shipped?

No: _____

Yes: _____

If YES, indicate the nature of the problems, and the items involved:

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4. Did you have any unusual delays receiving the shipment?

No: _____

Yes: _____

If YES, please describe:

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5. When was the donation used? _____

6. Indicate the program in which this donation was used and how this supports your organizational purpose:

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7. Indicate how and where the donation was used:

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8. Who distributed the donation to the end users?

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—

9. What benefits have been derived from the distribution of the medicines and medical supplies contained in this shipment?

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10. Estimate the number of people who have benefited by this shipment to date:

Infants: _____
Children: _____
Women: _____
Men: _____

11. In the country of destination, what are the goals of your work/ministry?

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12. How will your goals enhance self-help and or support sustainable development?

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13. Please list any other non governmental, voluntary or faith based organizations you work with in the area being served:

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—

14. Will a follow-up assessment be made by your organization on the use of the medicines and medical supplies?

Yes: _____
No: _____
When: _____

15. CMMB delivers a variety of healthcare programs and services in addition to its Healing Help Pharmaceutical Donation Program. What other needs could CMMB help you fulfill?

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16. CMMB regularly receives offers from pharmaceutical companies for products for donation. Please list any additional items that would be useful to you.

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17. Please provide any additional comments that you feel are important.

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