



HCHS/SOL- Family Lifestyle Outcomes Research Clinic Checklist (CHKE)

QXQ

9/16/2019

General Instructions

Complete this form as participant and child move through clinic visit tasks. Be sure to enter your staff code for each activity completed. If participant and child cancel their appointment, complete only some of the activities during the visit, or refuse the visit, enter the proper status code in Question 28. Only if all activities are completed should Question 28 be marked 1=Complete.

The Child ID number will be pre-filled upon creation of this CHKE Checklist form in CDART. Please refer to the form in CDART for this ID if you will be using a paper copy of the form during the clinic visit.

Item 0c. Please ascertain the mother's language preference and note it.

Item 0d. Please ascertain the child's language preference and note it.

QxQ Instructions

Q1. Pre-visit-screen and reminders: Check box if these were completed. Add a comment if needed and enter staff ID to confirm this item is complete.

Q2. Does the mother or the child have Special Needs? If No, continue to the next item. If 1=Yes, add a comment as needed and enter staff ID to confirm this item is complete.

Q3. Has mother provided the provided the previous day's menu if the child attends daycare or pre-/school?

0=No

1=Yes

Q4. Note a start and stop time for completion of the items in this section. Confirm consent has been obtained from both parents and assent from the child, enter any comments, and enter your staff ID to confirm completion.

Q5 – 26: Note a start and stop time for completion of the items in this section. Check the box for each item as the form or procedure is completed, enter any comments, and enter your staff ID to confirm completion.

NOTE: The Administrative forms, Procedures, and Questionnaires are listed in the order in which they should be performed. In particular, the Saliva Swab (SSWB) must be completed before the Delayed Gratification (MATE) task, as it is meant to be done when the child hasn't had anything to eat or drink in 30 or more minutes. Likewise, the Anthropometry (ANTE)



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measurements must be completed before the DXAE scan procedure, as it gathers information needed on the DXAE form.

Q27. Indicate a final status on the Home Food Inventory activity. Answer choices are:

1=Complete

2=Partially complete

3=Refusal

Q28. Enter the date of the 2nd Dietary Recall attempt and your staff ID number.

Q27a. Note method via which the recall was taken.

Q29. Indicate a final status on the 2nd Dietary Recall. Answer choices are:

1=Complete

2=Partially complete

3=Refusal

If rescheduled, enter the date the recall was completed plus your staff ID number.

Q30. Enter the final status of the FLOR visit. Answer choices are:

1=Complete

2=Partially complete

3=Refusal

4=Cancellation

Q31. Enter/update any comments regarding the visit