

I. Method of contact code: Intervention Month: I M SESSION

- 1. Group session
- 2. NDS Individual Visit Report
- 3. Contacted by telephone
- 4. Individual clinic visit
- 5. Home visit
- 6. Contacted by mail

Date contact completed: _____ Cohort: COHORT

Child's ID	(A) Name	(B) Code	CHILD CONTACTED			PARENTS CONTACTED			(G) No One in Family Contacted	(H) Letter Collected	(I) Child Food Record Collected	(J) Comments
			(C) Method of Contact	(D) Date Contacted	(E) Method of Contact	(F) Date Contacted	(F) Date Contacted					
1.	1-0001-1	AAAAAA	()	- - - -	()	- - - -	()	()	()	()	()	
2.	1-0002-1	AAAAAA	()	- - - -	()	- - - -	()	()	()	()	()	
3.	1-0003-1	AAAAAA	()	- - - -	()	- - - -	()	()	()	()	()	
4.	1-0004-1	AAAAAA	()	- - - -	()	- - - -	()	()	()	()	()	
5.	1-0005-1	AAAAAA	()	- - - -	()	- - - -	()	()	()	()	()	
6.	1-0006-1	AAAAAA	()	- - - -	()	- - - -	()	()	()	()	()	
7.	1-0007-1	AAAAAA	()	- - - -	()	- - - -	()	()	()	()	()	
8.	1-0008-1	AAAAAA	()	- - - -	()	- - - -	()	()	()	()	()	
9.	1-0009-1	AAAAAA	()	- - - -	()	- - - -	()	()	()	()	()	
10.	1-0010-1	AAAAAA	()	- - - -	()	- - - -	()	()	()	()	()	
11.	1-0011-1	AAAAAA	()	- - - -	()	- - - -	()	()	()	()	()	
12.	1-0012-1	AAAAAA	()	- - - -	()	- - - -	()	()	()	()	()	

* If Method of Contact was a Group Session, complete page 2 of this form.

13. Code Letter and Certification Number of Interventionist Making Contact:

CODE DISC CERTIFICATION NO.

Please use the letter code to identify the person who made contact with the family in Items 1 through 12 above.

- A _____
- B _____
- C _____
- D _____
- E More than one Interventionist Involved

Clinic Number: _____ Intervention Month: I M _____ Cohort: _____

II. Complete for group session that majority of children listed on page 1 attended.

A. Group Activities (Check all that apply.)

	Adult Session	Child Session
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1. Nutrition topic	()	()
2. Behavior topic	()	()
3. Problem solving discussion	()	()
4. GO/MHOA checklist	()	()
5. Other food record collection	()	()
6. Role play/skit	()	()
7. Any activity using recipes	()	()
8. DISC store	()	()
9. Party/picnic	()	()
10. Field trip	()	()
11. Games	()	()
12. Preparation or presentation of DISC family fair	()	()
13. Work on Newsletter	()	()

B. Main topic of session:

1. Adult: _____
2. Child: _____

C. Food Served (Check all that apply.)

1. Meal ()
2. Snack ()
3. Other ()

D. 1. Date of session: _____ Month _____ Day _____ Year _____

2. Time started: _____

(24 hr clock)

3. Time stopped: _____

(24 hr clock)

4. Staff present (Certification Number):

- a. Child Group Leader: _____
- b. Adult Group Leader: _____
- c. Family Group Leader: _____
- d. Others: (1): _____
- (2): _____
- (3): _____
- (4): _____
- (5): _____
- (6): _____