Method of contact code:

2 Pages DISC Form 53 Rev. 2 2/2/90

Intervention Month: I M SESSION

DISC MONTHLY CONTACT RECORD

11. 1-0011-1 12. 1-0012-1 AAAAAA 10. 1-0010-1 (A) Child's 1-0002-1 1-0001-1 1-0009-1 1-0003-1 1-0008-1 1-0005-1 1-0007-1 1-0006-1 1-0004-1 Group session
 NDS Individual Visit Report
 Contacted by telephone (B) Method of Name Code Contact* AAAAAA AAAAAA AAAAAA AAAAAA AAAAAA AAAAAA AAAAA AAAAAA AAAAAA AAAAAA AAAAA CHILD CONTACTED 3 Date Contacted o Dy Yr 4. Individual clinic visit5. Home visit6. Contacted by mail Method of Contact PARENTS CONTACTED 3 Date Contacted Date contact completed: Contacted | Code | Yes No No One in Family 9 (H) |Food Record Cohort: COHORT Child (I) Comments $\widehat{\Xi}$

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

 Code Letter and Certification Number of Interventionist
and Certification Nu
Certification Nu
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r of
Interventionist
Making
Contact

	inrough 12 above.	Please use the letter code to identify the person who made contact with the family in Items 1	
n	₩	A	CODE
			DISC CERTIFICATION NO.

U H

More than one interventionist involved

Clinic Number:

Intervention Month: I M _____

Cohort:

Group	Group Activities (Check all that apply.)		D.	.	Date of session:
	Adult Session	Child Session			NO II CII
				۲.	Time started: (24 hr clock)
~ ? .	Nutrition topic			ψ	Time stopped: (24 hr clock)
	troptem sofatus discussion				ĺ
	GO/WHOA checklist ()	()		. =	Staff present (Certification Number):
5.	Other food record collection ()				
	Role play/skit ()				a. Child Group Leader:
	Any activity using recipes ()				b. Adult Group Leader:
9. I	DISC store() Party/picnic()				c. Family Group Leader:
10.	Field trip ()	()			d. Others: (1):
	Games ()	$\hat{}$			
12. F	:	<u> </u>			(2):
					(3):
	Work on Newsletter ()				(μ):
Main t	topic of session:				(5):
	Adult:				(6).
2.	Child:				
Food S	Served (Check all that apply.)				
2.1	Meal()	()			