Pediatric Obesity Screening/Management	How are patients **screened** for overweight/obesity?	How is further **health evaluation** done?	How is **program** done?	How is **tracking & follow-up**?	How is obesity program **evaluation** done?
CLINIC FLOW **DETAILS:** Which clinic? Which staff? When during clinic visit? What measurement/tool? Which patients? Target population = **kids 0-5 years old** **Overweight:** = 85-95th%ile **Obese:** >/=95th%ile	▪ Which clinic? ☐ Primary care ☐ Specialty care ☐ Obesity clinic ☐ QI/quality program ☐ Other: ▪ Who measures? ☐ MA ☐ Nurse ☐ NP/PA ☐ MD/DO ☐ Other: ▪ Who interprets result? ☐ MA ☐ Nurse ☐ NP/PA ☐ MD/DO ☐ Other: ▪ When? ☐ During vital signs ☐ During regular visit ☐ After regular visit ☐ Other time (describe): ▪ What measurement? Tool used? **Ages 2-20: BMI %ile** ☐ paper growth charts ☐ scanned into EMR ☐ filed into paper chart ☐ online calculator ☐ EMR auto calculation **Ages 0-2: wt for length** ☐ paper growth charts ☐ scanned into EMR ☐ filed into paper chart ☐ online calculator ☐ EMR auto calculation ▪ Which patients? ☐ All patients ☐ Certain age groups ☐ Certain weights ☐ Parent concern ☐ Kids "flagged" for other reason ☐ Only some patients (describe):	▪ Who evaluates? ☐ MA ☐ Nurse ☐ NP/PA ☐ MD/DO ☐ Other: ▪ When? ☐ During vital signs ☐ During regular visit ☐ After regular visit ☐ Other time (describe): ▪ Evaluation: ☐ Medical History (related to obesity) ☐ Social History ☐ Family History ☐ Review of Systems ☐ Physical exam ☐ Blood pressure ☐ Laboratory studies ☐ Fasting cholesterol ☐ Fasting glucose ☐ Liver Panel (AST/ALT) ☐ Other tests: ▪ Tool Used? ☐ Protocol for all staff ☐ Protocol for some staff ☐ Paper forms ☐ filed into paper chart ☐ EMR forms/notes ☐ Other (describe): ▪ Which patients? ☐ All patients ☐ Only some patients (describe): ☐ Certain age groups ☐ Certain weights ☐ Parent concern ☐ Kids "flagged" for some other reason	Which patients get referred? (Age? Weight/BMI/BMI%ile?) How are referrals made to obesity program (ex. Paper form or thru EMR)? Who refers (ex. MD)? From where (ex. primary care)? Intervention target(s)/goal(s): ☐ pediatric patient ☐ parent/guardian ☐ Goals Slow down wt gain Nutrition Physical activity Screen time Other Program components: ☐ Family meetings ☐ Anticipatory guidance ☐ Nutrition education/plan ☐ Physical activity ed/plan ☐ Screen time ed/plan ☐ Referrals for further care Staff: ☐ Case-manager ☐ Physician ☐ Psychologist ☐ Health Educator ☐ Nutrition/Dietician ☐ Exercise Program ☐ Specialty care referrals ☐ Community-based referrals (describe) Tool Used by Staff: ☐ Protocol for all staff ☐ Protocol for some staff ☐ Paper forms ☐ filed into paper chart ☐ EMR forms/notes ☐ Other (describe):	▪ Who tracks pts? ☐ MA ☐ Nurse ☐ NP/PA ☐ MD/DO ☐ Care manager ☐ Other: ▪ Tool to track? ☐ Protocol ☐ Paper pt registry ☐ Digital pt registry ☐ EMR table ☐ Other: ▪ How is follow-up done? ☐ Time Frame ☐ Weekly ☐ Monthly ☐ 6 months ☐ 1 year ☐ >1yr ☐ Other (describe) Patient reminders ☐ Calls ☐ Texts ☐ Letters ☐ Other method: Provider reminders ☐ Paper ☐ EMR ☐ During visit ☐ Mail ☐ Email ☐ Other feedback ☐ Other time (describe): ▪ What pt data is tracked? ☐ Visit/referral ☐ Given/completed ☐ BMI %ile ☐ Height for weight ☐ BP ☐ Labs ☐ Food/nutrition ☐ Physical activity ☐ Patient/family questionnaire ☐ Other:	▪ Who evaluates? ☐ MA ☐ Nurse ☐ NP/PA ☐ MD/DO ☐ Care manager ☐ Other: ▪ Tool to track data? ☐ Protocol ☐ Paper pt registry ☐ Digital pt registry ☐ Registry query ☐ EMR table ☐ EMR query ☐ Other: ▪ Evaluation details: ☐ Done ☐ In-process ☐ Planned ☐ None ☐ Cohort of patients ☐ Cross-sectional ☐ Samples ☐ Comparison site ☐ Other: ☐ Primary care pts ☐ Obesity clinic pts ☐ Clinic system pts ☐ Other: ☐ Time frame ☐ Process outcomes (health services delivered) ☐ Patient outcomes Knowledge/attitude/skills Health behaviors Health outcomes