

Appendix C5. Clinic Observation Form



OMB Control No: 0584-XXX

Expiration Date: XX/XX/XXXX

WIC Nutrition Assessment and Tailoring Study Clinic Observation Form

Clinic Site ID: _____ Observer Initials: _____

Date: _____
(Month, Day, Year)

GENERAL SITE FACILITIES (from Observation)

1. Number of waiting rooms/areas: _____
2. Is the waiting room solely for WIC or shared with other programs?
 - Only for WIC – GO TO Q4
 - Shared
3. What other programs share the space?
 - Only for pregnant women, mothers and/or children
 - Broader adult population
 - Other, specify: _____
4. Private area for certification intake process (income, address): Yes No
5. Private area for anthropometric measurements: Yes No
6. Private area for hematological measurements: Yes No
7. Private area for certification sessions: Yes No
8. Private area for individual education sessions: Yes No
9. Signage encourages breastfeeding anywhere in the facility, including the waiting room:
 - Yes No
10. Private area available for breastfeeding mothers (not including the bathroom):
 - Yes No

11. Separate room for group education: Yes No

12. Educational materials related to nutrition and health, such as posters or pamphlets, available in waiting room: Yes No

13. Referral resources available in waiting room: Yes No

14. Toys/books/activities available to entertain children while in the waiting room: Yes No

15. Educational videos related to nutrition and health shown in waiting room: Yes No

16. Signage available directing participants to check-in desk: Yes No Not Needed