Site Visit Form: Instructions

This form is meant to be used to document study progress during scheduled visits to the clinics. The form is divided into the following 5 sections:

- General Information
- Clinic Environment Observation
- Supervisor Interview
- Staff/Participant Observation
- Staff Interview

The form has been designed to be easy to use, with mainly yes or no questions, so that the answers could be circled quickly. In addition, a comment box is provided on the right side of each page so that additional details can be recorded when appropriate.

Since study staff will be speaking to clinic supervisors by phone between site visits, the questions refer to the time since the last contact.

When talking to clinic staff, it is important to emphasize that the purpose of the site visits is to provide support and identify areas that may need adjustment. The visits are not meant to be stressful for staff.

Site Visit Form

General Information	
Clinic:	Date:
Visitor:	
Arrival time: _____ Departure time: _____	
Number of Classes Scheduled today: ____Breastfeeding: the Gift of Love ____Understanding your Baby ____Secrets of Baby Behavior	
Number of staff working: ____ RDs ____ WNA ____LC ____CLE ____Other _____	
Supervisor Present: Yes No	
Number of handouts remaining in clinic: (estimates ok) Cues (E)_____ (S)_____ Crying (E)_____ (S)_____	
PA (E)_____ (S)_____ Sleep (E)_____ (S)_____	

Clinic Environment Observation	
1. How many posters are hanging up in the clinic? (Circle one) 1 2 3 4 5 6 7 8	Notes: _____
2. Are there posters displayed in each language? Yes No	
3. Are the posters visible from the waiting room? Yes No 3a. If no, where are the posters displayed? _____ _____ _____	
4. Are the handouts displayed in the waiting room? Yes No 4a. If no, where are they stored? _____	
5. Are the staff members wearing the buttons? Yes No 5a. If no, where are the buttons displayed? _____ _____	
6. Are the "Look, Recognize, Respond" cards displayed for staff to use? Yes No	
7. Does the staff greet the participants as they arrive? Yes No	
8. Average wait time for participants (estimated time in minutes): _____	

9. Other comments about clinic environment: _____

Supervisor Interview

10. Have you lost any staff? Yes No

10a. If yes, what were their positions? (specify number per position)

____RD ____WNA ____LC ____CLE

Other (explain)

_____

10b. If yes, do you plan on filling the positions? Yes No

11. Have you hired any new staff? Yes No

11a. If yes, for which positions? (specify number per position)

____RD ____WNA ____LC ____CLE

Other (explain)_____

12. Are there any other staffing issues you think may affect this study? (please explain)

_____

Notes:

_____

13. Is there anything you need to make the intervention better? (materials, support, etc)

_____
_____
_____
_____

14. Does your staff (excluding new hires) need any additional training?

Yes No

If yes:

14a. Number of staff: _____

14b. Type of training:

_____Refresher

_____How to teach classes

_____Other (explain) _____

14C. Possible training dates:_____

15. Do you have a clear understanding of the Baby Behavior messages? Yes No

16. Does your staff seem to have a clear understanding of the Baby Behavior messages? Yes No

17. Have you heard any feedback about the intervention from staff? Yes No

17a. If yes, probe for details and check all that apply. If additional answers are given, explain in the space provided.

____ Information is easy to explain to parents
____ Information is hard to explain to parents
____ Materials are easy to use
____ Materials are hard to use
____ Parents seem to like the Baby Behavior information
____ Parents don't seem to like the Baby Behavior information
____ Baby Behavior information can be explained quickly
____ Lack of time to discuss Baby Behavior information with parents

Other _____
_____

Notes:_____

18. Have you heard any feedback about the Intervention from participants? Yes No

If yes:

18a. Do they like the handouts? Yes No Unsure

18b. Do they like the calendars? Yes No Unsure

18c. Do they like the classes? Yes No Unsure

18D. Do they try the tips? Yes No Unsure

19. Have there been any barriers to sharing the intervention in your clinic? Yes No

19a. If yes: (check all that apply)

____ Staff shortage
____ Increased caseload since the start of the intervention
____ Intervention is too time consuming
____ Lack of interest among staff
____ Lack of interest among participants
____ Classes poorly attended
____ Lack of understanding among staff about the connection with infant feeding

Other _____
_____
_____
_____

20. Overall, how would you rate your staff's confidence talking about Baby Behavior with participants (Rate on a scale from 1-5, with 1 being low and 5 being high)

1 2 3 4 5

Notes:_____

21. In your opinion, have there been any changes to your clinic that may affect breastfeeding rates? Yes No

21a. If yes: (check appropriate category and record any important details)

____ Staffing changes (ex: hired or lost an LC)

____ Community changes (ex: local hospital became baby-friendly

____ Other _____

_____
_____
_____

Notes:_____

22. Is there anything else you would like to share with us about the study?

_____
_____
_____
_____
_____
_____
_____
_____

23. Are you receiving the monthly newsletter? Yes No

Is there anything specific you would like to see in the newsletter?_____

_____
_____
_____

Notes:_____

Staff/Participant Observation			
24. Does the staff use the Baby Behavior information correctly when talking to parents?	Yes	No	Notes:_____
25. Does the staff use the handouts during appointments?	Yes	No	
26. Do the parents seem to accept the Baby Behavior information?	Yes	No	
27. Do the parents seem to understand the Baby Behavior information?	Yes	No	
28. Does the staff use the conversation starters when talking to parents about baby behavior?	Yes	No	
29. Are the following behaviors modeled by staff during appointments with parents?			
Look, Recognize, Respond	Yes	No	
Connect baby behavior with feeding practices	Yes	No	
Other (explain) _____			

Staff Interview	
30. Staff position: (name optional) _____	Notes:_____
31. How often do you discuss Baby Behavior information with parents? (estimated times per day or week, please specify) _____	

32. Do parents ask you for Baby Behavior information? Yes No

32a. If yes, about how often? (specify per day or week) _____

32b. If yes, what have parents asked you about? (example: sleep, crying, cues, etc) _____

_____

33. Do you give parents information about Baby Behavior when they have questions about infant feeding (example: when baby is always hungry)? Yes No

34. Do you think the Baby Behavior information is: (rate on scale of 1 to 5, with 1 being not good and 5 being very good)

Useful to you	1	2	3	4	5
Useful to parents	1	2	3	4	5
Easy to remember	1	2	3	4	5
Easy to explain	1	2	3	4	5
Interesting to you	1	2	3	4	5
Too time consuming	1	2	3	4	5

35. Do parents seem to respond positively to the study materials? Yes No

Notes:_____

36. Have you come across any of the following problems with the intervention? (check all that apply and explain)

____ Time needed _____

____ Ease of use _____

____ Amount of information to remember _____

____ Incorporating information into your regular routine _____
_____

____ Starting conversations with parents about Baby Behavior_____
_____

____ Understanding the connection between Baby Behavior and infant feeding _____

Other _____
_____

37. Is there anything you need to make the intervention better?
_____
_____
_____

38. Is there anything else you would like to share about the study?
_____
_____
_____
_____
_____
_____
_____
_____