Date: Location/Clinic:

*Please check one:*

I am a: community health worker nurse practitioner

 health educator nutritionist/registered dietitian

 medical assistant physician

 nurse other (specify):

1. Please check your current office practices regarding BMI screening and monitoring for CHDP health assessment exams. *Check all that apply:*

\_\_\_\_\_ Not familiar with BMI before training \_\_\_\_\_ Provide anticipatory guidance

\_\_\_\_\_ Measure and record weights and heights \_\_\_\_\_ Obtain labs (glucose, cholesterol), when indicated

\_\_\_\_\_ Calculate BMI and plot on growth chart \_\_\_\_\_ Refer to other providers/services

\_\_\_\_\_ Determine and record BMI percentile \_\_\_\_\_ Arrange for follow-up care, when indicated

\_\_\_\_\_ Discuss findings with parents/caregivers

1. After this presentation, do you feel confident in your ability to use the BMI-for-age growth chart?
*Circle one:* YES NO
2. Do any of the following parts of the training need improvement? Please check all that apply:
*Circle one:* calculating BMI value plotting BMI value on the growth chart

 determining BMI percentile determining weight category

 no changes needed

1. Which of the worksheets, handouts, tools and visuals were most useful?

*List:*

1. Was the time allowed for the presentation sufficient for you to understand the material?
*Circle one:* YES NO
2. How will this training change your office practice?

1. Would you recommend this presentation to other health care providers?
*Circle one:* YES NO

If no, what would make this presentation better?

1. Other Comments /Suggestions:

Thank you!