

Tracking form for Individuals approached/screened

Note: no identifiers; can track: # approached (by site/day/recruiter), # screened out due to not meeting eligibility criteria; # of eligible that consent

Date: \_\_\_\_\_ Recruiter: \_\_\_\_\_ Site: \_\_\_\_\_ Page \_\_\_\_\_

Time	Agree to talk	Interested	Eligible	Consented
	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>a</sub> <input type="checkbox"/> <sub>b</sub> <input type="checkbox"/> <sub>c</sub> <input type="checkbox"/> <sub>f</sub> <input type="checkbox"/> <sub>g</sub> <input type="checkbox"/> <sub>e</sub> or <input type="checkbox"/> <sub>d</sub> DOB mom OK? _____ DOB infant OK? _____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No If not why:
	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>a</sub> <input type="checkbox"/> <sub>b</sub> <input type="checkbox"/> <sub>c</sub> <input type="checkbox"/> <sub>f</sub> <input type="checkbox"/> <sub>g</sub> <input type="checkbox"/> <sub>e</sub> or <input type="checkbox"/> <sub>d</sub> DOB mom OK? _____ DOB infant OK? _____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No If not why:
	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>a</sub> <input type="checkbox"/> <sub>b</sub> <input type="checkbox"/> <sub>c</sub> <input type="checkbox"/> <sub>f</sub> <input type="checkbox"/> <sub>g</sub> <input type="checkbox"/> <sub>e</sub> or <input type="checkbox"/> <sub>d</sub> DOB mom OK? _____ DOB infant OK? _____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No If not why:
	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>a</sub> <input type="checkbox"/> <sub>b</sub> <input type="checkbox"/> <sub>c</sub> <input type="checkbox"/> <sub>f</sub> <input type="checkbox"/> <sub>g</sub> <input type="checkbox"/> <sub>e</sub> or <input type="checkbox"/> <sub>d</sub> DOB mom OK? _____ DOB infant OK? _____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No If not why:
	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>a</sub> <input type="checkbox"/> <sub>b</sub> <input type="checkbox"/> <sub>c</sub> <input type="checkbox"/> <sub>f</sub> <input type="checkbox"/> <sub>g</sub> <input type="checkbox"/> <sub>e</sub> or <input type="checkbox"/> <sub>d</sub> DOB mom OK? _____ DOB infant OK? _____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No If not why:
	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>a</sub> <input type="checkbox"/> <sub>b</sub> <input type="checkbox"/> <sub>c</sub> <input type="checkbox"/> <sub>f</sub> <input type="checkbox"/> <sub>g</sub> <input type="checkbox"/> <sub>e</sub> or <input type="checkbox"/> <sub>d</sub> DOB mom OK? _____ DOB infant OK? _____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No If not why:
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	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>a</sub> <input type="checkbox"/> <sub>b</sub> <input type="checkbox"/> <sub>c</sub> <input type="checkbox"/> <sub>f</sub> <input type="checkbox"/> <sub>g</sub> <input type="checkbox"/> <sub>e</sub> or <input type="checkbox"/> <sub>d</sub> DOB mom OK? _____ DOB infant OK? _____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No If not why:
	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>a</sub> <input type="checkbox"/> <sub>b</sub> <input type="checkbox"/> <sub>c</sub> <input type="checkbox"/> <sub>f</sub> <input type="checkbox"/> <sub>g</sub> <input type="checkbox"/> <sub>e</sub> or <input type="checkbox"/> <sub>d</sub> DOB mom OK? _____ DOB infant OK? _____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No If not why:
	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No	<input type="checkbox"/> <sub>a</sub> <input type="checkbox"/> <sub>b</sub> <input type="checkbox"/> <sub>c</sub> <input type="checkbox"/> <sub>f</sub> <input type="checkbox"/> <sub>g</sub> <input type="checkbox"/> <sub>e</sub> or <input type="checkbox"/> <sub>d</sub> DOB mom OK? _____ DOB infant OK? _____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No If not why:
<p># Approached _____</p> <p># Interested _____</p> <p># Eligible _____</p> <p># Consented _____</p>	<p><b>Total # In eligible due to:</b></p> <p>A. _____ Infant &lt;= 12months today</p> <p>B. _____ Mom &gt;=16 at infant DOB</p> <p>C. _____ Mom &gt;=16 at infant DO</p> <p>D. _____ Plan to BF prior to birth</p> <p>E. _____ WHP/SMH</p> <p>F. _____ TWC/RGH</p> <p>G. _____ Currently enrolled in WIC</p> <p>H. _____ Infant BW &gt;=5 lbs</p>		<p><b>Eligibility Codes</b></p> <p>A. Infant &lt;= 12months today</p> <p>B. Mom &gt;=16 at infant DOB</p> <p>C. Mom &gt;=16 at infant DO</p> <p>D. Plan to BF prior to birth</p>	<p>E. WHP/SMH</p> <p>F. TWC/RGH</p> <p>G. Currently enrolled in WIC</p> <p>H. Infant BW &gt;=5 lbs</p>

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