

Visit 2 Log

Record ID:

Student name:

School:

Study ID:

Pre-Visit Checklist

Date or visit reminder (include date, time and location in reminder): _____

Did the family complete the demographics and PROMIS survey?

- ☐ Yes
- ☐ No

Did the family complete the pre-visit 2 survey?

- ☐ Yes
- ☐ No

What questions from the pre-visit 2 survey would you like to review with the family? _____

How much time did you spend with any member of the school nurse led team coordinating care for [[student name]] since visit 1? _____

Family Visit Activities:

Family visit start time: _____

	Yes	No
Completed Demographics and PROMIS survey	☐	☐
Completed pre-visit 2 survey	☐	☐
Completed Follow up V2 Questionnaire	☐	☐
Completed SDOH Follow up	☐	☐
Completed inhaler demonstration	☐	☐
Trained and provided education for CO Asthma Care Plan and Asthma Action Plan	☐	☐
Trained and provided education on asthma triggers	☐	☐
Scheduled Visit 3	☐	☐

Family visit end time: _____

Anything else to make a note of and/or track from this visit? _____

After Visit Activities:

Does this family speak English well?

- ☐ Yes
- ☐ No

How were they communicated with? _____

Please track the date of school visit (schedule with school nurse or administrator) and the date that the healthcare provider letter is sent in REDCap.

Does the student have a completed CO asthma care plan and up to date medication?

- ☐ Yes
- ☐ No

Were any NEW SDOH resources provided during the visit?

- ☐ Yes
- ☐ No

If yes, please record the new referrals in the SDOH Conversation form in REDCap and provide an SDOH 2-week check in to the family and use the Visit 2 Form in REDCap to track.

Visit 1 Adaptations:

Were you able to complete this visit with the family?

- ☐ Yes
- ☐ No

What kind of gift card would the family like to receive?

- ☐ Walmart
- ☐ Target
- ☐ Amazon

Do you plan to continue the visit at a later time?

- ☐ Yes
- ☐ No

If yes, when? _____

Why not? _____

Did you cover anything different from the expected topics and evaluations for this visit?

- ☐ Yes; please describe: _____
- ☐ No

If yes, please provide further notes about why this change was made and who was involved in that decision:

Student Visit Activities:

Student visit start time: _____

	Yes	No
Completed IDAT	☐	☐
Completed inhaler demonstration	☐	☐
Trained and provided education for Identifying and Avoiding Triggers	☐	☐
Trained and provided education for Exercise – Keeping Active	☐	☐
Trained and provided education for Medication: controller vs. quick relief	☐	☐
Completed role play 2: Zones	☐	☐

Student visit end time: _____

Anything else to make a note of and/or track from this visit? _____

