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| --- | --- |
| Study ID | 4800 |
| Event Name | Subject Information |
| What visit is this parent's child in? (choice=CAADC Lab Study) | Checked |
| What visit is this parent's child in? (choice=eyeCHAT) | Unchecked |
| What visit is this parent's child in? (choice=FRIEND) | Unchecked |
| Child's eyeCHAT ID #: |  |
| Child's FRIEND ID #: |  |
| Child's CAADC Lab ID: | 4800 |
| Has this participant been asked if they would like to participate in the joint lab study? | Yes |
| Does the participant want to participate? | Yes |
| What CAADC study or treatment is this participant involved in?: |  |
| CAADC treatment session number?: |  |
| Did the paricipant complete the Accommodation Task? | Yes |
| Parent Measures complete (SCARED, PAS)? | Yes |
| Adult Measures complete (SCAARED, DSM 5-CC)? | Yes |
| Child Measures complete (SCARED)? | Yes |
| Was the family paid with a $10 Visa Reward Gift Card or with cash? | Gift Card |
| Gift card number given to family: | 4842242400552255 |
| Receipt: | [document] |
| Notes: | Both the parent and child completed questionnaires without any issues. The child completed the questionnaire in the waiting room while Mom began the task in the therapy room. Child went into her therapy session after. Mom completed questionnaires in the therapy room after finishing the accommodation task. The visit took about 30 minutes. |
| Complete? | Complete |
| Complete? |  |
| What lab are you from? | Kendall |
| Complete? | Complete |