

1. General Plan

System: Child Growth Tracking

Prepared by: Vibe Coding

Date: October 24, 2025

No.	Topic	Objective	Start Date	End Date
1	Parents Growth Tracking Process	Understand parents' current method, challenges, and motivations for tracking child growth.	28/10/25	28/10/25
2	Clinical Data Requirements	Identify the key medical data points, growth charts (e.g WHO, CDC) and features required by healthcare professionals.	29/10/25	29/10/25
3	Reporting & Data Visualization	Determine the types of reports and visual charts (e.g. percentile curves) that are most useful for both parents and doctors	30/10/25	30/10/25

2. Interview Session Guideline Plan

- System: Child Growth Tracking
- Analyst: Vibe Coding Team
- Contact Information: (Office – Tel:0369 147 743)
- Interviewee: Various participants (Parents, Pediatricians, Nurses)
- Method: Face-to-face / online interview sessions
- Objectives:
 - o Data to be collected: Growth tracking habits, medical data requirements, and preferred reporting styles.
 - o Agreements needed: Confirmation of available data sources and preferred visualization formats.
- Appointment Time:
 - o Start Time: 09:00 AM – October 28, 2025
 - o End Time: 10:00 AM – October 30, 2025

Interview Details	Estimated Time (minutes)
Introduction	3
System Overview	4
Topic 1: Parent's Growth Tracking Process (Q&A)	15
Topic 2: Clinical Data Requirements (Q&A)	18
Topic 3: Reporting & Data Visualization (Q&A)	15
Summary of Key Points	5
Interviewee's Comments or Questions	8
Conclusion and Next Meeting Agreement	7
Total Estimated Time	75 minutes

3.1. Parental Growth Tracking Interview Result Record Table

Interviewee: Phan Ngoc Hanh Nhi

Date: October 28, 2025

Question	Notes
1. Can you walk me through the last time you tracked your child's growth?	<p>Answer: I last recorded my child's growth two months ago during a routine health check.</p> <p>Observation: Tracking usually happens after doctor visits, not regularly at home.</p>
2. What specific measurements or information do you usually record (e.g., height, weight, milestones)?	<p>Answer: Height, weight, and developmental milestones (e.g., first words, walking).</p> <p>Observation: Prefers simple numeric data; milestone tracking is sometimes inconsistent.</p>
3. How often do you track these details?	<p>Answer: Every 2–3 months, depending on doctor appointments.</p>

	Observation: Frequency depends on reminders from the clinic.
4. Who typically does the tracking in your household?	Answer: Mostly me, sometimes my spouse helps. Observation: One primary caregiver takes ownership of tracking.
5. Have you shared this information with anyone (e.g., doctor, family, school)? How?	Answer: Shared with the pediatrician via printed records and WhatsApp messages. Observation: Communication method is informal but effective.
6. What are the difficulties you face keeping track of your child's growth?	Answer: Forgetting to measure regularly; losing notes. Observation: Lack of a central digital system causes data fragmentation.
7. Are there any moments when you've missed tracking or stopped doing it? Why?	Answer: Yes, during busy months or when my child was ill. Observation: Tracking habits drop during stressful times.
8. Why is tracking your child's growth important to you?	Answer: It helps me ensure my child is healthy and developing normally. Observation: Motivation is emotional and health-oriented.
9. What do you hope to learn or achieve by doing it?	Answer: To identify early warning signs of slow growth. Observation: Parents want actionable insights, not just data.
10. Are there any people, communities, or sources that influence how/why you track your child's growth?	Answer: Pediatrician and online parenting groups. Observation: External guidance strongly shapes tracking behavior.

3.2. Pediatrician Growth Tracking Interview Result Record Table

Interviewee: Dr. Huy

Date: October 28, 25

Question	Notes
1. Can you walk me through your process for collecting and documenting growth data during a patient visit?	<p>Answer: Measure height, weight, and head circumference using calibrated devices, then record in EHR.</p> <p>Observation: Process is standardized and time-bound.</p>
2. Which measurements do you routinely collect?	<p>Answer: Weight, height, BMI, and head circumference for under 5 years.</p> <p>Observation: Data depends on the child's age and condition.</p>
3. Which growth chart references do you use — and in which contexts?	<p>Answer: WHO for under 5; CDC for older children.</p> <p>Observation: Consistent use of WHO standards for infants.</p>
4. How often do you track and review growth trends for well-child vs. high-risk cases?	<p>Answer: Every 3 months for regular, monthly for high-risk.</p> <p>Observation: Follow-up frequency adjusts per case type.</p>
5. What tools or systems do you use (EHR, manual charts, mobile apps)?	<p>Answer: Primarily EHR with integrated growth chart module.</p> <p>Observation: Manual backup still used in rural clinics.</p>
6. How do you communicate recorded data to the parent or caregiver?	<p>Answer: Show graphs during consultation and explain trends.</p> <p>Observation: Visual communication aids understanding.</p>

7. What are the biggest challenges interpreting or acting on growth trends?	<p>Answer: Missing data and inconsistent follow-up.</p> <p>Observation: Data quality directly affects accuracy.</p>
8. How well does your current system identify abnormal patterns automatically?	<p>Answer: Some alerts exist but are limited for complex cases.</p> <p>Observation: Opportunity for improvement via AI detection.</p>
9. How do you handle incomplete or inconsistent data between visits/facilities?	<p>Answer: Verify with parent, measure, or request records.</p> <p>Observation: Manual verification adds workload.</p>
10. How does growth tracking influence early intervention or diagnosis?	<p>Answer: Critical for identifying malnutrition or endocrine issues.</p> <p>Observation: Growth trends often trigger further testing.</p>
11. Which visual elements are most helpful (percentile curves, color coding, trend lines, alerts)?	<p>Answer: Percentile curves with color-coded alerts.</p> <p>Observation: Visual clarity aids rapid decision-making.</p>
12. Can you walk me through the types of growth reports/charts you currently use?	<p>Answer: WHO percentile charts and BMI tables.</p> <p>Observation: Standardized charts used across all visits.</p>
13. Are there specific reports preferred for different ages/situations?	<p>Answer: Yes, head circumference for infants; BMI for older kids.</p> <p>Observation: Report type adapts to growth phase.</p>
14. How do you explain or interpret these visuals to parents?	<p>Answer: Compare child's line to average curve, highlight areas of concern.</p>

	Observation: Emphasizes reassurance and guidance.
15. How easy or difficult is it for you/parents to understand the charts?	<p>Answer: Parents often find them confusing without explanation.</p> <p>Observation: Simpler visuals could improve understanding.</p>
16. When looking at growth charts, what do you focus on first?	<p>Answer: Percentile position and trend direction.</p> <p>Observation: Trend stability is more important than one-time values.</p>
17. How do reports and charts affect communication between parent and clinician?	<p>Answer: They make discussions more concrete and transparent.</p> <p>Observation: Visual data builds trust.</p>
18. How would you like to be notified about changes in growth over time?	<p>Answer: Automated alerts in EHR and email summaries.</p> <p>Observation: Prefers digital, real-time notifications.</p>