

## 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 (eg. 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:**
  - **Data to be collected:** Growth tracking habits, medical data requirements, and preferred reporting styles.
  - **Agreements needed:** Confirmation of available data sources and preferred visualization formats.
- **Appointment Time:**
  - **Start Time:** 09:00 AM – October 28, 2025
  - **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

<b>Topic 3: Reporting &amp; Data Visualization (Q&amp;A)</b>	15
Summary of Key Points	5
Interviewee's Comments or Questions	8
Conclusion and Next Meeting Agreement	7
<b>Total Estimated Time</b>	<b>75 minutes</b>

3.

## Child Growth Tracking Interview Result Record Table

**Interviewee:** Phan Ngoc Hanh Nhi

**Date:** October 28, 2025

Question	Notes
<b>1. Can you walk me through the last time you tracked your child's growth?</b>	<b>Answer:</b> I last recorded my child's growth two months ago during a routine health check. <b>Observation:</b> Tracking usually happens after doctor visits, not regularly at home.
<b>2. What specific measurements or information do you usually record (e.g., height, weight, milestones)?</b>	<b>Answer:</b> Height, weight, and developmental milestones (e.g., first words, walking). <b>Observation:</b> Prefers simple numeric data; milestone tracking is sometimes inconsistent.
<b>3. How often do you track these details?</b>	<b>Answer:</b> Every 2–3 months, depending on doctor appointments. <b>Observation:</b> Frequency depends on reminders from the clinic.
<b>4. Who typically does the tracking in your household?</b>	<b>Answer:</b> Mostly me, sometimes my spouse helps. <b>Observation:</b> One primary caregiver takes ownership of tracking.
<b>5. Have you shared this information with anyone (e.g., doctor, family, school)? How?</b>	<b>Answer:</b> Shared with the pediatrician via printed records and WhatsApp messages. <b>Observation:</b> Communication method is informal but effective.

<b>6. What are the difficulties you face keeping track of your child's growth?</b>	<b>Answer:</b> Forgetting to measure regularly; losing notes. <b>Observation:</b> Lack of a central digital system causes data fragmentation.
<b>7. Are there any moments when you've missed tracking or stopped doing it? Why?</b>	<b>Answer:</b> Yes, during busy months or when my child was ill. <b>Observation:</b> Tracking habits drop during stressful times.
<b>8. Why is tracking your child's growth important to you?</b>	<b>Answer:</b> It helps me ensure my child is healthy and developing normally. <b>Observation:</b> Motivation is emotional and health-oriented.
<b>9. What do you hope to learn or achieve by doing it?</b>	<b>Answer:</b> To identify early warning signs of slow growth. <b>Observation:</b> Parent wants actionable insights, not just data.
<b>10. Are there any people, communities, or sources that influence how/why you track your child's growth?</b>	<b>Answer:</b> Pediatrician and online parenting groups. <b>Observation:</b> External guidance strongly shapes tracking behavior.

## Pediatrician Growth Tracking Interview Result Record Table

**Interviewee:** Dr. Huy

**Date:** October 28, 25

Question	Notes
<b>1. Can you walk me through your process for collecting and documenting growth data during a patient visit?</b>	<b>Answer:</b> Measure height, weight, and head circumference using calibrated devices, then record in EHR. <b>Observation:</b> Process is standardized and time-bound.
<b>2. Which measurements do you routinely collect?</b>	<b>Answer:</b> Weight, height, BMI, and head circumference for under 5 years. <b>Observation:</b> Data depends on child's age and condition.

<b>3. Which growth chart references do you use — and in which contexts?</b>	<b>Answer:</b> WHO for under 5; CDC for older children. <b>Observation:</b> Consistent use of WHO standards for infants.
<b>4. How often do you track and review growth trends for well-child vs. high-risk cases?</b>	<b>Answer:</b> Every 3 months for regular, monthly for high-risk. <b>Observation:</b> Follow-up frequency adjusts per case type.
<b>5. What tools or systems do you use (EHR, manual charts, mobile apps)?</b>	<b>Answer:</b> Primarily EHR with integrated growth chart module. <b>Observation:</b> Manual backup still used in rural clinics.
<b>6. How do you communicate recorded data to the parent or caregiver?</b>	<b>Answer:</b> Show graphs during consultation and explain trends. <b>Observation:</b> Visual communication aids understanding.
<b>7. What are the biggest challenges interpreting or acting on growth trends?</b>	<b>Answer:</b> Missing data and inconsistent follow-up. <b>Observation:</b> Data quality directly affects accuracy.
<b>8. How well does your current system identify abnormal patterns automatically?</b>	<b>Answer:</b> Some alerts exist but limited for complex cases. <b>Observation:</b> Opportunity for improvement via AI detection.
<b>9. How do you handle incomplete or inconsistent data between visits/facilities?</b>	<b>Answer:</b> Verify with parent, remeasure, or request records. <b>Observation:</b> Manual verification adds workload.
<b>10. How does growth tracking influence early intervention or diagnosis?</b>	<b>Answer:</b> Critical for identifying malnutrition or endocrine issues. <b>Observation:</b> Growth trends often trigger further testing.
<b>11. Which visual elements are most helpful (percentile curves, color coding, trend lines, alerts)?</b>	<b>Answer:</b> Percentile curves with color-coded alerts. <b>Observation:</b> Visual clarity aids rapid decision-making.
<b>12. Can you walk me through the types of growth reports/charts you currently use?</b>	<b>Answer:</b> WHO percentile charts and BMI tables. <b>Observation:</b> Standardized charts used across all visits.

13. Are there specific reports preferred for different ages/situations?	<b>Answer:</b> Yes, head circumference for infants; BMI for older kids. <b>Observation:</b> Report type adapts to growth phase.
14. How do you explain or interpret these visuals to parents?	<b>Answer:</b> Compare child's line to average curve, highlight areas of concern. <b>Observation:</b> Emphasizes reassurance and guidance.
15. How easy or difficult is it for you/parents to understand the charts?	<b>Answer:</b> Parents often find them confusing without explanation. <b>Observation:</b> Simpler visuals could improve understanding.
16. When looking at growth charts, what do you focus on first?	<b>Answer:</b> Percentile position and trend direction. <b>Observation:</b> Trend stability is more important than one-time values.
17. How do reports and charts affect communication between parent and clinician?	<b>Answer:</b> They make discussions more concrete and transparent. <b>Observation:</b> Visual data builds trust.
18. How would you like to be notified about changes in growth over time?	<b>Answer:</b> Automated alerts in EHR and email summaries. <b>Observation:</b> Prefers digital, real-time notifications.