Module 2: Addressing Provider Concerns Dot/Smart Phrase Examples

At the end of the Module 2 video, we leave dedicated work time for you to create custom, personalized dot/smart phrases to assist in your practice. Below, you will find examples that may help you craft your personalized dot/smart phrases.

Prompt Questions for Medical Providers

- What kinds of body movement, play, or activity do you do? What is your favorite? How often do you do those?
 - Alternative: Tell me about your movement practice/exercise routine or how you like to move your body..
- What kinds of food do you like to eat? Do you ever worry about running out of food?
- Do you have any questions or worries about your body, how it looks, moves, or works?

For Older Children/Adolescents

- Would you be willing to share with me how you feel about your body? Your weight?
- Do you ever wish your body looked different?
 - If yes, do you ever do anything to try to change your body like skipping meals, exercising more, changing what you eat, taking pills, supplements, vomiting, smoking?
 - If yes to any of these, asking more detailed eating disorder questions is recommended.

For Concerns about Eating

- Could I ask a little bit more about what, when, and how you eat? Some of the questions might seem silly, but it helps me understand more.
- How much of the day do you think about food or eating?
- Do you ever run out of food before you're full, or worry that there won't be food available when you need it?
- Has there been any change in the conversation around bodies or weight at home or school?
- Any change in the consistency or availability of food or opportunities for movement?
- Any stressors or changes in home life?
- Do you ever try to ignore your body's signals that it's time to eat or when you are hungry because you want to try to eat less?
- Are there foods or food groups that you are afraid to eat?
 - (not applicable if severe food allergies, Celiac disease, etc)
- What types of places do you get your information about food and eating?
- Do you ever feel like you lose control over your eating?



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- Any change in the consistency or availability of food or opportunities for movement?
- Any stressors or changes in home life?
- Do you ever try to ignore your body's signals that it's time to eat or when you are hungry because you want to try to eat less?
- Are there foods or food groups that you are afraid to eat?
 - o (not applicable if severe food allergies, Celiac disease, etc)
- What types of places do you get your information about food and eating? Books, TV, Instagram, TikTok, etc.?
- Do you ever feel like you lose control over your eating?

For Documentation in Clinic Notes

We reviewed patient's growth trajectory and it does/does not track along the growth curve as expected. We explored possible causes for disruption of the expected growth trajectory and next steps will be: ***

Growth chart reviewed and child is/is not tracking along the growth curve as expected.



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