

NH Breastfeeding Peer Counseling Program Activity Worksheet

Clinic/ Local Agency _____

Reporting Period _____

Total hours worked during this reporting period _____

Peer Counselor Name _____

Date	Name of Contact	Type of Contact						Participant						Other				
		Telephone- attempt	Texting (T) or Email (E) Attempt	Telephone- Spoken	Texting (T) or Email (E) Response	In-clinic	In-home	Prenatal: 1st, 2nd, 3rd	EDD	Delivery Date	BF Women- w/in 2 week f/u	1st Month	3rd Month	6 Month	Returning to Work	Electric Pump Issued	Manual Pump Issued	Other- must explain in StarLINC note
11/1/2010	EDD report (PG due in Nov)				23			23	11.11.10									
11/1/2010	Jessica Dell					1		1										
Totals																		