

# Appendix D: Contact Log Abstraction Form

## Contact Log Abstraction Form

OMB Clearance Number: 0584-0548 Expiration Date: xx/xx/20xx  
 According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0548. The time required to complete this information collection is estimated to average 2 hours, 6 minutes per response. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: U. S. Department of Agriculture, Food and Nutrition Service, Office of Research & Analysis, Room 1014, Alexandria, VA 22302.

<b>Study ID of WIC Participant</b>		
Select one:	<input type="radio"/> New contact <input type="radio"/> Update previous contact	
<b>Peer counselor name</b>		
<b>Date of contact</b>	__ / __ / 20__	
<b>Participant's due date /date of birth</b>	__ / __ / 20__	
<b>Mode of contact</b> (select one)	<input type="radio"/> Telephone <input type="radio"/> In-person <input type="radio"/> Other (specify): _____	
<b>Location, if in-person</b> (select one)	<input type="radio"/> WIC clinic <input type="radio"/> Hospital <input type="radio"/> Participant's home <input type="radio"/> Other (specify): _____	
<b>Duration of contact</b>	__ __ hours, __ __ minutes	
<b>Language(s) spoken</b>	<b>Peer Counselor</b>	<b>WIC Participant</b>
	<input type="checkbox"/> English	<input type="checkbox"/> English
	<input type="checkbox"/> Spanish	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<b>Major topics (check all that apply):</b>		
<input type="checkbox"/> Position/latch <input type="checkbox"/> Breastfeeding frequency/duration <input type="checkbox"/> Pros/cons of breastfeeding versus formula <input type="checkbox"/> Breast discomfort/pain <input type="checkbox"/> Engorgement <input type="checkbox"/> Milk supply <input type="checkbox"/> Supplementation <input type="checkbox"/> Pumping/expressing milk	<input type="checkbox"/> Infant's weight, nutrition, or health <input type="checkbox"/> Infant's temperament, sleep patterns, etc. <input type="checkbox"/> Mother's health <input type="checkbox"/> Mother returning to work/school <input type="checkbox"/> Other caregiver's bonding with infant <input type="checkbox"/> Referral to lactation consultant <input type="checkbox"/> Other breastfeeding-related topic (specify): _____	
<b>Mother reports that family attitude towards breastfeeding is:</b>		
<input type="checkbox"/> Very supportive <input type="checkbox"/> Somewhat supportive <input type="checkbox"/> Somewhat unsupportive <input type="checkbox"/> Very unsupportive	<input type="checkbox"/> Don't know <input type="checkbox"/> REFUSED	
<b>New phone number or address for Study Participant?<sup>1</sup>   <input type="checkbox"/> Yes</b>		

Enter next contact log for  
SAME Participant

Enter contact log for a  
different Participant

<sup>1</sup> To maintain the privacy of the study participant, any new phone/address will be collected separately (i.e., by correcting the existing Study Enrollment Form for the study participant).