

Appendix C6: Peer Counseling Refusal/Withdrawal Form

Peer Counseling Refusal/ Withdrawal 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 3 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.

Instructions to Peer Counselor:

- If a WIC participant withdraws from the *Loving Support* Peer Counseling program and she had enrolled in the WIC Peer Counseling Study, please complete PAGE 1 of this form.
- If you attempted, but were unable, to meet in-person with a WIC participant enrolled in the study, please complete PAGE 2 of this form.

Do not write the WIC Participant's name anywhere on this form.

Withdrawal from Breastfeeding Peer Counseling

Participant's Study ID	<input type="text"/>
Today's Date	dd/ month /yyy
Due date of infant (or birthdate)	dd/ month /yyy
Name of person completing this form:	Do not write WIC participant's name here
Reason(s) given for withdrawing from breastfeeding peer counseling: <i>Check all that apply</i>	
<input type="checkbox"/> Too busy	
<input type="checkbox"/> Transportation difficulty	
<input type="checkbox"/> Perinatal death/pregnancy terminated	
<input type="checkbox"/> Mother is sick, not feeling well	
<input type="checkbox"/> Does not want to breastfeed her baby	
<input type="checkbox"/> Unknown/no reason given/no contact made	
<input type="checkbox"/> Other reason(s), describe:	

Please give this form to [Name of local WIC agency Study Contact].

Peer Counseling Meeting Refusal

Participant's Study ID	<input type="text"/>
Today's Date	dd/ month /yyyy
Birth date of infant	dd/ month /yyyy
Peer Counselor Name	Do not write WIC participant's name here
Outcome of attempt to meet in-person	
<input type="checkbox"/> No show or no answer	Next in-person meeting: dd/month/yyyy
<input type="checkbox"/> Said she does not want an in-person meeting	
<input type="checkbox"/> Requested a new meeting time	
<input type="checkbox"/> Requested phone call	
Where did you attempt to meet with this WIC participant? Mark one answer	
<input type="checkbox"/> At her home	
<input type="checkbox"/> At a WIC clinic	
<input type="checkbox"/> Other location, specify:	
Reason(s) given for declining the in-person meeting: Check all that apply	
<input type="checkbox"/> Not a good time right now	
<input type="checkbox"/> Transportation difficulty	
<input type="checkbox"/> Baby is sick or in the hospital	
<input type="checkbox"/> Mother is sick, not feeling well	
<input type="checkbox"/> Baby sleeping	
<input type="checkbox"/> Forgot about appointment	
<input type="checkbox"/> Does not want to breastfeed	
<input type="checkbox"/> Does not want breastfeeding assistance – FILL OUT PEER COUNSELING CLOSURE FORM	
<input type="checkbox"/> Unknown/no reason given/no contact made	
<input type="checkbox"/> Other reason(s), describe:	
Follow-up planned:	
<input type="checkbox"/> None	
<input type="checkbox"/> Will attempt to reschedule in-person meeting	
<input type="checkbox"/> Will attempt telephone peer counseling contact	
<input type="checkbox"/> Call to confirm withdrawal from peer counseling program	
<input type="checkbox"/> Other, describe:	

Please give this form to [Name of local WIC agency Study Contact].