

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.

Study ID of WIC Participant		
Select one:	<input type="radio"/> New contact <input type="radio"/> Update previous contact	
Peer counselor name		
Date of contact	__ / __ / 20__	
Participant's due date /date of birth	__ / __ / 20__	
Mode of contact (select one)	<input type="radio"/> Telephone <input type="radio"/> In-person <input type="radio"/> Other (specify): _____	
Location, if in-person (select one)	<input type="radio"/> WIC clinic <input type="radio"/> Hospital <input type="radio"/> Participant's home <input type="radio"/> Other (specify): _____	
Duration of contact	__ __ hours, __ __ minutes	
Language(s) spoken	Peer Counselor	WIC Participant
	<input type="checkbox"/> English	<input type="checkbox"/> English
	<input type="checkbox"/> Spanish	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Major topics (check all that apply):		
<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): _____	
Mother reports that family attitude towards breastfeeding is:		
<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	
New phone number or address for Study Participant?¹ <input type="checkbox"/> Yes		

Enter next contact log for
SAME Participant

Enter contact log for a
different Participant

¹ 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).