Breastfeeding Peer Counselor Weekly Activity Report Peer Counselor Name:_____ Week Ending: _____ Peer Counselor signature:_____

| Ex | hi | bit | 6-N |
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| Page | of |
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| Total H | ours |

| | Type & Time of Contact | | | | | | | | | | | | | | | | | | | |
|--------|------------------------------------|--------------------|------------------------|--|------------------------|-------|---------------|--------------------|---------------|----------|------------|-----------------------|--------------|--------------|-------------------------|------------------|------------|--------|-------------------|---------|
| | Client Contacts | | | | | | | | | | | Other Peer Activities | | | | | | | | |
| Date | Telephone contact | Home Visit / Miles | In clinic / individual | | Hospital Visit / Miles | Class | Other contact | Mailed information | # Stamps Used | Prenatal | Postpartum | Training / In-service | Peer Meeting | PC Promotion | Consult w Peer Mgr/Sup. | Clerical / Admin | Home Study | Other: | Daily Total Hours | Remarks |
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| Totals | | | | | | | | | | | | | | | | | | | | Time: |
| | | | | | | | | | | | | | | | | | | | | Miles: |
| Round | ound time to the nearest 5 minutes | | | | | | | | | | | | | | | | | | | |