USING *Loving Support*® TO MANAGE
PEER COUNSELING
PROGRAMS

8B – SAMPLE WEEKLY ACTIVITY REPORT
BREASTFEEDING PEER COUNSELING PROGRAM

Week Ending Date _____

Clinic/Local Agency _____

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Name _____

Total Hours _____

Date	Name of Contact	FOR CLIENT CONTACT ONLY																Remarks
		Telephone Counsel	Group/Class	Home Visit	Clinic Visit	Hospital Visit	Other Contact	Prenatal	Postpartum-bf	Postpartum-Non bf	Training/Inservice	Peer Counsel. Meet.	PC Promotion Activity	Consultations	Clerical/Admin.	Home Study	Number of Hours	
Totals																		

15 minutes = 1/4 = .25; 30 minutes = 1/2 = .50; 45 minutes = 3/4 = .75; 1 hour = 1.