

Phone Call Form

Clinic: _____

Date: _____

Study staff on Call: _____

WIC staff on call: _____

Handouts Needed: **Cues** (E) _____ (S) _____
 Sleep (E) _____ (S) _____

PA (E) _____ (S) _____
Crying (E) _____ (S) _____

Additional Materials Needed: Posters _____ Buttons _____ SLM's _____ Other _____

Have there been any changes in the attendance of classes (since previous visit/call)? Yes No	Notes: _____ _____ _____
Have you heard any feedback about this project from participants? Yes No	Notes: _____ _____ _____
Have you heard any comments from the staff about this project? Yes No	Notes: _____ _____ _____
Have there been any changes in staff at your site? Yes No	Notes for training new staff (if applicable): _____ _____ _____
Have there been any changes in your clinic/agency that may affect breastfeeding rates? Yes No	Notes: _____ _____ _____

Do you receive the monthly newsletter? Yes No	What would you like to see in the newsletter: _____ _____
Follow-up from last site visit:	Notes: _____ _____ _____
Questions from last phone call:	Notes: _____ _____ _____
Any additional information you would like us to know:	Notes: _____ _____ _____
Other:	Notes: _____ _____ _____ _____