Inter Tribal Council of Arizona, Inc. WIC Program
Breastfeeding Peer Counselor Program
Quality Assurance Form

Clinic: **Peer Counselor Name:**
Date:

Call at least 3 – 4 peer counselor (PC) clients randomly from the PC's client caseload.

Script for contact

Hi, my name is _____. I am calling from the <Local Agency> WIC office. I am working on improving the quality of our breastfeeding peer counselor program. Do you have a minute to answer a few questions?

1. Have you received a call from your peer counselor?
   If yes, continue. If no, go to question # 2.

   A. On average, how many calls did you receive from your peer counselor in the last month (include messages that were left)?

   B. How was the service you received from your peer counselor?
   (Poor) (Good) (Great) (Excellent)

2. Did you call anyone about breastfeeding; like family, friends, La Leche League, doctor's office, etc?
   PC WIC Others _____

3. Did you get support for breastfeeding from any other person than the WIC peer counselor; like family, friends, La Leche League, doctor's office, etc?

   Yes or No If yes, ask who _____

4. Is there anything we can do to better serve you?

Thank you for your time and for allowing us to help you meet your breastfeeding goals.

Summary of Contacts

- Number of moms called:
- Number of moms reached:
- Number of moms unavailable:
- Number of moms who have contact with the PC:
- Number of calls by PC as reported by mom : (1 – 5) ☐
  (6 – 10) ☐
  (>10) ☐
- Number of service ratings: Poor:
  Good:
  Great:
  Excellent:
- Number of moms who have not heard from the PC:
- Number of moms who have called: PC WIC Other
- Number of moms getting support for breastfeeding from any other person: