Peer Leader/Group Member Contact Record Sheet

Scheduled meeting date: ...........................................  Group location: ...................................................

Peer Leader Name(s): .....................................................................................................................................

Group member(s) contacted: ................................................................................................................................

Mode of Contact:
- Group meeting
- Individual contact

Individual contact by:
- Telephone/Skype (circle)
- Face to face outside meeting
- Email
- Text message/query
- Letter/Fax (circle)
- Facebook

Date of contact: ...........................................
Duration of contact: ...................... minutes

Type of contact:
- First contact for project
- Regular group meeting
- Regular individual follow up between meetings
- Follow up due to absence at group meeting (peer leader contacted absent participant)
- Specific assistance to group member
  Specify type:.............................................
- Meeting follow up (participant contacted you)

Focus of contact:
- Meeting details (time/location etc)
- Healthy eating
- Social issues (eating out, celebrations)
- Physical activity
- Assessing risks
- Motivation
- Goal setting
- Action planning
- Listening/supporting/problem solving
- Emotional issues (depression, feeling down)
- Coping skills
- Sexual health/issues

- Foot care
- Practical diabetes management (eg measuring glucose, during illness)
- Taking medication
- Linkage with other health professionals
- Negotiating your clinical care
- Health literacy
- Referral to DA-Vic infoline/resources
- Referral to other resources/websites (specify below)
- Advocacy

Notes/comments regarding contact: Specific questions, need for follow up, need to ask support team


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<tr>
<th>Name of Peer Leader/Group Member</th>
<th>Contact Details</th>
<th>Notes</th>
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