

ID of líder: _____

ID of compañero: -

Successful Contacts

[If you did not have a successful contact with your compañero(a), please make a note of the attempt on the back of this page]

Answer questions 1 to 3 for **all** contacts.
If the contact was *one-on-one*, **also** answer questions 4 to 6.

Day of the Week	Date	Start time	End time	HbA1c
Mon Tue Wed Thur Fri Sat Sun	____ / ____ / ____ Mo. Day Year	____ : ____ AM/PM	____ : ____ AM/PM	

(1) Who initiated the contact? (select one)

- The líder
 The compañero
 Another person or organization: _____

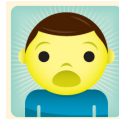
(2) What topics were discussed? (select all that apply)

- Control of diabetes
 Glucose exam
 HbA1c
 Diet/nutrition
 Exercise
 Emotional support
 Depression or stress
 Reference to services/aid
 Other: _____

(3) How did your compañero feel during the visit? (select one)



Happy?



Nervous?



Sad?



Not interested?

**If the contact was by telephone, STOP here.
If the contact was one-on-one, continue with questions 4, 5, and 6.**

(4) City:

- Brawley
 Calexico
 El Centro
 Other: _____

(5) Location:

- Home
 Clinic
 In the community _____
 Other: _____

(6) Were there other people present during the visit?

- Spouse
 Child
 Parent
 Other family member: _____
 Other: _____

Notes

ID of líder: _____

ID of compañero: -

Attempted Contacts

[Until you have a successful contact with your compañero, please make note of attempted contacts on this page.]

Day of the Week	Date	Time	Contact Type
Mon Tue Wed Thur Fri Sat Sun	____ / ____ / ____ Mo. / Day / Year	____ : ____ AM / PM	<input type="checkbox"/> Telephone call <input type="checkbox"/> One-on-one visit <input type="checkbox"/> Other: _____

Notes

Mon Tue Wed Thur Fri Sat Sun	____ / ____ / ____ Mo. / Day / Year	____ : ____ AM / PM	<input type="checkbox"/> Telephone call <input type="checkbox"/> One-on-one visit <input type="checkbox"/> Other: _____
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Notes