Please complete this form each time you have contact with your mentee.

**Contact** Log

**Mentor name: \_\_\_**

**Mentee name: \_\_\_**

**Date:**

**What was the length of your interaction?**

|  |
| --- |
| **How did you and your mentee meet?**  |
| In the clinic lobby |  |
| In the treatment area |  |
| Dining out  |  |
| By telephone |  |
| By email |  |
| By text  |  |
| **What did you and your mentee talk about?** |
| Fluid control |  |
| Dietary restrictions |  |
| Medications |  |
| Vascular access |  |
| Hospitalization |  |
| Attending treatments as scheduled |  |
| Staying for full treatments  |  |
| General dialysis information |  |
| Other:  |
|  |

|  |  |
| --- | --- |
| **What materials did you use?**  |  |
| Information provided by the *Peer Up!* program  |  |
| Other information from the facility |  |
| Other:  |
| None |  |
|  |  |
| **Did you suggest your mentee talk with anyone?** |
| **Yes** **No** |  |
| *If yes, with whom?* |  |
| Charge Nurse |  |
| Dietitian |  |
| Nurse/Technician |  |
| Social Worker |  |
| Nephrologist  |  |
| Other:  |
|  |  |  |

|  |  |
| --- | --- |
| **Did you talk to anyone about your *Peer Up!* time?** |  |
| **Yes** **No** |  |
| *If yes, with whom?* |  |
| Charge Nurse |  |
| Dietitian |  |
| Nurse/Technician |  |
| Social Worker |  |
| Nephrologist Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **When will you and your mentee meet again?**   |