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?** | |