

CHW Household Visit Tick Sheet



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

CHW name

Month/Year

Page no.

Clinic (DHIS name)

Ward (DHIS #)

Team (DHIS name)

Household visit details (note: tick only ONE type of visit)						Household activity (note: tick only once per activity)					Number Referral Forms given (total)			Activity head count (total)	
Visit no.	Visit date (dd/mm)	Official household registration number ¹	Type of visit		Supervised visit	Pregnancy	Postnatal	Under 5	Adherence support	Home-based care	Clinic Referral Forms issued	Social services Referral Forms issued	Home-based care Referral Forms issued	Clients under 5 years given service	Clients 5 years and older given service
			Household registration visit	Follow-up visit											
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
Total															
Total number of support groups facilitated this week				Notes:											

CHW signature _____ (date) _____ Verified by TL _____ (date) _____

¹ Use the CHW HH identifier number if an Official HH registration number has not yet been assigned to the household

CHW Household Visit Monthly Summary Form



health
Department:
Health
REPUBLIC OF SOUTH AFRICA

CHW name	Reporting month/year
Clinic (DHIS name)	Ward (DHIS #)
Team (DHIS name)	

Household visit details <i>(totals)</i>					Household activity <i>(totals)</i>					Referral Forms given <i>(totals)</i>			Activity head count <i>(totals)</i>		Support groups facilitated <i>(total)</i>
Tick sheet no.	Tick sheet end date <i>(dd/mm)</i>	Type of visit		Supervised visit	Pregnancy	Postnatal	Under 5	Adherence support	Home-based care	Clinic	Social Services	Home-based care	Clients UNDER 5 years	Clients 5 years and older	
		Household registration visit	Follow-up visit												
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
Monthly Total															
Total community campaigns this month															

CHW signature _____ Date _____

Verified by Team Leader _____ on _____ (date)