

Community Health Worker Activities Form

FOR INTERNAL USE ONLY (For Strategy 3)

Please complete this form after the manual is taught to record the encounters with the patient.

Participant identification (ID) number: _____

Name of person completing the form: _____

Community health worker's identification (ID) number: _____

Name of person who taught the manual: _____

Project Location:

☐ Clinic

Which of the following activities do you do? Mark your answer with an **X**.

ACTIVITIES	First Followup Encounter	3-Month Followup	6-Month Followup	12-Month Followup
	Date: __/__/__	Date: __/__/__	Date: __/__/__	Date: __/__/__
1. Listen to the patient's concerns.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Make the appointment for the patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Remind the patient to keep the appointment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Make transportation arrangements for the patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Serve as interpreter for the patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Provide counseling/ educational materials to the patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Go over counseling/ educational materials with the patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ask the patient if he or she has any questions about the medication(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Community Health Worker Activities Form *(continued)*

	First Followup Encounter	3-Month Followup	6-Month Followup	12-Month Followup
9. Encourage the patient to stay on the treatment plan.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
10. Give suggestions to the patient on how to remember to take the medication(s).	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
11. Ask the patient about difficulties in changing lifestyle habits.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
12. Explain the benefits of changing lifestyle habits to the patient.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
13. Encourage the patient to participate in support groups.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
14. Refer the patient to health and community services.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
15. Conduct followup home visit.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
16. Conduct followup phone call.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
17. Write down what you discussed during the home visit or phone call.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
18. Meet with your supervisor on a regular basis.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
19. File notes in the patient's chart.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
20. Other: _____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No