



# Community Health Worker Activities Form

FOR INTERNAL USE ONLY

## For Strategy 3

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

**Participant identification (ID) number:** \_\_\_\_\_

**Name of person completing the form:** \_\_\_\_\_

**Community health worker identification (ID) number:** \_\_\_\_\_

**Name of person who taught the course:** \_\_\_\_\_

**Location:**

Clinic



# Community Health Worker Activities Form (continued)

## For Strategy 3 (continued)

Which of the following activities do you do for your patients? *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 their concerns	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
2. Make appointments for them	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
3. Remind them to keep appointments	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
4. Make transportation arrangements	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
5. Serve as interpreter	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
6. Provide counseling/educational materials	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
7. Go over counseling/educational materials	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
8. Ask if they have any questions about their medication	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
9. Encourage them to stay on their treatment plan	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
10. Give suggestions for how to remember to take their medicine	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No



# Community Health Worker Activities Form (continued)

## For Strategy 3 (continued)

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

Activities	First followup encounter Date: ___/___/___	3 month followup Date: ___/___/___	6 month followup Date: ___/___/___	12 month followup Date: ___/___/___
11. Ask about difficulties with changing their lifestyle habits	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
12. Explain the benefits of changing their lifestyle	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
13. Encourage them to participate in support groups	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
14. Refer them to health and community services	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
15. Conduct followup home visit	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
16. Make followup phone calls	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
17. Write down what you discussed during the home visit or phone call	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
18. Meet with your supervisor on a regular basis	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
19. File notes in their chart	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
20. Other: _____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No