

# CHW Household Visit Tick Sheet



Department: Health  
REPUBLIC OF SOUTH AFRICA

CHW name		Month/Year	Page no.
Clinic (DHIS name)	Ward (DHIS #)	Team (DHIS name)	

Household visit details <i>(note: tick only ONE type of visit)</i>						Household activity <i>(note: tick only once per activity)</i>					Number Referral Forms given (total)			Activity head count (total)	
Visit no.	Visit date (dd/mm)	Official household registration number <sup>1</sup>	Type of 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	Supervised visit										
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23															
24															
25															
<b>Total</b>															
<b>Total number of support groups facilitated this week</b>				<b>Notes:</b>											

CHW signature \_\_\_\_\_ (date) \_\_\_\_\_ Verified by TL \_\_\_\_\_ (date) \_\_\_\_\_

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