

CAG – Supervision visit form

Name of Community Health Worker		
Name of the CAG		
Date of support visit		
Name of Focal person		
Name of the village		
What did trigger the support visit? Tick		
<u>Bio-Medical:</u> <input type="checkbox"/> CD4 due date not followed / No CD4 data reported <input type="checkbox"/> CD4 drop among more than 1 members <input type="checkbox"/> Somebody died or LTFU (case report)	<u>Psycho-social:</u> <input type="checkbox"/> Conflicts / Group dynamic <input type="checkbox"/> Missed appointment <input type="checkbox"/> Always same representative <input type="checkbox"/> Travel without notice	<u>Other:</u>
Outcome of the visit?		
Any follow-up action to be taken?		
Any other comments regarding the Group?		