

# INSTRUCTION SHEET & DEFINITION OF TERMS

Name of Form	Home Visit Form
Symbol	Form Number 03
Purpose	Counselling during home visit on nutrition and other practices
Level/Location	Community Level
Implementer	Community Health Worker (CHW)
Data Source	Household
Time/Frequency	Monthly
Management/Archive	After being completed and verified, one copy should be kept by the CHW and one copy should be forwarded to the supervisor.
Steps to fill out the form	NOTE: USE CAPITAL LETTERS IN RECORDING INFORMATION IN THIS FORM
	This form will be used for more than one household, but the households must be in the same hamlet. In the case that blank space remains on the sheet, do not add information of other households from different hamlets. In such a case, start a new form to have clear demarcation of the hamlets.
	Each Row (H1...Hn): Represent information for one particular household in the hamlet that received a home visit.
	1. Ensure all information at the top of the form is filled in correctly, including: month/year of the report, region, district, ward, village, hamlet and the name/contact information of the CHW who conducted the home visit.
	2. Record the date of the visit in the following format: dd/mm/yyyy (dd-day, mm-month, yyyy-year).
	3. Columns (1, 2, 3, and 4): Record the number indicating the sex of each child 0-59 months old who live in the household. Put the numbers in the boxes that corresponds to children's ages.
	4. Column (5): Record the number indicating the sex of each child 5-9 years of age who live in the household.
	5. Column (6): Record the number indicating the sex of each adolescent 10-19 years of age who live in the household.
	6. Column (7): Record the number of pregnant women that live in the household.
	7. Column (8): Record the number of other women who are NOT pregnant who live in the household.
	8. Column (9): Record the number of fathers who live in the household.
	9. Column (10): Record the number indicating the sex of other persons who live in the household. This might include grandmothers, grandfathers, and/or others who reside in the household.
	10. Column (11): Put a ✓ if, on this visit, the CHW counselled the mother on early initiation of breastfeeding or exclusive breastfeeding.
	11. Put a ✓ if the CHW has counselled on variety of foods (column 12), thickness & frequency (column 13), responsive feeding (column 14), or feeding the sick child (column 15). If multiple topics were covered, put a check next to all topics the CHW and caregiver discussed.
	12. Put a ✓ if the CHW has counselled on improved water sources (column 16), keeping the child away from dirt and faeces (column 17), safe disposal of child faeces (column 19), or hand washing before preparing food and feeding the child (column 19). If multiple topics were covered, put a check next to all topics the CHW and caregiver discussed.
	13. Put a ✓ if the CHW has counselled on talking to the child (column 20) or toys (column 21). Put a check next to all topics the CHW and caregiver discussed.
	14. Put a ✓ if the CHW has counselled on IFAs (column 22), diet (column 23), or ANC/PNC (column 24). If multiple topics were covered, put a check next to all topics the CHW and caregiver discussed.
	15. Column (25): Record the mobile phone number of the head of the household if one exists.
	16. Total: In the last row, record a sum for each of the columns by adding the numbers (columns 1-10) or ✓ marks (columns 11-29) in each column.
Verification	Make sure you review the form before submitting to the supervisor

