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HOME VISIT CHECKLIST-FOR CALHIV WITH HIGH VIRAL LOAD

PATIENTS

NAMES _____ DATE _____

CCC NUMBER _____ FACILITY _____

MOBILE CONTACTS _____ PHYSICAL

LANDMARK _____

REASON FOR HOME VISIT (tick reason(s))

Reason	Tick as appropriate
1. 1 ST Home visit-Fact finding for reason for high VL	
2. Home based intervention for high VL	
3. Follow up home visit to check on progress	

AREA TO ASSES AND DISCUSS COMMENTS

AREA OF ASSESSMENT	COMMENT	INTERVENTION DONE
1. Pill storage adequate		
2. Pill count adequate		
3. Support for taking pills adequate		
4. Drug side effects interfering with adherence?		
5. Disclosure to household adequate		
6. Is there household stigma		
7. Has family testing been done?		
8. Is there household GBV		
9. Is their food insecurity?		
10. Is school attendance threatened by lack of money?		
11. School/community related stigma?		
12. Is parental alcohol intake a problem?		
13. Is the patient/caregiver too ill supervise pill intake?		
14. Any community level support?		
15. Beliefs/ attitudes that are barriers to drug intake		
16. Household mental health illnesses?		

Home visitors' names and cadres

1. _____

2. _____
3. _____
4. _____
5. _____