## **ChildCount+ Form B**: Household Visit Form

CHW Name:	
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## **To Record Each Household Visit**

CHW	Number:	
	nullibel.	

MANDATORY:									
MANDATORY: EVERY HH VISIT		EVERY HH VISIT			Optional: Routine				
EVE	KY HH VISII		V1	V2	V3		P1	P2	P3
Date	Household Head HEALTH ID	HH Visit - All Households	Any HH Member Available (Y-N)	Number of Children Under-5 seen	Counseling and Advice (BF, BN, FP, IM, NUT, SH)		Number of Women Aged 15-49 seen during this visit	Number of these Women currently using modern family planning	Primary Family Planning Method used [Record primary method for each woman] (CD, IUD, IJ, IP, PL, ST)
		+V				+FP			
		+V				+FP			
		+V				+FP			
		+V				+FP			
		+V				+FP			
		+V +V				+FP +FP			
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		+V				+FP			

COUNSELING CODES	NUT = Nutrition	FAMILY PLANNING CODES	PL = Pill
BF = Breast-feeding	SH = Sanitation & Hygiene	CD = Condom	ST = Sterilization
BN = Bednet		IJ = Injectable	
FP = Family planning		IP = Implant / Norplant	
IM = Immunizations		IUD = Intra-uterine Device	