**CAG GROUP MEMBERSHIP REGISTER**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic Name:** |  | **CAG Group Number:** |  | **CAG Supervisor Staff ID Number:** |  | **CAG Leader****Name:** |  |
| **CAG Leader****Mobile Number:** |  |
|  |
| **ART ID** | **First Name** | **Surname** | **Sex****(M/F)** | **DOB****(DD/MM/YY)** | **Mobile Number 1** | **Mobile Number 2** | **Date joined CAG****(DD/MM/YY)** | **Scheduled clinic visit 1****(DD/MM/YY)** | **Scheduled clinic visit 2****(DD/MM/YY)** | **Date permanently left CAG1****(DD/MM/YY)** |
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1If patient permanently leaves CAG, fill out Event Form

**CAG MEETING ATTENDANCE REGISTER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Clinic Name:** |  | **CAG Group Number:** |  | **Date of CAG Meeting****(DD/MM/YY):** | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_**  |
| **CAG Meeting Place:** |  |
|  | **TO BE COMPLETED BY CAG SUPERVISOR** |
| **ART ID** | **First Name** | **Surname** | **Attended (Y/N)** | **Signature (Initials)** | **Pregnant (Y/N)** | **Feel ill?****(Y/N)** | ***IF YOU FEEL ILL, have you been experiencing any of the following in the last two weeks?*** | **Received meds (Y/N)** | **Signature****(Initials)** | **Referred to clinic (Y/N)****(If yes, complete event form)** |
| **Fever (Y/N)** | **Night****sweats (Y/N)** | **Weight loss (Y/N)** | **Cough (Y/N)** | **Severe headache****(Y/N)** | **Other (describe)** |
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CAG EVENT FORM

|  |  |
| --- | --- |
| 1. Today’s Date (D­D/MM/YY) | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  |
| 2. Clinic Name  |  |
| 3. CAG Supervisor Staff Name | ­­ |
| 4. CAG Group Number |  |
| 5. Date Event Reported to Lay HCW (D­D/MM/YY) | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ |
| 6. Does this event involve only one member of the group? | ☐ Yes, Involves only one member. List ART ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ No, Involves more than one member. *Go to “CAG Group Dispute” option below*  |
| 7. Indicate the EVENT of concern and the ACTION(s) taken below (REMEMBER: Only **one** event per form) |

***EVENT ACTION(s) TAKEN***

|  |  |
| --- | --- |
| ☐ CAG member ill but not hospitalized 🡪  | * Did you notify the HCW supervisor so patient can be seen in clinic? 🞏 Yes 🞏 No
 |
| ☐ CAG member hospitalized 🡪  | * Did you notify the HCW supervisor so clinic staff can be informed? 🞏 Yes 🞏 No
 |
| ☐ Rotating CAG member scheduled to pick up medicines for group did not show up for clinic visit 🡪  | * Was alternative medication pick-up for CAG group members arranged? 🞏 Yes 🞏 No
* Was the missing CAG member located? 🞏 Yes 🞏 No
* If missing CAG member was not located, did you notify the HCW supervisor so that their name can be given to clinic tracers? 🞏 Yes 🞏 No 🞏 Not applicable
 |
| ☐ Rotating CAG member picked up medicines but did not deliver medicines to the rest of the CAG group 🡪  | * Was alternative medication pick-up for CAG group members arranged? 🞏 Yes 🞏 No
* Was the missing CAG member located? 🞏 Yes 🞏 No
* If missing CAG member was not located, did you notify the HCW supervisor so that their name can be given to clinic tracers? 🞏 Yes 🞏 No 🞏 Not applicable
 |
| ☐ CAG member did not attend scheduled CAG meeting 🡪 \*Note: If multiple members did not show up to a meeting, fill out an event form for each missing member | * Did the CAG leader attempt to contact the missing CAG member? 🞏 Yes 🞏 No
* Was alternative medication pick-up for CAG member arranged? 🞏 Yes 🞏 No
* Was the missing CAG member located? 🞏 Yes 🞏 No
* If the missing CAG member was NOT located, did you notify the HCW Supervisor so that their name can be given to clinic tracers? 🞏 Yes 🞏 No 🞏 Not applicable
 |
| ☐ CAG member departing from CAG 🡪 | What is the reason for departure?🞏 No longer wants to be in a CAG (return to care at clinic)🞏 Asked to leave CAG because not following CAG rules 🞏 Transfer to another CAG🞏 Transfer to another clinic🞏 Pregnant🞏 Died 🞏 Lost to follow-up (patient cannot be located > 30 days after a missed CAG meeting or clinic visit)🞏 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ CAG group dispute 🡪 | How was (or will) the dispute be resolved?🞏 I have/will resolve issue with individual CAG members(s) in person🞏 I have/will arrange emergency CAG meeting with entire CAG🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ Other 🡪  | Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

PLEASE WRITE ANY ADDITIONAL NOTES/COMMENTS REGARDING THE EVENT ON THE BACK OF THIS FORM

***PAGE 2- BACK OF FORM***

INSTRUCTIONS FOR FILLING OUT THE CAG EVENT FORM:

1. A separate CAG event form should be filled for *each* event that has occurred
2. Begin by filling fields 1-5 with general details
3. Question 6 should only be marked “Involves more than one member” if the event was a CAG group dispute. All other events will be in relation to an individual member
4. When indicating the “Event” that took place tic only one “Event” box and answer ***ALL*** the questions relating to that Event in the “Action(s) Taken” box
5. If there are additional notes/comments write them below

NOTES/ COMMENTS:

|  |  |  |
| --- | --- | --- |
| **CAG Group 1****Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **CAG Group 2****Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **CAG Group 3****Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **CAG Group 4****Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **CAG Group 5****Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 | **CAG Group 6****Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**CAG ASSEMBLY WORKSHEET**