**CAG GROUP MEMBERSHIP REGISTER**

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| **Clinic Name:** |  | | **CAG Group Number:** | | |  | **CAG Supervisor Staff ID Number:** | | |  | | **CAG Leader**  **Name:** | |  | | |
| **CAG Leader**  **Mobile Number:** | |  | | |
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| **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**

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

**CAG ASSEMBLY WORKSHEET**