

Accompagnateur supervision at Inshuti Mu Buzima, Rwanda

Accompagnateur name: _____ Date of visit: ___/___/___

Address: _____ Number of patients supervised: _____

Patient 1:

Group: _____ Address: _____

Travel distance between *accompagnateur* and patient: _____ km

Treatment card filled out completely? Yes No

Person responsible for keeping the medications: *Accompagnateur* Patient

Number of pills with the *accompagnateur* / number of pills required to be with *accompagnateur*: _____/_____

Consistent schedule followed for taking medications?: Morning _____ Evening _____

Problems, comments, and suggestions: _____

Patient 2:

Group: _____ Address: _____

Travel distance between *accompagnateur* and patient: _____ km

Treatment card filled out completely? Yes No

Person responsible for keeping the medications: *Accompagnateur* Patient

Number of pills with the *accompagnateur* / number of pills required to be with *accompagnateur*: _____/_____

Consistent schedule followed for taking medications?: Morning _____ Evening _____

Problems, comments, and suggestions: _____

Patient 3:

Group: _____ Address: _____

Travel distance between *accompagnateur* and patient: _____ km

Treatment card filled out completely? Yes No

Person responsible for keeping the medications: *Accompagnateur* Patient

Number of pills with the *accompagnateur* / number of pills required to be with *accompagnateur*: _____/_____

Consistent schedule followed for taking medications?: Morning _____ Evening _____

Problems, comments, and suggestions: _____

Accompagnateur Leader signature and date: