

Accompagnateur supervision at Zanmi Lasante, Haiti

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Name of *Accompagnateur*: \_\_\_\_\_

Name of supervising *Accompagnateur* Leader: \_\_\_\_\_

Nature of visit:     First visit     Routine visit     Special visit: \_\_\_\_\_

**Medications:**

- The medications are at the patient's home
- The medications are at the *accompagnateur's* home
- Medications are missing
- Medications have not been well looked-after

**The *accompagnateur*:**

Number of patients followed: \_\_\_\_\_

Knows how to read and write:  yes     no

Understands the medication dosages:  yes     no, explain: \_\_\_\_\_

Has the *accompagnateur* filled out his/her patient forms?  yes     no

**Patient status:**

- Patient's health has improved?  yes     no (indicate reason(s)):
- Not taking the medications
  - Incorrect dosage
  - Malnourished
  - Lack of appetite
  - In pain
  - Housing problems
  - Financial problems
  - Problems with children's schooling
  - Other: \_\_\_\_\_

Comments and suggestions: \_\_\_\_\_

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Signature of *Accompagnateur* Leader: \_\_\_\_\_