

BHOMA HOUSEHOLD MONITORING TOOL

District:	CHW's Name:	Number of HH in Zone:
Health Facility:	CHW's Zone:	Date of Survey:

1. No Of HH Sampled:	2. Are you the head of this Household? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Sex of Respondent: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Does anyone in this HH know about BHOMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Has this HH Been visited by a BHOMA CHW in the last 4 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	6. Has BHOMA helped change your household's health seeking behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Average time a CHW spends at your house: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> N/A	8. Topics discussed with BHOMA CHW at last visit (tick all that apply)
				9. Comments:			
							<input type="checkbox"/> Malaria <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> STI <input type="checkbox"/> Pregnancy <input type="checkbox"/> Diarrhea <input type="checkbox"/> Child Health <input type="checkbox"/> BHOMA <input type="checkbox"/> Nutrition <input type="checkbox"/> Water/Sanitation <input type="checkbox"/> TB <input type="checkbox"/> Family Planning <input type="checkbox"/> Other <input type="checkbox"/> N/A

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Sampled by:

Signature: