

**QUALITY IMPROVEMENT & VERIFICATION CHECKLIST
FOR PROMOTER HOME VISIT TO CGV**

Use to evaluate: Promoter/CGV at home visits

Date: _____ Community: _____ CGV Name: _____

Evaluator Name: _____ Position: _____

#	Interview Skills	YES	NO
1	Did the CGV introduce themselves and provide a warm and friendly greeting?		
2	Did the CGV encourage the mother's partner or family members to participate?		
3	Did the CGV sit at the same level as the mother?		
4	Did the CGV speak slowly and clearly?		
5	Did the CGV encourage comments by providing eye contact, nodding, and/or smiling to show he/she was listening?		
6	Did the CGV give the mother time to answer questions?		
7	Did the CGV provide the mother with helpful feedback?		
8	Did the CGV respond to and educate the mother in a respectful way at all times?		
9	When leaving, did the CGV thank the mother for her time?		
#	Content	YES	NO
10	Did the CGV discuss with the mother any changes in the health of the children?		
11	<i>If a child was sick</i> , did the CGV refer the child if necessary?		
12	Did the CGV review the key points from the last Neighbor Group meeting?		
13	Did the CGV ask the mother about her experiences trying to practice the new behavior(s)?		
14	Did the CGV ask the mother to share any barriers she faced?		
15	Did the CGV help the mother to identify practical ways to overcome any barriers?		
16	Did the CGV and mother agree upon at least one doable action/solution she would try?		
17	Did the CGV set the date for a follow-up visit and remind the mother?		

Provide an overall evaluation of the CGV's performance in the space below. Include specific observations, including comments about content/educational messages.

How many YES ____

How many NO ____

Total number of questions ____

Score ____%

Signature of CGV

Signature of Evaluator