Appendix D Adverse Event Report Form for Lay Counselors for IDPs Project

Date	Code number of	Participant	If participant	Describe event in detail below					
	participant	elected to	dropped out of	(Attach additional paper if needed)					
		stay in the	study put date						
		study yes	of discontinuing						
		or no							
Land Carried and a standard									
Lay Counselor's signature Date									
Principle	investigators signature	 Date							

[Type here]			