

Adverse Event Report Form

Adverse Event Report Form for Lay Counselors for IDPs Project
(Name Camp)

| Date | Code number of participant | Participant elected to stay in the study yes or no | If participant dropped out of study put date of discontinuing | Describe event in detail below (Attach additional paper if needed) |
|------|----------------------------|--|---|---|
| | | | | |

Lay Counselor's signature

Date

Principle investigators signature

Date