SURVIVORS DATA COLLECTION INTAKE SUMMARY FORM

- a. Date of incident:
- b. Age of survivor:
- c. Location(s) of incident:
 - Survivor's house: Yes/No
 - Other's house: Yes/No
 - Place of Work: Yes/No/I don't know
 - Perpetrator's house: Yes/No/I don't know
 - On my way to work/ On the road: Yes/No/I don't know
 - Other location (please describe):
- d. Name of the city/town/village where the incident took place:
- e. Brief description of the incident:

- f. Perpetrator's Information: -
 - Number of perpetrator(s): -
 - If Yes, How
 - What is the gender: -
- g. Post Incident Information: -
 - What action did the survivor take after the incident?
 - a. Seek medical attention: Yes/No
 - b. Seek counselling: Yes/No
 - c. Report to the police: Yes/No
 - d. Seek legal redress: Yes/No
 - e. Protection/Safe space/Shelter: Yes/No
- h. If the survivor sought medical attention for the incident:
 - a. Did they become HIV positive due to the incident? Yes/No/I don't know
 - b. Did you get pregnant due to the incident? Yes/No/I don't know
 - c. Did you contract any STI's due to the incident? Yes/No/I don't know
 - d. Were you physically injured due to the incident? Yes/No/I don't know
- i. Was the survivor referred to the WKF? Yes/No If YES: Client's Ref. No:

Time of incident: Sex:

Do you know the perpetrator(s): -

Yes/No/I don't know

Age of the perpetrator: -