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| Date of receiving the feedback: | Volunteer 1: M / F  Volunteer code: | Volunteer 2: M / F  Volunteer code: | INTRODUCTION  1. **Introduce yourself and your organization** 2. **Explain the purpose of your conversation and/or the purpose of recording the feedback, how this feedback is going to be used and who it will be shared with.** 3. **Explain that this information will be treated confidentially.** 4. **Ask for consent to share the feedback, and for this information to be written down. Only write answers if it is clear that the person understands and gives informed consent.** 5. **Reread the written feedback to confirm with the person that it is accurately transcribed** |
| District/State/Region/City: | | |
| Village/town: | | |
| Feedback channel: | | |

***Record each feedback comment in the words it was shared, and the language it was shared in. If it is shared during a group conversation, only record it once if the same comment is shared several times.***

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| **Age**  *1: Under 12 years*  *2: 13-17 yrs old*  *3: 18-59 yrs old*  *4:60 yrs and above*  *5: preferred not to indicate*  *6: mixed group*  *7: unknown* | **Sex**  *1: Female*  *2: Male*  *3: preferred not to indicate*  *4: mixed group*  *5: unknown* | **Diversity**  *1: Physical or mental Disability*  *2: Underling illness*  *2: Ethnic/religious minority*  *3: Pregnant or lactating woman*  *4: preferred not to indicate*  *5: mixed group*  *6: unknown* | **Language**  *1: Language 1*  *2: Language 2*  *3: Language 3* | **Feedback comment** | **Type of feedback**  *1: Questions*  *2: Suggestions or requests*  *3: Observations, beliefs, perceptions*  *4: Encouragement and praise*  *5: Reports of concerns or incidents*  *6: Incomplete feedback* | **Criticality**  *1: Urgent action required*  *2: Action required*  *3: No immediate action required*  *4: to be clarified* | **Name and contact details** *(OPTIONAL & only if follow-up needed and consent provided)* | **Action taken** |
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