APPENDIX - D

List of Woman Users

City : _____ Department : _____

Hospital : _____

No.	OPD / Ward No. / Name	Name	Age	Case No. / EPR No. & Date	OPD / In-patient	Nature of Injury / Health Problem	Ability to participate in the study Y/N	Willingness to Participant Y/N	Whether Interviewed Y/N	Remarks
1										
2										
3										
4										
5										
6										