ANNEX 3: Monthly Reporting Form for ENTREPOSE Facilitators  
(The form should be filled for each group batch.)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Facilitator’s Name: |  | | Designation: | |  | | |
| Group Batch: | Group ID: | No of Patients: | | Covering Month (MM/YY): |  | Facility: |  |

|  | **Data**  **(MM/DD/YY)** | **Co-facilitator** | **Session** | | **Number in the Group** |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Topic** |
| 1. **Program Orientation** | | | | | |
|  |  |  |  |  |  |
| 1. **CBT Session** | | | | | |
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| 1. **CBT-E Session** | | | | | |
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| 1. **PE Session** | | | | | |
|  |  |  |  |  | *Patients*  *Family* |
|  |  |  |  |  | *Patients*  *Family* |
|  |  |  |  |  | *Patients*  *Family* |
| 1. **SHGM Session** (list up sessions that you supervised) | | | | | |
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*Signature of Facilitator: Date:*