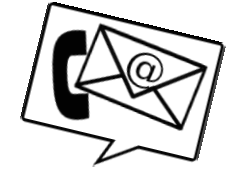




YOUR DIARY OF THE CONTACT YOU HAVE WITH OTHER PEOPLE



- This diary is for you to record the different types of contact you have with other people.
- Please record interactions that you have for the week from **Monday 11th September to Sunday 17th September**.
- There are **3 parts** to this diary – please fill in each part.
 - **Part 1** is a ‘**Summary of your week**’ sheet for you to fill in for each day of the week – this can be found over the page on Page 2. Please fill this in at the end of each day to say how you felt on the day.
 - **Part 2** is a ‘**Social Media, Text and Email Diary**’ which is on page 3 & 4 – for this please record all interactions you have regardless of length. If you don’t use any of these, just tick the box at the top. If you do - please **record all interactions you have each day using social media** (Facebook, Twitter, Snapchat, WhatsApp etc), **email** and **text**. This just asks you the number of each one you had that day.
 - **Part 3** is for any **face-to-face or telephone conversation** that you have, that lasts for over 2 minutes. Please fill this in each day.
- **There are examples** that explain how you should fill in your diary for each part.
- Please try to keep your diary safe and in a place where you will remember to fill it in – some people put it in their kitchen or next to the phone.
- If you have any **queries about the project**, or about the details to record, please telephone our customer service team on **01482 467467** (Freephone 0800 6440245) or send an email to us at mha@ibyd.com.
- We would like to **collect the contents** of your diary from you in the week commencing 18th September. To do this you can:
 - pull out the diary sheets and put them in the post in the freepost envelope supplied with this pack.
 - read them out to a member of our customer service team over the phone – we will call you after the 18th September.
 - submit the details you’ve collected online by clicking on the links in the email (please contact us if you don’t have this).
 - send them by email (either a scan or notes in an email) to mha@ibyd.com.

Part 1 – Summary of your week

Example

Day and date	Please write 2 or 3 words to describe your day	How did you feel today? Tick one box
Monday, 11 th September	<i>Busy, productive</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Your week

Day and date	Please write 2 or 3 words to describe your day	How did you feel today? Tick one box
Monday, 11 th September		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tuesday, 12 th September		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wednesday, 13 th September		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Thursday, 14 th September		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Friday, 15 th September		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Saturday, 16 th September		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sunday, 17 th September		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Contact Permission

MHA would like to contact selected people to ask a few more questions about social interaction.
Would you be willing for your contact details to be passed on to MHA for this purpose?

Yes ☐

No ☐

Part 2 – Social Media, text and email diary

Example

Day and date	Platform	Number of interactions	Who was the interaction with?	What was the interaction about?
Monday, 11 th September	Text	21	10 Friends, 11 Work	Friends - meal out - Work - client
	Email	20	Work colleagues	Work
	Facebook	11	Friends	General chat/comments
	Twitter			
	Snapchat	4	Friends	Friend's wedding pics
	WhatsApp			
	Other: <i>LinkedIn</i>	1	Client	Work

If you don't use any social media, email or text just tick this box and fill in Part 3 ☐

If you do – please fill in one line below every day of the week.

Your week

Day and date	Platform	Number of interactions	Who was the interaction with?	What was the interaction about?
Monday, 11 th September	Text			
	Email			
	Facebook			
	Twitter			
	Snapchat			
	WhatsApp			
	Other:			
Tuesday, 12 th September	Text			
	Email			
	Facebook			
	Twitter			
	Snapchat			
	WhatsApp			
	Other:			

Wednesday, 13 th September	Text			
	Email			
	Facebook			
	Twitter			
	Snapchat			
	WhatsApp			
	Other:			
Thursday, 13 th September	Text			
	Email			
	Facebook			
	Twitter			
	Snapchat			
	WhatsApp			
	Other:			
Friday, 14 th September	Text			
	Email			
	Facebook			
	Twitter			
	Snapchat			
	WhatsApp			
	Other:			
Saturday, 15 th September	Text			
	Email			
	Facebook			
	Twitter			
	Snapchat			
	WhatsApp			
	Other:			
Sunday, 16 th September	Text			
	Email			
	Facebook			
	Twitter			
	Snapchat			
	WhatsApp			
	Other:			

That's it for social media, text and email – don't forget to fill in Part 3 over the page!

Part 3 – Example Diary Sheet (see below for sheets)

Below is an example of how to fill in your diary. The example shows someone who called their Mum on Monday 11th September to discuss what to get their Dad for his birthday and they talk for 10 minutes. Later that day, their neighbour, Jane, came around for a cup of tea and they chat for an hour. The next day (Tuesday 12th September), they call their friend Kevin using Skype to speak with him about his recent holiday to Cornwall which takes around 30 minutes.

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input checked="" type="checkbox"/>	<i>Mum</i>	Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>	<i>Birthday present for Dad</i>	<i>10 minutes</i>
Tuesday, 12 th September <input type="checkbox"/>		Relative <input checked="" type="checkbox"/>	Phone <input checked="" type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>					
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input checked="" type="checkbox"/>	<i>Jane</i>	Member of household <input type="checkbox"/>	Face-to-face <input checked="" type="checkbox"/>	<i>General chat</i>	<i>20 minutes</i>
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input checked="" type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>					
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>	<i>Kevin</i>	Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>	<i>Talking about his trip to Cornwall</i>	<i>30 minutes</i>
Tuesday, 12 th September <input checked="" type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input checked="" type="checkbox"/>	Other (<i>say what</i>) <input checked="" type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>	<i>Skype</i>		
Saturday, 16 th September <input type="checkbox"/>					
Sunday, 17 th September <input type="checkbox"/>					

Part 3 – Diary Sheets

Please fill in **one line for each of your interactions** on the sheets below. Tick the day, write who the interaction was with, what the interaction was about, the type of contact, and then fill in what the interaction was about, and for how long in minutes.

If you have access to the **internet**, you can **download** more sheets from our website if you need them – www.ibyd.com/mha

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>		Other:			
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>		Other:			
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>		Other:			

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Day and date of interaction <i>Tick one box</i>	Who was the interaction with?	What is their relationship to you? <i>Tick one box</i>	Type of contact <i>Tick one box</i>	What was the interaction about?	How long was the interaction in minutes?
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					
Monday, 11 th September <input type="checkbox"/>		Member of household <input type="checkbox"/>	Face-to-face <input type="checkbox"/>		
Tuesday, 12 th September <input type="checkbox"/>		Relative <input type="checkbox"/>	Phone <input type="checkbox"/>		
Wednesday, 13 th September <input type="checkbox"/>		Friend <input type="checkbox"/>	Other (<i>say what</i>) <input type="checkbox"/>		
Thursday, 14 th September <input type="checkbox"/>		Neighbour <input type="checkbox"/>	Other:		
Friday, 15 th September <input type="checkbox"/>		Other <input type="checkbox"/>			
Saturday, 16 th September <input type="checkbox"/>		Other:			
Sunday, 17 th September <input type="checkbox"/>					

Thank you! When you have finished, please look at the front for how to return this to us – by post, phone, email or online.

Remember, you can download more sheets from our website if you need them – www.ibyd.com/mha