**Qquestionnaire used for collection of ethnomedicinal informations**

**Informant detail:**

Name:\_\_\_\_\_\_\_\_\_\_, Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Education level:\_\_\_\_\_\_\_\_\_ Profession:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Tribe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long you are living in the area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informants consent for the participation in the study:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give my full consent and conscious to participate in this study and declare that to the best of my Knowledge the information that i have provided are true, accurate and complete.

Signature/Thumb impression of informants:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnomedicinal information:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Botanical Name** | **Local Name** | | **Life form** |  | **Medicinal Uses** | | | |
|  | **Uses** | **Part used** | **Recipes** | **Mode of administration** |
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