Disability Prevention and Rehabilitation Program Details of the Use of Assistive Devices

This form is prepared for the evaluation of the use of assistive devices. The status of the use of assistive devices must be evaluated by the CBR facilitator at least every three months after the distribution of the assistive devices.

1. Name:2. District:3. Municipality:4. Ward No.:5. Age:6. Gender:

S.No	Date of Assistive	Name of	Details of Counseling Provided	Date of	Status of Use	Current Condition of Assistive	Remarks
	Device Provided	Assistive Device	for the Use of Assistive Device	Evaluation for	(Always,	Device (Good, Damaged but	
				Use of Assistive	Sometimes, Never	Repairable or Completely	
				Device	Used)	Damaged) in Detail	