

4d Story form

Name of storytell M/ F	er:			ld no	Age:	Gender:
Type of disability	:					Date
		/:l: : t	iour/ FOD			
Event when story Document story	•	-	•			•••••
eg. I was going to	•	-		-	•	y family
My story is about	t: (you c	an pick mo	re than on	e)		
Health Educa	tion L	ivelihood	Social	Empowerment	Ė	
My story: ☐ happened by happened by happened by lf this is a story all	without	the involve	ment of th	e CBR program		likely to be
temporary or perr				-		-
How long do you This (positive) cha	ange is r	not going to	last Th		nge seems ∣ ©	permanent
<u></u>			<u> </u>			
If this is a story al temporary or perr		inly negati v	ve change	, ask the story-to	eller if this is	s likely to be
How long do you		_	_			
This (negative) ch	ange is	not going t	o last Ih	is (negative) cha	ınge seems	permanent