Form 1

National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)

Reporting format for Sub Centre/ HWC

Name of the Sub-centre_____ PHC_____ Block_____ District_____ State_____

Month_____ Year_____ PBS Yes/ No_____ Population_____ Persons screened in previous month_____
Outreach Yes/ No_____ Eligible Population_____ Cumulative number of persons screened_____

No. of CBAC filled up out of eligible population: (For the month) Male_____ Female _____ Total_____

No. of CBAC filled up out of eligible population: (Cumulative since April) Male Male_____ Female _____ Total_____

Part A : Screening for HTN and Diabetes

Source Of Data	Total NCD Checkups Done			No. of new persons Suspected for DM and refered for Confirmation			No. of new persons Suspected for HTN and refered for Confirmation			No. of new persons Suspected for HTN+DM (both) and refered for Confirmation			No. of disgnosed cases of DM on Follow-up			No. of diagnosed cases of HTN on Follow-up			No. of diagnosed cases of HTN+DM (both) on Follow-up		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Village01																					
Village02																					
Village03																					
Village04																					
Village05																					
Village06																					
Village07																					
Data from PBS																					
Data from Non-PBS (outreach+Oppertunistic)																					
Overall Total																					

PART B: Screening for Common Cancers

Source of Data	No. of persons screened for			No. of persons suspected with Cancer and refered to PHC/ CHC/ other GH								No. of diagnosed Cancer cases on follow up							
				Oral					Other cancer			Oral					Other cancer		
	Male	Female	Total	Male	Female	Total	Breast	Cervical	Male	Female	Total	Male	Female	Total	Breast	Cervical	Male	Female	Total
Village01																			
Village02																			
Village03																			
Village04																			
Village05																			
Village06																			
Village07																			
Data from PBS																			
Data from Non-PBS (outreach+Oppertunistic)																			
Overall Total																			

Signature_____
Name and Designation_____
Date of reporting_____
*The Report should be filled by CHO/ ANM of HWC/ Sub centre and submit to MO PHC in monthly PHC meeting

Form 2A

National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)

Reporting format for Primary Health Centre (PHC) OPD

Name and Address of the PHC _____ CHC_____ District_____ State_____

Month_____ Year_____

Implementing PBS - Yes/ No

Indicator		During the Reporting Month			Cumulative since April during current Financial year			
		Male	Female	Total	Male	Female	Total	
I. Common NCDS under NPCDCS								Total no. of new and old patients attending NCD clinic
1. No. of persons attended NCD Clinics (New and follow up)								
2. No. of Newly diagnosed with	A. Diabetes Only							Total no. of new patients who attended NCD clinic and diagnosed with any of the listed disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
3. Total No. of Persons Suspected and refered for diagnosis	A. Diabetes Only							Total no. of new patients out of clinic attaendence suspected and referred for NCD diagnosis to higher tier facility
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
4. No of new patients initiated on treatment	A. Diabetes Only							Total no. of new patients initiated on treatment at NCD Clinic after diagnosis with any of the listed disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
5. No. of Patients on follow up	A. Diabetes Only							Total no. of old patients visiting NCD clinic for follow up for any of thelisted disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
6. No.of person referred to CHC/DH/Higher centre	A. Diabetes Only							Total no. of new patients diagnosed and referred for management to higher tier facility
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
7. No. of persons counselled for health promotion & prevention of NCDs								
II. Co-morbidities								
1. Among all confirmed Diabetic patients [New (2A+2C) & Follow up (5A+5C)]	A. No. of known TB cases on ATT							
	B. No. screened for TBSymptoms							
	C. No. suspected for TB & refered to DMC/ PI							

Signature_____
Name and Designation_____
Date of reporting_____

**This report should be generated from PHC OPD screening data.*
**This report should be verified and signed by Medical Officer*
**This report should be submit to Block HQ in monthly block meeting*

Form 2B

National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)

Reporting format for Primary Health Centre (PHC) OPD

Name of PHC_____ Block/ Taluk/ Mandal/ Zone_____ District_____ State_____

Month_____ Year _____ Population_____ Persons screened in previous month _____

Eligible population_____ Cumulative number of persons screened_____

Total No. of SC in the Block_____ PBS_SC Non_PBS_SC No. of PBS SC reported_____ No. of Non-PBS SC reported

No. of CBAC filled up out of eligible population: (For the month) Male _____ Female_____ Total_____

No. of CBAC filled up out of eligible population: (Cumulative since January) Male_____ Female_____ Total_____

Part A : Screening for HTN and Diabetes

Source Of Data	Total NCD Checkups Done			No. of new persons Suspected for DM and refered for			No. of new persons Suspected for HTN and refered for			No. of new persons Suspected for HTN+DM (both) and refered for			No. of disgnosed cases of DM on Follow-up			No. of diagnosed cases of HTN on Follow-up			No. of diagnosed cases of HTN+DM (both) on Follow-up		
				Confirmation			Confirmation			Confirmation												
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
SC01																					
SC02																					
SC03																					
SC04																					
SC05																					
SC06																					
SC07																					
Data from PBS																					
Data from Non-PBS																					
Overall Total																					

PART B1: Screening for Common Cancers

Source of Data	No. of persons screened for Cancers			No. of persons suspected with Cancer and refered to PHC/ CHC/								No. of diagnosed Cancer cases on follow up							
				Oral				Cervic a l	Other cancer			Oral					Other cancer		
	Male	Female	Total	Male	Female	Total	Breast		Male	Female	Total	Male	Female	Total	Breast	Cervical	Male	Female	Total
SC01																			
SC02																			
SC03																			
SC04																			
SC05																			
SC06																			
SC07																			
Data from PBS																			
Data from Non-PBS																			
Overall Total																			

Part B2: Screening for other NCDs

	No. of persons suspected and refered to PHC/ CHC/ GH											
	Stroke		CVD		COPD		CKD		NAFLD		STEMI	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total												

Signature_____

Name and Designation_____

Date of reporting_____

**This report should be generated from PHC OPD screening data.*

**This report should be verified and signed by Medical Officer*

**This report should be submit to Block HQ in monthly block meeting*

Form 3A

National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)

Reporting format for Primary Health Centre (CHC/CH) NCD Clinic

Name and Address of the SDH / CHC _____ Block/Taluk_____ District_____ State_____

Month_____Year_____

Indicator		During the Reporting Month			Cumulative since April during current Financial year			
		Male	Female	Total	Male	Female	Total	
I. Common NCDS under NPCDCS								Total no. of new and old patients attending NCD clinic
1. No. of persons attended NCD Clinics (New and follow up)								
2. No. of Newly diagnosed with	A. Diabetes Only							Total no. of new patients who attended NCD clinic and diagnosed with any of the listed disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
3. Total No. of Persons Suspected and refered for diagnosis	A. Diabetes Only							Total no. of new patients out of clinic attaendence suspected and referred for NCD diagnosis to higher tier facility
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
4. No of new patients initiated on treatment	A. Diabetes Only							Total no. of new patients initiated on treatment at NCD Clinic after diagnosis with any of the listed disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
5. No. of Patients on follow up	A. Diabetes Only							Total no. of old patients visiting NCD clinic for follow up for any of thelisted disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
6. No.of person referred to CHC/DH/Higher centre	A. Diabetes Only							Total no. of new patients diagnosed and referred for management to higher tier facility
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
7. No. of persons counselled for health promotion & prevention of NCDs								
II. Co-morbidities								
1. Among all confirmed Diabetic patients [New (2A+2C) & Follow up (5A+5C)]	A. No. of known TB cases on ATT							
	B. No. screened for TBSymptoms							
	C. No. suspected for TB & refered to DMC/ PI							

Signature_____
Name and Designation_____
Date of reporting_____

**This report should be verified and signed by incharge of CHC/CH*
**This report should be submit to DPO NP-NCD in monthly district meeting*

Form 3B

National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)

Reporting format for Block compilation

Name and Address_____ Block/ Taluk/ Mandal/ Zone_____ District_____ State_____

Month_____ Year _____ Population_____ Persons screened in previous month _____

Eligible population_____ Cumulative number of persons screened_____

Total No. of PHC in the Block_____ Total No. Of PHCs reported_____

Total No. of CHC in the Block_____ Total No. Of CHCs reported_____

Total No. of SC in the Block_____ PBS_SC Non_PBS_SC No. of PBS SC reported_____ No. of Non-PBS SC reported

No. of CBAC filled up out of eligible population: (For the month) Male _____ Female_____ Total_____

No. of CBAC filled up out of eligible population: (Cumulative since January) Male_____ Female_____ Total_____

Part A : Screening for HTN and Diabetes

Source Of Data	Total NCD Checkups Done			No. of new persons Suspected for DM and refered for			No. of new persons Suspected for HTN and refered for			No. of new persons Suspected for HTN+DM (both) and refered for			No. of disgnosed cases of DM on Follow-up			No. of diagnosed cases of HTN on Follow-up			No. of diagnosed cases of HTN+DM (both) on Follow-up		
				Confirmation			Confirmation			Confirmation												
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
SC01																					
SC02																					
SC03																					
SC04																					
SC05																					
SC06																					
SC07																					
Data from PBS																					
Data from Non-PBS																					
Overall Total																					

PART B1: Screening for Common Cancers

Source of Data	No. of persons screened for Cancers			No. of persons suspected with Cancer and refered to PHC/ CHC/								No. of diagnosed Cancer cases on follow up							
				Oral				Cervical	Other cancer			Oral					Other cancer		
	Male	Female	Total	Male	Female	Total	Breast		Male	Female	Total	Male	Female	Total	Breast	Cervical	Male	Female	Total
SC01																			
SC02																			
SC03																			
SC04																			
SC05																			
SC06																			
SC07																			
Data from PBS																			
Data from Non-PBS																			
Overall Total																			

Part B2: Screening for other NCDs

	No. of persons suspected and refered to PHC/ CHC/ GH											
	Stroke		CVD		COPD		CKD		NAFLD		STEMI	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total												

Signature_____

Name and Designation_____

Date of reporting_____

**This report should be verified and signed by BMO*

**This report should be submit to DPO NP-NCD in monthly district meeting*

Form 4

National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)

Reporting format for District NCD Clinic (DH/SSH)

Name of Health Facility where located :_____ District_____ State_____

Month_____Year_____

Indicator		During the Reporting Month			Cumulative since April during current Financial year			
		Male	Female	Total	Male	Female	Total	
I. Common NCDS under NPCDCS								
1. No. of persons attended NCD Clinics (New and follow up)								Total no. of new and old patients attending NCD clinic
2. No. of Newly diagnosed with	A. Diabetes Only							Total no. of new patients who attended NCD clinic and diagnosed with any of the listed disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
3. Total No. of Persons Suspected and refered for	A. Diabetes Only							Total no. of new patients suspected and referred for NCD diagnosis to higher tier facility
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
4. No of new patients initiated on treatment	A. Diabetes Only							Total no. of new patients initiated on treatment at NCD Clinic after confirmed diagnosis with any of the listed disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
5. No. of Patients on follow up	A. Diabetes Only							Total no. of old patients visiting NCD clinic for follow up for any of thelisted disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
6. No.of person referred to Tertiary hospital/TCCC	A. Diabetes Only							Total no. of new and old patients who visited NCD clinic and referred to Tertiary care centres for management of any of the listed disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
7. No. of Patients treated at CCU	A. CVDs							Total no. of new and old cases treated at CCUs for any of the listed disease.
	B. Stroke							
8. No of cancer patients attended in Day Care facility								
9. No. of persons counselled for health promotion & prevention of NCDs								
10. No. of patients underwent Physiotherapy								
II. Co-morbidities								
1. Among all confirmed Diabetic patients [New (2A+2C) & Follow up (5A+5C)]	A. No. of known TB cases on ATT							
	B. No. screened for TB Symptoms							
	C. No. suspected for TB & refered to DMC/ PI							

Signature_____

Name and Designation_____

Date of reporting_____

**This report should be verified and signed by DEO/SN of Nirog Clinic*

**This report should be submit to DPO NP-NCD in monthly district meeting*

Form 5A

National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)

Reporting format for District NCD Cell

District_____ State_____

Month_____ Year_____

Indicator		During the Reporting Month			Cumulative since April during current Financial year			SOP for Data Entry
		Male	Female	Total	Male	Female	Total	
I. Common NCDS under NPCDCS								
1. No. of persons attended NCD Clinics (New and follow up)								Total no. of new and old patients attending NCD clinic
2. No. of Newly diagnosed with	A. Diabetes Only							Total no. of new patients who attended NCD clinic and diagnosed with any of the listed disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
3. Total No. of Persons Suspected and refered for	A. Diabetes Only							Total no. of new patients suspected and referred for NCD diagnosis & management to higher tier facility
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
4. No of new patients initiated on treatment	A. Diabetes Only							Total no. of new patients initiated on treatment at NCD Clinic after confirmed diagnosis with any of the listed disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
5. No. of Patients on follow up	A. Diabetes Only							Total no. of old patients visiting NCD clinic for follow up for any of thelisted disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
6. No.of person referred to Tertiary hospital/TCCC	A. Diabetes Only							Total no. of new and old patients who visited NCD clinic and referred to Tertiary care centres for management of any of the listed disease
	B.Hypertension Only							
	C. HTN & DM							
	D. CVDs							
	E. Stroke							
	F. STEMI							
	G. COPD							
	H. CKD							
	I.NAFLD							
	J.Oral Cancer							
	K. Breast cancer							
	L. Cervical cancer							
	M. Other cancers							
7. No. of Patients treated at CCU	A. CVDs							Total no. of new and old cases treated at CCUs for any of the listed disease.
	B. Stroke							
8. No of cancer patients attended in Day Care facility								
9. No. of persons counselled for health promotion & prevention of NCDs								
10. No. of patients underwent Physiotherapy								
II. Co-morbidities								
1. Among all confirmed Diabetic patients [New (2A+2C) & Follow up (5A+5C)]	A. No. of known TB cases on ATT							
	B. No. screened for TB Symptoms							
	C. No. suspected for TB & refered to DMC/ PI							

Signature_____

Name and Designation_____

Date of reporting_____

**This report should be verified and signed by DPO NP-NCD.*

**This report should be sent to State NCD Cell within one weak of district meeting*

Form 5B

National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS) Reporting format for District NCD Cell

Name and Address of the District NCD Cell_____ District_____ State_____

Month_____ Year_____

Total No. of PHC in the District_____ Total No. Of PHCs reported_____ Population_____ Male_____ Female_____ Persons screened in previous month_____

Total No. of CHC in the District_____ Total No. Of CHCs reported_____ Eligible population _____ Cumulative number of persons screened_____

Total No. of SC in the District_____ PBS_SC Non_PBS_SC No. of PBS SC reported_____ No. of Non-PBS SC reported_____

No. of CBAC filled up out of eligible population: (For the month) Male_____ Female_____

No. of CBAC filled up out of eligible population: (Cumulative since January) Male_____ Female_____ Total

Part A : Screening for HTN and Diabetes

Source Of Data	Total NCD Checkups Done			No. of new persons Suspected for DM and refered for Confirmation			No. of new persons Suspected for HTN and refered for Confirmation			No. of new persons Suspected for HTN+DM (both) and refered for Confirmation			No. of disgnosed cases of DM on Follow-up			No. of diagnosed cases of HTN on Follow-up			No. of diagnosed cases of HTN+DM (both) on Follow-up		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Block01																					
Block02																					
Block03																					
Block04																					
Block05																					
Block06																					
Block07																					
Data from PBS																					
Data from Non-PBS (outreach+Opportunistic)																					
Overall Total																					

PART B1: Screening for Common Cancers																				
Source of Data	No. of persons screened			No. of persons suspected with Cancer and refered to PHC/ CHC/									No. of diagnosed Cancer cases on follow up							
	Cancers			Oral			Breast	Cervical	Other cancer			Oral			Breast	Cervical	Other cancer		
	Male	Female	Total	Male	Femal	Total			Male	Female	Total	Male	Female	Total			Male	Female	Total
Block01																			
Block02																			
Block03																			
Block04																			
Block05																			
Block06																			
Block07																			
Data from PBS																			
Data from Non-PBS (outreach+Opportunistic)																			
Overall Total																			

Part B2: Screening for other NCDs												
	No. of persons suspected and refered to PHC/ CHC/ GH											
	Stroke		CVD		COPD		CKD		NAFLD		STEMI	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total												

Signature_____

Name and Designation_____

Date of reporting_____

**This report should be verified and signed by DPO NP-NCD.*

**This report should be sent to State NCD Cell within one weak of district meeting*