

# National Iodine Deficiency Disorders Control Programme (NIDDCP) - Quarterly Physical Progress Report:

Name of the State:

Quarter ending:

S.No	Activity	Month of	Month of	Month of	Total	%	Remarks
1	<b>Salt Testing/ analysis</b>						
A	<b>Test Kit Method</b> No. of salt samples tested						
	Adequately Iodized						
	Inadequately Iodized						
	Nil Iodine						
B	<b>Volumetric Method</b> No. of salt samples analysed						
	15 PPM & above						
	Less than 15 PPM						
	Nil Iodine						
2	<b>Urine analysis</b> No. of Urine samples analysed						
	Iodine excretion above 100 µg/L						
	Iodine excretion between 50-99 µg/L						
	Iodine excretion between 20-50 µg/L						
	Iodine excretion less than 20 µg/L						
4	<b>Survey/Resurvey ( No. of districts)</b> Total Goitre Rate (TGR)						
5	<b>Health Education Activities</b> Including Global IDD Prevention Day activities						
6	<b>Any other significant activity</b>						

### Monthly Report of NIDDCP by States/UTs

1. Name of the State/UT:
2. Name of DHS:  
Address:  
Telephone No. and E-mail ID:
3. Name of the State Programme Officer:  
Address:  
Telephone No. and E-mail ID:
4. Whether the IDD Control Cell and IDD Monitoring Laboratory have been set up or not, and the current status of:  
Manpower:  
Nature of Appointment and remuneration:
5. Whether the State Level Coordination Committee has been set up to review the progress made under the programme. If so, when the programme was last reviewed, a copy of the constitution of Committee may be sent it earlier:
6. Whether a plan for conducting surveys in the unsurveyed districts has been drawn up. If so, the present position:
7. Magnitude of the problem (result of the surveys):
8. Health Education activities carried out in the State. A photocopy of the material to be furnished, if not sent earlier:
9. Number of iodated salt samples analyzed and outcome:  
Laboratory Level Quantitative Test (Titration Method)


Community/Household Level Qualitative Test (Salt Testing Kit)


10. Number of Urine Samples analyzed for iodine excretion and outcome:


11. Whether training programme organized. If so, the details thereof:
12. Expenditure incurred during month:
13. Progressive expenditure:
14. Any other relevant information: