

Community Based Assessment Checklist (CBAC) Form for Early Detection of NCDs and Tuberculosis (TB)

General Information	
Name of ASHA	Village
Name of MPW/ANM	Sub Centre
PHC	Date
Personal Details	
Name	Any Identifier (Aadhar Card, UID, Voter ID)
Age	State Health Insurance Schemes: (Y/N) _____
Sex	Telephone No.
Address	

Part A: Risk Assessment				
Question	Range		Circle Any	Write Score
1. What is your age? (in complete years)	30-39 years		0	
	40-49 years		1	
	≥ 50 years		2	
2. Do you smoke or consume smokeless products such as gutka or khaini?	Never		0	
	Used to consume in the past/ Sometimes now		1	
	Daily		2	
3. Do you consume alcohol daily	No		0	
	Yes		1	
4. Measurement of waist (in cm)	Female	Male		
	80 cm or less	90 cm or less	0	
	81-90 cm	91-100 cm	1	
	More than 90 cm	More than 100 cm	2	
5. Do you undertake any physical activities for minimum of 150 minutes in a week?	At least 150 minutes in a week		0	
	Less than 150 minutes in a week		1	
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No		0	
	Yes		2	
Total Score				
A score above 4 indicates that the person may be at risk for these NCDs and needs to be prioritized for attending the weekly NCD day				

Part B: Early Detection: Ask if Patient has any of these Symptoms			
B1: Women and Men	Yes/No		Yes/No
Shortness of breath		History of fits	
Coughing more than 2 weeks*		Difficulty in opening mouth	
Blood in sputum*		Ulcers/patch/growth in mouth that has not healed in two weeks	
Fever for > 2 weeks*		Any change in the tone of your voice	
Loss of weight*		Any patch or discoloration on skin	
Night Sweats*		Difficulty in holding objects with fingers	
Are you currently taking anti-TB drugs**		Loss of sensation for Cold/Hot objects in in palm or sole	
Anyone in family currently suffering from TB**			
History of TB *			
B2: Women only	Yes/No		Yes/No
Lump in the breast		Bleeding after menopause	
Blood stained discharge from the nipple		Bleeding after intercourse	
Change in shape and size of breast		Foul smelling vaginal discharge	
Bleeding between periods			
<i>In case of individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available</i>			
<i>*If the response is Yes- action suggested: Sputum sample collection and transport to nearest TB testing center</i>			
<i>** If the answer is yes, tracing of all family members to be done by ANM/MPW</i>			

Part C: Circle all that Apply
Type of Fuel used for cooking – Firewood/Crop Residue/ Cow dung cake/Coal/Kerosene
Occupational exposure – Crop residue burning/burning of garbage – leaves/working in industries with smoke, gas and dust exposure such as brick kilns and glass factories etc.