

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

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				
<i>Question</i>	<i>Range</i>	<i>Circle Any</i>	<i>Write Score</i>	
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 hypopigmented patch(es) or discoloured lesion(s) with loss of sensation; thickened skin or nodules on skin	
Night Sweats*		Recurrent ulceration on palm or sole, or/and tingling/ numbness on palm(s) or sole(s)	
Are you currently taking anti-TB drugs**		Clawing of fingers or/and tingling and numbness in hands and/or feet	
Anyone in family currently suffering from TB**		Inability to close eyelid.	
History of TB *		Difficulty in holding objects with hands/ fingers or weakness in feet that causes difficulty in walking	
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.