



**Form 2**  
**National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)**  
**Reporting performa for Primary Health Centre (PHC)**

Name of the PHC \_\_\_\_\_ Name of the linked Block PHC/CHC \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

No. of Sub-centres under the PHCs \_\_\_\_\_ No. of Sub-centres reported during the month: \_\_\_\_\_

**Part A (Screening for HTN and Diabetes)**

Name Of the Sub Centre / PHC	Total NCD Checkups Done			No. of new persons Suspected for DM and referred for Confirmation			No. of new persons Suspected for HTN and referred for Confirmation			No. of known cases of DM on Follow-up			No. of known cases of HTN on Follow-up		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
PHC															
SC1															
SC2															
SC3															
SC4															
SC5															
SC6															
Total															
Overall Total															

**Part B: Screening for Common Cancers**

Name of the Sub Centre/ PHC	No. of persons screened for Cancers			No. of persons suspected and referred to PHC/ CHC/ GH						No. of known Cancer patients				
				Oral			Breast	Cervical	Total	Male	Female	Total		
	Male	Female	Total	Male	Female	Total								
Name Of the PHC														
SC 1														
SC2														
SC3														
SC4														
SC5														
SC6														
SC7														
Sub Centre total														
<b>Overall Total</b>														

Signature:

Name and Designation \_\_\_\_\_

Date of reporting \_\_\_\_\_

*\*This report should be generated from PHC OPD screening data and also by compiling data of Form 1 of all sub-centres under the PHC.*

*This report should be verified and signed by Medical Officer I/c PHC.*

*This report should be sent to Block PHC/CHC by 5th day of every month.*

**Form 3A**

**National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)  
Reporting performa for NCD Clinic at Community Health Centre (CHC)/ Sub District Hospital(SDH)**

Name and Address of the SDH / CHC \_\_\_\_\_ Block/ Taluk/ Mandal/ Zone \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Indicator	During the Reporting Month		
	Male	Female	Total

**I. Common NCDs under NPCDCS**

1.Total no. of persons attended NCD Clinic (New and Follow up)			
2. No. newly diagnosed with	A. Diabetes Only		
	B. Hypertension Only		
	C. HTN & DM		
3. No. of persons suspected and referred for	A. Cardiovascular diseases		
	B. Stroke		
	C. Oral Cancer		
	D. Breast cancer		
	E. Cervical cancer		
	F. Other cancers		
4. No of newly diagnosed patients initiated on treatment	A. Diabetes Only		
	B. Hypertension Only		
	C. HTN & DM		
5. Patients on treatment Follow Up	A. Diabetes Only		
	B. Hypertension Only		
	C. HTN & DM		
6. Total No. of persons referred to District Hospital/ Higher Centres			
7. No. of persons counselled for health promotion & prevention of NCD			

**II. Comorbid Conditions**

8. 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 & referred to DMC/ PI			

**Signature:**

**Name and Designation**

**Date of reporting** \_\_\_\_\_

*\*This report should be generated from CHC OPD screening data.*

*This report should be verified and signed by Medical Officer I/c CHC.*

*This report should be sent to District NCD Cell by 7th day of every month.*

**Form 3B**

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

**Reporting performa for Community Health Centre (CHC)/Block PHC/ SDH**

Name and Address \_\_\_\_\_ Block/ Taluk/ Mandal/ Zone \_\_\_\_\_ District \_\_\_\_\_ St \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Total No. of PHC in the District \_\_\_\_\_

Total No. Of PHCs reported \_\_\_\_\_

**Part A : Screening for HTN and Diabetes**

Source Of Data	Total NCD Checkups Done			No. of new persons Suspected for DM and referred for Confirmation			No. of new persons Suspected for HTN and referred for Confirmation			No. of known cases of DM on Follow-up			No. of known cases of HTN on Follow-up		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Compiled data from all PHCs & Sub Centres															

**PART B: Screening for Common Cancers**

Source of Data	No. of persons screened for Cancers			No. of persons suspected with Cancer and referred to PHC/ CHC/ other GH						No. of Known Cancer patients				
				Oral			Breast	Cervical	Total					
	Male	Female	Total	Male	Female	Total				Male	Female	Total		
Compiled data from all PHCs & Sub Centres														

**Signature:**

**Name and Designation** \_\_\_\_\_

**Date of reporting** \_\_\_\_\_

*\*This report should be generated by compiling data of Form 2 of all PHCs under the Block/Taluk/Mandal.*

*This report should be verified and signed by Medical Officer I/c .*

*This report should be sent to District NCD Cell by 7th day of every month.*

### Form 4

## National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS) Reporting performa for District NCD Clinic

Name of Health Facility where located : \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_ -

Month \_\_\_\_\_ Year \_\_\_\_\_

All information below are for the reporting month

Indicator	During the Reporting Month		
	Male	Female	Total
<b>I. Common NCDS under NPCDCS</b>			
<b>1. Total no. of persons attended NCD Clinic in the reporting month (New and Follow up)</b>			
<b>2. No. newly diagnosed with</b>	A.Diabetes Only		
	B. Hypertension Only		
	C. HTN & DM (Both)		
	D. CVDs		
	E. Stroke		
	F.Oral Cancer		
	G. Breast cancer		
	H.Cervical cancer		
	I.Other cancers		
<b>3. Suspected and referred cases of CVDs &amp; Cancer (In Resource limited settings where there are No capacity to perform confirmatory diagnosis)</b>	A CVDs		
	C. Stroke		
	D. Oral Cancer		
	E. Breast cancer		
	F. Cervical cancer		
	G. Other cancers		
<b>4.No of newly diagnosed patients initiated on Treatment</b>	A.Diabetes Only		
	B. Hypertension Only		
	C. HTN & DM (Both)		
	D. CVDs		
	E. Stroke		
	F. Cancer (Including Day Care Centres)		
<b>5. No. of Patients treated at CCU</b>	A. CVDs		
	B. Stroke		
<b>6. No Of patients on follow up</b>	A. Diabetes Only		
	B. Hypertension Only		
	C. DM & HTN (Both)		
	D. CVD (Only OPD data)		
	E. Stroke (Only OPD data)		
	F. Cancer (Including Day Care Centres)		
<b>7.No. of person referred to Tertiary hospital/TCCC</b>	A.Diabetes		
	B. Hypertension		
	C. CVD		
	D.Stroke		
	E. Cancer		
<b>8. Patients attended Day Care facility for Cancer care</b>			
<b>9. No. of persons counselled for health promotion &amp; prevention of NCDs</b>			
<b>11. No. of patients underwent physiotherapy</b>			
<b>II. Comorbid Conditions</b>			
<b>8. Among all confirmed Diabetic patients [New (2A+2C) &amp; Follow up (6A+6C)]</b>	A. No. of known TB cases on ATT		
	B. No. screened for TB Symptoms		
	C. No. suspected for TB & referred to DMC/ PI		

**Signature:**  
Name and Designation \_\_\_\_\_

**Date of reporting** \_\_\_\_\_

*\*This report should be generated from District NCD Clinic /OPD screening data of District Hospitals.*

*This report should be verified and signed by Medical Officer I/c .*

*This report should be sent to District NCD Cell by 7th day of every month.*

**Form 5A**

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

**Reporting performa for District NCD Cell**

District \_\_\_\_\_ State \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Indicator	During the Reporting Month			Cumulative since April during current Financial year		
	Male	Female	Total	Male	Female	Total
<b>I. Common NCDs under NPCDCS</b>						
<b>1. No. of persons attended NCD Clinics (New and follow up)</b>						
<b>2. No. newly diagnosed with</b>	A. Diabetes Only					
	B. Hypertension Only					
	C. HTN & DM					
	D. CVDs					
	E. Stroke					
	F. Oral Cancer					
	G. Breast cancer					
	H. Cervical cancer					
	I. Other cancers					
<b>3. Number of persons suspected (Confirmatory Diagnosis not available/ Pending)</b>						
	A. CVDs					
	B. Stroke					
	C. Cancers					
<b>4. No. of newly diagnosed patients put on Treatment</b>						
	A. Diabetes Only					
	B. Hypertension Only					
	C. HTN & DM					
	D. CVDs					
	E. Stroke					
	F. Oral Cancer					
	G. Breast cancer					
	H. Cervical cancer					
	I. Other cancers					
<b>5. No. of persons on treatment follow up</b>						
	A. Diabetes Only					
	B. Hypertension Only					
	C. HTN & DM					
	D. CVDs					
	E. Stroke					
	F. Oral Cancer					
	G. Breast cancer					
	H. Cervical cancer					
	I. Other cancers					
<b>6. No. of person referred to Tertiary hospital/TCCC</b>						
	A. Diabetes (Complications)					
	B. Hypertension (Complications)					
	C. CVDs					
	D. Stroke					
	E. Oral Cancers					
	F. Breast Cancer					
	G. Cervical Cancer					
	H. Other Cancers					
<b>7. No. of Patients treated at CCU</b>						
	A. CVDs					
	B. Stroke					
<b>8. No. of cancer patients treated in Day Care facility</b>						
<b>9. No. of persons counselled for health promotion &amp; prevention of NCDs</b>						
<b>10. No. of patients underwent Physiotherapy</b>						
<b>II. Co-morbidities</b>						
<b>1. Among all confirmed Diabetic patients [New (2A+2C) &amp; Follow up (5A+5C)]</b>	A. No. of known TB cases on ATT					
	B. No. screened for TB Symptoms					
	C. No. suspected for TB & referred to DMC/ PI					

Signature:  
Name and Designation \_\_\_\_\_

Date of reporting \_\_\_\_\_

*\*This report should be generated by compiling data of Form 3A (CHC NCD Clinics) and Form 4 (District NCD Clinic) data*

*This report should be verified and signed by District Nodal Officer.*

*This report should be sent to State NCD Cell by 10th day of every month.*

**Form 5B**

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

**Reporting performa 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 \_\_\_\_\_

**Part A : Screening for HTN and Diabetes**

Source Of Data	Total NCD Checkups Done			No. of new persons Suspected for DM and referred for Confirmation			No. of new persons Suspected for HTN and referred for Confirmation			No. of known cases of DM on Follow-up			No. of known cases of HTN on Follow-up		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Compiled data from all CHCs															

**PART B: Screening for Common Cancers**

Source of Data	No. of persons screened for Cancers			No. of persons suspected with Cancer and referred to PHC/ CHC/ other GH						No. of Known Cancer patients				
				Oral			Breast	Cervical	Total					
	Male	Female	Total	Male	Female	Total				Male	Female	Total		
Compiled data from all CHCs														

Signature: \_\_\_\_\_

Name and Designation \_\_\_\_\_

Date of reporting \_\_\_\_\_

*\*This report should be generated by compiling data of Form 3B of all Blocks/Mandals/Taluks under the District*

*This report should be verified and signed by District Nodal Officer.*

*This report should be sent to State NCD Cell by 10th day of every month.*



**Form 6**

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

**Reporting performa for State NCD Cell**

Name of the State: .....

Reporting Month: .....Year.....

No. of district NCD Cells.....

No. Of District NCD Cells reported .....

**Part A. Programme Data (Compiled data of Form 5A)**

Indicator	During the Reporting Month			Cumulative since April (Financial Year Data)		
	Male	Female	Total	Male	Female	Total
<b>i). Common NCDs under NPCDCS</b>						
<b>1. Total no. of persons attended NCD Clinics (New and Follow Up)</b>						
	A. Diabetes Only					
	B. Hypertension Only					
	C. HTN & DM (Both)					
	D. CVDs					
<b>2. No. newly diagnosed with</b>	E. Stroke					
	F. Oral Cancer					
	G. Breast cancer					
	H. Cervical cancer					
	I. Other cancers					
	A. Diabetes Only					
	B. Hypertension Only					
	C. HTN & DM (Both)					
<b>3. No. of new patients initiated on treatment</b>	D. CVDs					
	E. Stroke					
	F. Oral Cancer					
	G. Breast cancer					
	H. Cervical cancer					
	I. Other cancers					
	A. Diabetes Only					
	B. Hypertension Only					
<b>4. No. of Patients on Follow up</b>	C. HTN & DM (Both)					
	D. CVDs					
	E. Stroke					
	F. Oral Cancer					
	G. Breast cancer					
	H. Cervical cancer					
	I. Other cancers					
	A. Diabetes					
<b>5. No. of Patients Referred to Tertiary Care/TCCC</b>	B. Hypertension					
	C. CVDs					
	D. Stroke					
	E. Cancers					
<b>6. No. of patients treated at CCU</b>	A. CVDs					
	B. Stroke					
<b>7. No. of persons attended day care centre</b>						
<b>8. No. of Persons counselled for health promotion and prevention of NCDs</b>						
<b>9. No. of patients attended physiotherapy</b>						

<b>ii). Comorbid Conditions</b>						
<b>10. Among all confirmed Diabetic patients [New (2A+2C) &amp; Follow up (4A+4C)]</b>	A. No. of known TB cases on ATT					
	B. No. screened for TB Symptoms					
	C. No. suspected for TB & referred to DMC/ PI					

**B. Other Programme Markers (Compiled data of Form 5B)**

<b>Total No. of NCD check ups done</b>						
	Diabetes only					
	Hypertension Only					
<b>Total No. Of Persons Suspected and referred for</b>	Oral Cancers					
	Breast Cancers					
	Cervical Cancers					
	Other Cancers					
<b>No. of diagnosed patients on follow up in PHC and Sub centres</b>	HTN /Diabetes/ Both HTN and DM					
	Cancer patients					

**C. Physical targets and achievements**

Name of Facility	Annual Target for the year 2016-17	Achievement during the reporting month	Cumulative achievement since 1st Apr 2016	Cumulative achievement since beginning	Remarks
District NCD Cells					
District NCD Clinics					
District CCU facilities					
District Day Care Centres					
CHC NCD Clinics					
Others					

Signature: \_\_\_\_\_  
Name and Designation \_\_\_\_\_

Date of reporting \_\_\_\_\_

*\*This report should be generated by compiling data of Form 5A & Form 5B of all Districts in the State*

*This report should be verified and signed by State Nodal Officer.  
This report should be sent to National NCD Cell by 15th day of every month.*