Your first task is to list all women and men who are 30 years of age and above. Normally in a population of 1000 you will have about 370 people in this age group. (182 women and 188 men). This list is to be updated every 6 months. You will enter into your diary or health register the names, ages and sex of these individuals. (a format is attached at Annexure 1). Over time, these records will become available in an electronic format. You will be given a specific register or folder in which to record this information. The information is then to be given to the ANM who manages the sub centre of your area.

2. Completion of Community Based Assessment Checklist

Completion of Community Based Assessment Checklist (CBAC) for NCD screening through home visits. The next task is to complete a CBAC (Annexure 2) for all in this age category. This form is intended to capture information related to age, family history, waist circumference, and risky behaviours such as lack of physical activity, use of/or exposure to tobacco and alcohol. The CBAC also includes questions related to symptoms for cancer cervix, breast cancer, oral cancer, etc. The checklist will help you remember the key risk factors, identify those who must be prioritised to attend the screening camp and refer the individuals with symptoms to the nearest health facility where a Medical Officer is available.

When are completing the tool, please remember if a person responds, "yes" to any question in CBAC, it does **not** mean that they have the disease. Also, if somebody says "no" in response to a question it does not mean that they do not have the disease. The important thing for you to remember is that everybody (of 30 years and above) must be screened. You should also know that if an individual has a low score on the CBAC, this does not mean that they do not need screening. However, those with high risk scores on the CBAC should be strongly urged to get screened.

There is also a section in the form in which you must enter details of exposure to smoke which is not related to tobacco. This tells you about the risk of people to respiratory diseases.

You should also be careful to not create panic or scare in the community about these disease conditions. The checklist itself does not diagnose a patient with disease. You must

Community Based Assessment Checklist (CBAC)

Na	me of ASHA	Village					
Name of ANM Si		ub Centre					
PHC D		Pate					
		Person	al Details				
Na	me	iny Identifier (Aadhar Card, UID, Voter ID)					
Age R		ISBY beneficiary: (Y/N)					
		elephone N	elephone No.				
Ad	ldress						
T		art A: Risk	Assessment				
Qu	lestion/	Ranga		Circle any	Write score		
	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	<90 cm	0			
		80-90 cm	90-100 cm	1			
		>90 cm	>100 cm	2			
5.	Do you undertake any physical activities for minimum of 150 minutes in a week?	Less than 150 minutes in a week		1			
		At least 150 minutes in a week		0			

P	art A: Risi	Assessment		
Question	Range		Circle any	Write sco
Do you have a family		No		
history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?		Yes	2	
Total Score				
A score above 4 indicates that be prioritized for attending the Part B: Early Detection	e weekly NO	D day		24.00.000.00
B1: Women and Men	Yes/No	62: Women only		Yes/No
Shortness of breath		Lump in the br	east	
Coughing more than 2 weeks		Blood stained of from the nipple		
Blood in sputum		Change in shape and size of breast		
History of fits		Bleeding between periods		
Difficulty in opening mouth		Bleeding after menopause		
Ulcers /patch /growth in the mouth that has not healed in two weeks		Bleeding after intercourse		
Any change in the tone of your voice		Foul smelling v discharge		
In case the individual answers			mentioned sy a Medical Offi	